



BOC Certified Orthotic Fitter Scope of Practice

I. Definitions

A. Practice of Orthotics

Orthotics is the practice, pursuant to a physician's order, of addressing medical conditions of the lower limbs, upper limbs, and spinal anatomical structure. Drawing on knowledge of biomechanics and a variety of devices and components, the Orthotic Fitter may measure, fit, and adjust prefabricated orthoses appropriate to the conditions presented. Follow-up appointments are required to evaluate the efficacy of the orthosis, make adjustments / service the devices as necessary, and promote patient compliance with the goal of achieving desired outcomes.

B. Certified Orthotic Fitter

A BOC Certified Orthotic Fitter is an entry-level professional whose competence in fitting prefabricated / non-custom orthoses is evaluated and verified by the Board of Certification/Accreditation.

C. Orthotic Devices

"Orthotic Devices/Modalities" include ankle-foot orthosis, knee-ankle-foot orthosis, hip-knee-ankle-foot orthosis, hip orthosis, knee orthosis, cervical orthosis, thoracic and lumbar orthosis, wrist-hand orthosis, shoulder-elbow orthosis, foot orthosis, and gradient compression garments. An Orthotic Fitter fits prefabricated / non-custom orthotic devices designed to provide for the support, alignment, prevention, and/or correction of neuromuscular or musculoskeletal disease, injury, or deformity.

II. General Requirements for a Certified Orthotic Fitter

To become certified as an Orthotic 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, an Orthotic Fitter must meet continuing education and annual renewal requirements to maintain BOC certification. The BOC-certified Orthotic Fitter must also adhere to a code of ethics designed to ensure a comprehensive scope of professional competence and deportment. A certified Orthotic Fitter's activities must reflect his/her certification(s) and education.

III. Roles of an Orthotic Fitter

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.

Implementation

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

Practice Management

Comply with universal precaution procedures and occupational safety and health rules. Document all

patient matters and communicate with other professionals.

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 orthotic services. Refer to allied healthcare practitioners when patient/customer presents with medical conditions that require custom-fitted orthotic devices, prefabricated, or non-custom orthoses that are outside of this scope of practice.

IV. Miscellaneous

A. Geographic Scope

The geographic scope of the certified orthotic fitter program is the United States.

B. Setting

Certified Orthotic Fitters can practice in DME businesses, pharmacies, chiropractic offices, and any other businesses that work with customers who need custom-fitted / prefabricated / non-custom fabricated orthoses.

C. Population

There are at least 10,000 possible orthotic fitters in practice.

D. Test Administration Modality

The Certified Orthotic Fitter exam is given as a computer based test.



Effective Date: 06-2017

Certified Orthotic 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	4	6	0	10
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	2	8	0	10
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	3	8	5	16
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)				

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e. discuss financial matters for services/devices with patient				
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	
8. Proprioception			X	
C. Assess Prescription				
1. Verify prescription (e.g., name, date, diagnosis, device, signature)				
2. Determine relation of prescription to presenting problem				
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	6	9	0	15
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	

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V. DEVICE DELIVERY and APPLICATION	4	10	3	17
A. Finalize Alignment and Fit Device to Patient				
1. Apply device to patient and finalize alignment, fit, and cosmetic appearance				
2. Demonstrate proper application, alignment, and removal				
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	
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	9	0	16
A. Measure Patient				
1. Select techniques (e.g., patient positioning, casting, tracing)			X	
2. Identify anatomical landmarks		X	X	
3. Use measuring devices			X	
VII. EVALUATION/SELECTION of PREFABRICATED (unless specified) PRODUCT/MODEL/TYPE of DEVICE	4	9	3	16
A. Cervical/Cervical Thoracic Orthoses (CO, CTO)				
1. Soft foam collars			X	

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2. Semi-rigid (e.g., Philadelphia, Minerva, Aspen, Miami J)			X	1
B. Thoraco-Lumbo-Sacral Orthoses (TLSO)				
1. Rigid (e.g., Taylor, Knight-Taylor, plastic, hyperextension)			X	1
2. Flexible (e.g., with steel stays, thermal molded insert)			X	
C. Lumbo-Sacral Orthoses (LSO)				1
1. Rigid (e.g., chairback, Knight, Harris, Williams flexion, plastic)			X	
2. Flexible (e.g., with steel stays, thermal molded insert)			X	1
D. Knee Orthoses (KO)				
1. Rigid (e.g., ACL, PCL, MCL, OA, multi-ligamentous, genu recurvatum, dynamic and adjustable R.O.M.)				1
2. Flexible (e.g., patella-stabilizer, elastic type knee supports with or without inserts/hinges/pads)				
E. Ankle Foot Orthoses (AFO) (e.g., plastic, dynamic and adjustable R.O.M., posterior leaf spring, gauntlet, cam walker)				1
F. Foot Orthoses (FO) – Non-Custom (e.g., arch support, diabetic therapeutic inserts – custom or heat-molded)			X	
G. Shoes - Non-Custom (e.g., therapeutic diabetic shoes, straight/reverse last shoes, extra depth, adjustable)			X	1
H. Wrist/Hand/Finger Orthoses (WHFO, WHO, FO) (e.g., dynamic and adjustable R.O.M., positional and functional device, finger splints)				
I. Elbow Orthoses (EO) (e.g., dynamic and adjustable R.O.M., functional devices)			X	1
J. Shoulder Orthoses (SO) (e.g., abduction, dynamic and adjustable R.O.M., functional devices)			X	
K. Abdominal and Pelvic (e.g., trusses – flexible and rigid, flexible supports, maternity supports)			X	1
L. Compression Garments				
1. Lymphedema garments				1
2. Vascular (e.g., elastic stockings and sleeves)				
TOTALS	30	59	11	100



Detailed Content Outline Statement Signature Form

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

The course will generally cover the basics of the COF 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 1000 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: _____