10461 Mill Run Circle, Suite 1250 • Owings Mills, MD 21117
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BOC Certified Mastectomy Fitter
Scope of Practice

I. Definitions

A. Practice of Mastectomy Fitting

A BOC CMF is an entry-level individual trained and qualified to measure, fit, dispense, and adjust external breast prostheses, bras, and related supplies. Mastectomy fitting is the practice, pursuant to a physician's order, of addressing medical conditions of the upper extremities and post-mastectomy surgical outcomes. Drawing on knowledge of upper extremity musculoskeletal and lymphatic composition, the Mastectomy Fitter may measure, fit, and adjust external breast prostheses, bras, and related supplies appropriate to the conditions presented. Follow-up appointments are required to evaluate the fit and function, make adjustments to the devices as necessary, and promote patient compliance with the goal of achieving desired outcomes.

B. Certified Mastectomy Fitter

A Certified Mastectomy Fitter is a professional whose competence in fitting external breast prostheses, bras, and related supplies is evaluated and verified by the Board of Certification/Accreditation.

C. Mastectomy Devices

"Mastectomy Devices/Modalities" include external breast prostheses, bras, gradient compression garments, and related supplies. A Mastectomy Fitter fits devices designed to provide for the support, alignment, prevention, and/or correction of musculoskeletal post-surgical or deformity.

II. General Requirements for a Certified Mastectomy Fitter

To become certified as a Mastectomy Fitter, a candidate must meet initial educational requirements and pass a comprehensive written Multiple Choice examination (MCE) given by the Board of Certification/Accreditation (BOC), which is accredited by the National Commission for Certifying Agencies. Once certified, a Mastectomy Fitter must meet continuing education and annual renewal requirements to maintain BOC certification. The BOC-certified Mastectomy Fitter must also adhere to a code of ethics designed to ensure a comprehensive scope of professional competence and deportment. A certified Mastectomy Fitter's activities must reflect his/her certification(s) and education.

III. Roles of a Mastectomy Fitter

A. Patient Assessment

Ascertain physician/clinician's diagnosis, gather information, examine patient, and evaluate. Determine patient's realistic expectations and consult with clinician as appropriate. A clinician is defined as any healthcare provider who has the legal and/or licensed authority in the state to order or prescribe medical care.

B. Implementation

Select appropriate device(s), measure and apply prostheses and related devices to patient. Modify, adjust, and conduct trial fittings. Facilitate patient's understanding and conduct appropriate follow-up. Mastectomy Fitters are authorized to treat primary diagnoses as provided by the physician/clinician.

C. Practice Management

Comply with universal precaution procedures and occupational safety and health rules. Document all patient matters and communicate with other professionals.

D. Professional Development and Responsibility

Adhere to legal and ethical Scope of Practice, participate in continuing education, fulfill civic responsibilities, participate in research as appropriate, and educate the public and health professionals on available post-mastectomy products/services. Refer to allied healthcare practitioners when patient/customer presents with medical conditions that may require other devices/modalities that are outside of this scope of practice.

IV. Miscellaneous

A. Geographic Scope
The geographic scope of the certified mastectomy fitter program is the United States.

B. Setting
Certified Mastectomy Fitters can practice in mastectomy boutiques, hospitals, cancer centers, and any other businesses that work with patients who have had breast mastectomies.

C. Population
There are at least 5,000 possible mastectomy fitters in practice.

D. Test Administration Modality
The Certified Mastectomy Fitter exam is given as a computer based test.

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Effective Date: 06-2017

Certified Mastectomy Fitter
Detailed Content Outline

An "X" denotes the examination will NOT contain items for the given task at the cognitive level indicated in the respective column (recall, application, or analysis).

	Cognitive Level			Total
	Recall	Application	Analysis	
I. FACILITIES MANAGEMENT	**2**	**3**	**0**	**5**
A. Determine Elements of the Fitting Room (e.g., adjustable stool, exam/fitting table, mirror, hard back chair, and parallel bars, or other appropriate ambulating device)		X	X	
B. Determine Required Measuring Devices (e.g., tape measures, goniometer, calipers, VAPC caliper, ML gauge, measuring chart, plumb bob, yard/meter stick, Ritz stick, Brannock)			X	
C. Comply with Environmental Safety Regulations in All Practice Settings (e.g., pathogens, cross-infection, work place hazards)			X	
D. Assure Quality Care by Development and Maintenance of Policies and Procedures Regarding Patients, Prescribers, Personnel, Maintenance of Records, etc.			X	
E. Comply with HIPAA Regulations			X	
F. Comply with Accreditation Standards			X	
II. PERFORM PROFESSIONAL PRACTICE/ETHICS	**3**	**4**	**0**	**7**
A. Maintain Patient Confidentiality			X	
B. Provide Training, Lectures and Information to Staff or Other Health Care Professionals on Current Device Information			X	
C. Maintain a Quality Assurance System that Evaluates Patient Care			X	
D. Participate in Professional and Educational Symposiums (e.g., fulfill continuing education requirements)			X	
E. Comply with BOC Code of Ethics			X	
III. PATIENT ASSESSMENT/EVALUATION	**2**	**6**	**3**	**11**
A. Establish Relationship with Patient				
1. Patient intake				
a. verify required personal information about patient			X	
b. collect and evaluate patient records			X	
c. interview patient and obtain history				
d. discuss any related medical treatment(s)				
e. discuss financial matters for services/devices with patient				

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Certified Mastectomy Fitter Detailed Content Outline An "X" denotes the examination will NOT contain items for the given task at the cognitive level indicated in the respective column (recall, application, or analysis).	Cognitive Level			Total
	Recall	Application	Analysis	
B. Evaluate and Assess Patient to Determine:				
1. Skin condition			X	
2. Range of motion			X	
3. Muscle strength			X	
4. Manual dexterity			X	
5. Coordination			X	
6. Posture and gait			X	
7. Sensation			X	
C. Assess Prescription				
1. Verify prescription (e.g., name, date, diagnosis, device, signature)		X	X	
2. Determine relation of prescription to presenting problem		X	X	
3. Identify the pathology of the disease to provide the proper device			X	
4. Contact prescribing doctor and discuss/revise prescription if necessary			X	
5. Discuss prescription with patient (i.e., explain the patient's role/responsibilities)			X	
IV. COMMUNICATION/PATIENT EDUCATION	**4**	**6**	**0**	**10**
A. Explain Purpose/Objective of Device				
1. Describe various procedures to be performed			X	
2. Explain advantages and disadvantages			X	
3. Determine patient's expectations			X	
4. Explain patient's role/responsibilities			X	
5. Discuss device options and obtain patient acknowledgment			X	
B. Evaluate Psychological Impact of Devices on Patient, Family, and Others			X	
C. Perform Inter-Professional Communications (e.g., progress notes, thank you letters) as Necessary			X	
V. DEVICE DELIVERY and APPLICATION	**2**	**6**	**0**	**8**
A. Finalize Alignment and Fit Device to Patient				
1. Apply device to patient and finalize alignment, fit, and cosmetic			X	

Certified Mastectomy Fitter Detailed Content Outline An "X" denotes the examination will NOT contain items for the given task at the cognitive level indicated in the respective column (recall, application, or analysis).	Cognitive Level			Total
	Recall	Application	Analysis	
appearance				
2. Demonstrate proper application, alignment, and removal			X	
3. Demonstrate to patient and/or caregiver application and removal, fitting adjustments, and care of device			X	
4. Explain how to recognize potential problems (e.g., pressure points, skin breakdown, numbness, contractures)			X	
5. Have patient and/or caregiver demonstrate proper application and removal			X	
6. Have patient and/or caregiver sign receipts and acknowledgments			X	
B. Explain Follow-Up Procedures				
1. Initiate and encourage on-going communication with patient and/or caregiver			X	
2. Develop and maintain patient's records			X	
3. Inform patient and/or caregiver of provisions for continued servicing of device (e.g., adjustments, consultation)		X	X	
4. Communicate with the patient and/or caregiver verbally and in writing			X	
C. Schedule Patient for Follow-Up		X	X	
VI. PATIENT PREPARATION/MEASUREMENTS	**7**	**0**	**0**	**7**
A. Measure Patient				
1. Select techniques (e.g., patient positioning, casting, tracing)		X	X	
2. Identify anatomical landmarks		X	X	
3. Use measuring devices		X	X	
VII. EVALUATION/SELECTION of PREFABRICATED (unless specified) PRODUCT/MODEL/TYPE of DEVICE	**4**	**8**	**0**	**12**
A. Breast Prostheses - Prefabricated			X	
B. Post-Surgical Garments (e.g., lymphedema, compression devices, camisole)			X	
C. Bras and Ancillary Supplies			X	
Totals	**24**	**33**	**3**	**60**

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Detailed Content Outline Statement Signature Form

In signing this statement, I/we, _____, upon personal knowledge, have
(print name of applicant)
reviewed the CMF Detailed Content Outline.

The course will generally cover the basics of the CMF Scope of Practice reflected in the Detailed Content Outline. Information reported in this application, including all accompanying documentation, is complete, accurate and true, to the best of my knowledge.

I/we recognize that BOC is a standard-setting agency only. The curriculum will communicate to the students that the Entry-Level Education Program is recognized as necessary, but not alone sufficient, for complete BOC exam preparation or to prove their competency. In addition, a minimum of 120 or more hours of patient care experience is required to sit for the exam.

I/we agree to hold BOC harmless for any and all liability or damages resulting from acts, omissions, products or services of the fitter course. I/we will make no representation that BOC is in any way responsible for activities, products or services of the course.

Signature: _____ Date: _____

Company Name: _____