



Commission on Accreditation of Allied Health Education Programs

Standards and Guidelines for the Accreditation of Educational Programs in Orthotic and Prosthetic Technician

Standards initially adopted in 2011; revised in 2018

Adopted by the
American Academy of Orthotists and Prosthetists, American Board for Certification in Orthotics, Prosthetics and Pedorthics, National Commission on Orthotic and Prosthetic Education and CAAHEP

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the *National Commission on Orthotic and Prosthetic Education (NCOPE)*.

These accreditation **Standards and Guidelines** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the orthotic and prosthetic profession at the technician level. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and National Commission on Orthotic and Prosthetic Education, American Academy of Orthotists and Prosthetists, and American Board for Certification in Orthotics, Prosthetics and Pedorthics cooperate to establish, maintain and promote appropriate standards of quality for orthotic and prosthetic technician education programs and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of Orthotic and Prosthetic Technician programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation Standards.

Description of the Profession

Technicians support the credentialed orthotist and/or prosthetist and other credentialed practitioners by providing the technical implementation tasks and services associated with the support of patient care. The technician fabricates, repairs and maintains orthoses and prostheses to provide maximum fit, function and cosmesis under appropriate consultation and supervision with the credentialed orthotist and/or prosthetist and other credentialed professionals.

I. Sponsorship

A. Sponsoring Educational Institution

A sponsoring institution must be a post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a certificate at the completion of the program.

B. Consortium Sponsor

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.
2. The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

C. Responsibilities of Sponsor

The Sponsor must ensure that the provisions of these **Standards and Guidelines** are met.

II. Program Goals

A. Program Goals and Outcomes

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program must include, but are not limited to, students, graduates, faculty, sponsor administration, employers, and the public.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

B. Appropriateness of Goals and Learning Domains

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of at least each of the communities of interest named in these **Standards**, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

Advisory committee meetings may include participation by synchronous electronic means.

C. Minimum Expectations

The program must have the following goal defining minimum expectations: "To prepare competent entry-level orthotic and/or prosthetic technicians in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.

III. Resources

A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory, and, ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.

B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

1. Program Director

a. Responsibilities

The program director must be responsible for all aspects of the program, including the organization, administration, continuous review, planning, development, and general effectiveness of the program.

The program director should pursue ongoing formal training designed to maintain and upgrade his/her professional, instructional and administrative capabilities.

b. Qualifications

The program director must:

- (1) Possess a minimum of a bachelor's degree;
- (2) Be credentialed in the profession of orthotics and/or prosthetics by a national credentialing organization that is accredited by the National Commission for Certifying Agencies (NCCA) or hold a professional license as is required by the state in which he/she is employed;
- (3) Have a minimum of five years of teaching, clinical and administrative experience in a profession related to orthotics and prosthetics.

The program director should possess an advanced degree.

2. Faculty and/or Instructional Staff

a. Responsibilities

In classrooms, laboratories, and each location where students are assigned for didactic or clinical instruction or supervised practice, there must be (a) qualified individual(s) designated to provide instruction, supervision, and timely assessments of the students' progress in achieving program requirements.

b. Qualifications

Faculty and/or Instructional Staff must:

- (1) Possess a minimum of an associate's degree;
- (2) Be appropriately credentialed or licensed for the content/subject area being taught through professional preparation and experience in their respective academic areas.

C. Curriculum

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation.

The program must demonstrate that the curriculum meets or exceeds the content of the latest edition of the *Core Curriculum for Orthotic/Prosthetic Technician*. See Appendix B.

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and purpose

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

2. Documentation

Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

B. Outcomes

1. Outcomes Assessment

The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

Outcomes assessments must include, but are not limited to: national credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

“Positive placement” means that the graduate is employed full or part-time in the profession or in a related field; or continuing his/her education; or serving in the military. A related field is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

“National credentialing examinations” are those accredited by the National Commission for Certifying Agencies (NCCA). Participation and pass rates on national credentialing examination(s) performance may be considered in determining whether or not a program meets the designated threshold, provided the credentialing examination or an alternative examination is available to be administered prior to graduation from the program. Results from an alternative examination may be accepted, if designated as equivalent by the organization whose credentialing examination is so accredited.

2. Outcomes Reporting

The program must periodically submit to the NCOPE the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), outcomes, its analysis of the outcomes, and an appropriate action plan based on the analysis.

Programs not meeting the established thresholds must begin a dialogue with the NCOPE to develop an appropriate plan of action to respond to the identified shortcomings.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, mailing address, web site address, and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.
3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and for graduation, and policies and processes by which students may perform clinical work while enrolled in the program.
4. The sponsor must maintain, and make available to the public current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these **Standards**.

The sponsor should develop a suitable means of communicating to the communities of interest the achievement of students/graduates (e.g. through a website or electronic or printed documents).

B. Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

C. Safeguards

The health and safety of patients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded.

All activities required in the program must be educational and students must not be substituted for staff.

D. Student Records

Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/CoA in a timely manner. Additional substantive changes to be reported to [CoA] within the time limits prescribed include:

1. Changes to the institution's mission or objectives if these will affect the program
2. The institution's legal status or form of control
3. The addition or deletion of courses that represent a change in content or in method of delivery
4. The degree or credential level
5. Clock hours to credit hours or vice versa; an increase or decrease in clock or credit hours for successful completion of a program or in the length of a program.

F. Agreements

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the sponsor and that entity.

APPENDIX A

Application, Maintenance and Administration of Accreditation

A. Program and Sponsor Responsibilities

1. Applying for Initial Accreditation

- a. The chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form and returns it electronically or by mail to:

NCOPE
330 John Carlyle St., Ste. 200
Alexandria, VA 22314

The "Request for Accreditation Services" form can be obtained from the CAAHEP website at <http://ras.caahep.org/>.

Note: There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

- b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the NCOPE]. The on-site review will be scheduled in cooperation with the program and NCOPE once the self-study report has been completed, submitted, and accepted by the NCOPE

2. Applying for Continuing Accreditation

- a. Upon written notice from the NCOPE, the chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form, and returns it electronically or by mail to:

NCOPE
330 John Carlyle St., Ste. 200
Alexandria, VA 22314

The "Request for Accreditation Services" form can be obtained from the CAAHEP website at <http://ras.caahep.org/>.

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the NCOPE.

If it is determined that there were significant concerns with the conduct of the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the NCOPE forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

- a. The program must inform the NCOPE and CAAHEP within a reasonable period of time (as defined by the committee on accreditation and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel (Refer to Standard III.B.).
- b. The sponsor must inform CAAHEP and the NCOPE of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the NCOPE that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer of Sponsorship Services" form. The NCOPE has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted.
- c. The sponsor must promptly inform CAAHEP and the NCOPE of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
- d. Comprehensive reviews are scheduled by the NCOPE in accordance with its policies and procedures. The time between comprehensive reviews is determined by the NCOPE and based on the program's on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.
- e. The program and the sponsor must pay NCOPE and CAAHEP fees within a reasonable period of time, as determined by the NCOPE and CAAHEP respectively.
- f. The sponsor must file all reports in a timely manner (self-study report, progress reports, probation reports, annual reports, etc.) in accordance with NCOPE policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a NCOPE accreditation recommendation prior to the "next comprehensive review" period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the NCOPE.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. Voluntary Withdrawal of a CAAHEP- Accredited Program

Notification of voluntary withdrawal of accreditation from CAAHEP must be made by the Chief Executive Officer or an officially designated representative of the sponsor by writing to CAAHEP indicating: the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. Requesting Inactive Status of a CAAHEP- Accredited Program

Inactive status for any accredited program other than one holding Initial Accreditation may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the NCOPE and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must provide notice of its intent to do so in writing to both CAAHEP and the NCOPE. The sponsor will be notified by the NCOPE of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a “Voluntary Withdrawal of Accreditation.”

B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the NCOPE forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold of accreditation, or withdrawal of accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the NCOPE allows the Initial Accreditation of a program to expire, the sponsor must have the opportunity to request reconsideration of that decision or to request voluntary withdrawal of accreditation. The NCOPE's decision is final and CAAHEP will not entertain any appeal on behalf of the program. CAAHEP will notify the sponsor in writing of the NCOPE's decision.
3. Before the [committee on accreditation] forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The NCOPE's reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to confer probationary accreditation is not subject to appeal.

4. Before the NCOPE forwards a recommendation to CAAHEP that a program's accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The NCOPE's reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the NCOPE arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP “Appeal of Adverse Accreditation Actions” is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor's Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation Standards.

Note: Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.

APPENDIX B

Core Curriculum for Orthotic and Prosthetic Technician

Section A ENTRY-LEVEL COMPETENCIES

Upon successful completion of the program, the graduate must effectively demonstrate competence in the following constructs:

- A.1.1 Understand and explain the role of the Orthotic and Prosthetic Technician in providing ethical patient-centered care by applying the profession recognized Code of Professional Responsibility in technical support of patients.
- A.1.2 Practice sound judgment in regard to safety of self and others, and adhere to safety procedures throughout the delivery of orthotic and/or prosthetic care.
- A.1.3 Demonstrate the knowledge and skills necessary to fabricate, adjust, repair and maintain orthoses and prostheses that are both appropriate (based on the prescription and/or instructions provided by practitioner or employer) and structurally sound for patient use.

Section B BASIC SCIENCE CONTENT

The basic science curriculum must include appropriate content as it relates to orthotics and prosthetics in:

- B.1. Biomechanics
- B.2. Material science

Section C PROFESSIONAL CONTENT

C.1.0 Foundational Content Areas

The following content areas relating to the foundations of orthotic and prosthetic technical side of practice must be included in the curriculum:

- C.1.1 Communication
- C.1.2 Fabrication/Modification
- C.1.3 Facility Management
- C.1.4 Functional Anatomy and Medical Terminology
- C.1.5 Materials, Componentry and Design
- C.1.6 Professional Issues
- C.1.7 Technical Skills

Definitions for Foundational Content Areas:

- C.1.1 **Communication:** Oral and written communication skills to effectively share and interact with others along the continuum of care. Interactions should be sensitive to cultural, psycho-social, age, disability and economic stance of the person(s) with whom the interaction takes place.
- C.1.2 **Modification:** The process of modifying the positive model for fabrication of an orthoses and/or prostheses to prepare for initial or diagnostic fitting and/or delivery by the orthotist and/or prosthetist.
- C.1.2.1 **Hierarchy of modifications:**
- C.1.2.1.a. **Category I – Artifact modifications**
- *Removal of surface imperfection(s) caused by the impression taking process*
 - *Filling of voids produced by air in the plaster mixture, cast sock/nylon separation*
 - *Extraneous surface irregularities resulting from cast seams, leaks, etc*
 - *Any other surface modifications and smoothing procedures that do not substantially alter the surface topography or biomechanical attributes of the model*
- C.1.2.1.b. **Category II - Accommodative modifications**
- *Standardized buildups/reliefs over well-identified common areas of concern such as malleoli, bony prominences on foot, knee joint regional prominences, etc.*
- C.1.2.1.c. **Category III - Biomechanical modifications**
- *Modifications to negative/positive model resulting in significant changes to the volumetric/weight-distribution characteristics of the ensuing orthotic/prosthetic device*
 - *Any changes to the negative/positive model that would alter the pre-existing biomechanical properties of the model*
- C.1.3 **Facility Management:** Understanding about compliance with policies and procedures regarding human resources, the physical environment, business and financial practices and organizational management. Content includes thorough and ethical documentation, compliance with regulatory agencies, legal considerations surrounding patient care, quality improvement, time management and project management.
- C.1.4 **Functional Anatomy:** Study of body structure as it relates to function and the study of the processes and function of the human body. Content includes the identification and differentiation of gross anatomical structures including surface anatomy and relating structures to corresponding functional anatomy.
- C.1.5 **Materials, Componentry and Design:** The study of physical / mechanical properties and behavior for the appropriate design and selection of materials commonly used for orthoses and/or prostheses. Strategies include the evaluation of components' physical / mechanical / material properties and behavior in relation to the treatment plan and the manufacturer's conditions of use and/or specifications.
- C.1.6 **Professional Responsibilities:** An understanding and appreciation of the scope of practice of the orthotic/prosthetic technician, the organizations and documents that guide practice within the profession, the role of the orthotic/prosthetic technician in the rehabilitation team and legal considerations surrounding patient care.
- C.1.7 **Technical Skills:** The study and supervised practice of psychomotor skills necessary to ensure the safe and appropriate use of tools and equipment to implement orthotic / prosthetic treatment plans. Strategies include the use of technical/mechanical skills to adjust, fabricate and modify an orthoses and/or prostheses when directed by the orthotist and/or prosthetist.

C.2.0 Initiation of Treatment Plan

Upon successful completion of the program, the graduate must demonstrate knowledge and/or skill in the following:

- C.2.1 Effectively review physical assessment data provided by orthotist and/or prosthetist (e.g., height, weight, activity level, amputation level, diagnoses, measurements, prior orthoses and/or prostheses usage) to determine technical requirements for the orthoses and/or prostheses.
- C.2.2 Consultation with orthotist and/or prosthetist to confirm physical assessment data obtained (e.g., patient's condition/diagnosis, measurements, work order).
- C.2.3 Provide information related to the use and maintenance of the orthoses and/or prostheses to the practitioner, patient and/or caregiver (e.g., cleaning, lubrication).
- C.2.4 Document technical treatment plan (including work order, layups, componentry, and serial numbers) using established record-keeping techniques.

C.3.0 Biomechanics

Upon successful completion of the program, the graduate must demonstrate the ability to integrate and apply foundational knowledge as it relates to the orthotic and/or prosthetic treatment plan.

- C.3.1 Determine fabrication requirements/technical criteria (e.g., static alignment of orthoses and/or prostheses).
- C.3.2 Verify function of orthoses and/or prostheses (e.g., does it function as required in all planes of motion).

C.4.0 Implementation of the Orthotist and/or Prosthetist Treatment Plan

Upon successful completion of the program, the graduate must demonstrate the necessary knowledge and/or skills as it relates to the orthoses and/or prostheses.

- C.4.1 Demonstrate safety in the workplace. Comply with personal and environmental safety practices through proper use and care of tools and equipment including the following:
 - Hand tools
 - Measuring tools
 - Machine tools
 - Safety Data Sheets (SDS) for commonly used adhesives, solvents and materials
 - Proper Flammable materials handling and storage
 - Safe evacuation principles for staff and patients in case of emergency
 - General equipment: ovens, compressors, vacuum pumps, fume and dust extraction apparatus.
- C.4.2 Examine the orthoses or prostheses to make adjustments as directed to obtain optimal fit, operation, function and comfort. Skills necessary to optimize the fit and function include:
 - Trimming and smoothing
 - Shaping and finishing
 - Pressure relief and/or redistribution
 - Use of fasteners and adhesives
 - Volumetric adjustments
 - Growth adjustments
 - Orthotic and prosthetic alignment
 - Suspension/strapping

- C.4.3 Participate with the orthotist and/or prosthetist on appropriate instruction to diverse patient populations and caregivers on the care and maintenance of the orthoses or prostheses.

C.5.0 Follow-Up

Upon successful completion of the program, the graduate must demonstrate the ability to provide follow-up support to the orthotist and/or prosthetist to assure optimal fit and function of the orthoses or prostheses.

- C.5.1 Demonstrate the ability to modify/adjust orthoses and/or prostheses
- C.5.2 Demonstrate the ability to repair orthoses and/or prostheses.
- C.5.3 Document modifications/adjustments/repairs to orthoses and/or prostheses.
- C.5.4 Develop and document long-term service plan of the orthoses and/or prostheses.

C.6.0 Facility Management

Upon successful completion of the program, the graduate must demonstrate the ability to comply with practice management plans, policies and procedures, including the following:

- C.6.1 Demonstrate knowledge of maintaining a safe and professional environment.
- C.6.2 Demonstrate knowledge of performing scheduled machine and equipment maintenance and calibration.
- C.6.3 Document service of machines and equipment (e.g., maintenance logs).

C.7.0 Professional / Personal Development

Upon successful completion of the program, the graduate must be able to articulate the importance of personal and professional development in relation to each of the following areas:

- C.7.1 Describe what it means to be a Lifelong learner with the goal of maintaining knowledge and skills at the most current level.
- C.7.2 Discuss strategies to engage in service to the profession.
- C.7.3 Describe ethical and legal responsibilities to orthotic and prosthetic technical services.

C.8.0 Orthotic and Prosthetic Technical Services

The required content and interventions below integrate many of the competencies described in Section C.2 – C.6. and they must be included in the orthotic and prosthetic technician curriculum. They reflect the demands of the patient population and the profession. At a minimum, each graduate, upon completion of the program must demonstrate competence in the following essential orthotic and prosthetic technical services.

Upon successful completion of the program, the graduate must demonstrate understanding of foundational knowledge in orthotic and prosthetic design, material selection, basic biomechanical principles, fabrication, modification and adjustments for the following:

C.8.1 Lower Extremity Orthoses:

C.8.1.1 Foot Orthoses

- a. Demonstrate knowledge of current materials used in the fabrication of foot orthoses.
- b. Describe the difference between corrective and accommodative foot orthoses.

- c. Demonstrate knowledge and skill to prepare positive models for foot orthoses.
- d. Demonstrate skill to form materials to fabricate foot orthoses.
- e. Demonstrate knowledge and skill of modifications to foot orthoses.
- f. Demonstrate knowledge and skill to correctly fit foot orthoses into shoes including corrections for heel height.
- g. Demonstrate knowledge and skills of shoe modification.

C.8.1.2 UCBL Orthoses

- a. Demonstrate knowledge of the bony landmarks and pressure tolerant areas of the foot.
- b. Demonstrate knowledge to locate the medial, lateral, and transverse arches of the foot.
- c. Demonstrate knowledge and skill to prepare a positive UCBL model for fabrication.
- d. Demonstrate knowledge and skill in the processes used to fabricate UCBL orthoses including medial posting and trim lines.

C.8.1.3 Ankle-Foot Orthoses (AFO)

- a. Demonstrate knowledge of the following AFO designs:
 - 1. Posterior leaf spring/flexible ankle
 - 2. Plastic solid ankle
 - 3. Axial resisting
 - 4. CROW/neuropathic walker
 - 5. Metal designs
 - 6. Articulated with:
 - a. Dorsiflexion assist
 - b. Dorsiflexion stop
 - c. Plantarflexion resist
 - d. Plantarflexion stop
 - e. Limited motion
 - 7. Ground reaction
 - 8. Molded inner boot
- b. Demonstrate the skills to fabricate:
 - 1. Non-articulated plastic AFO
 - 2. Articulated plastic AFO
 - 3. Plastic AFO with modifications for varus and/or valgus ankle control
 - 4. Metal AFO with attached shoe
 - 5. Various strapping configurations
- c. Demonstrate knowledge of components for various AFOs.
- d. Demonstrate the knowledge and skills to correct a delineation of a patient to accommodate fixed or flexible deformities of the ankle.
- e. Demonstrate knowledge and skill to prepare cast impression and positive models for fabrication of AFOs including category I, II, III modifications (reference C.1.2.1.a, C.1.2.1.b, and C.1.2.1.c).

C.8.1.4 **Knee-Ankle-Foot Orthoses (KAFO)**

- a. Demonstrate knowledge of the following KAFO designs:
 1. Metal designs
 2. Plastic
 3. Stance control
 4. Axial resisting
 5. Fracture
- b. Demonstrate skill to fabricate:
 1. Metal KAFO
 2. Articulated Plastic KAFO
- c. Demonstrate knowledge of components for coronal, sagittal and transverse plane control.
- d. Demonstrate the knowledge and skills to correct a delineation of a patient for a KAFO.
- e. Demonstrate skill to prepare a positive model for fabrication of a KAFO including category I, II and III modifications (reference C.1.2.1.a, C.1.2.1.b. and C.1.2.1.c).
- f. Demonstrate skill to incorporate tibial torsion into a metal KAFO.

C.8.1.5 **Hip-Knee-Ankle-Foot Orthoses (HKAFO), Standing Frames/Parapodiums**

- a. Demonstrate knowledge of the following HKAFO and standing frame designs:
 1. Standing frames and parapodiums
 2. Reciprocating gait orthoses
 3. Metal designs
 4. Plastic designs
- b. Demonstrate knowledge of components for various HKAFO designs.
- c. Demonstrate knowledge of hip joint placement.
- d. Demonstrate knowledge of spinal control devices that may be incorporated in HKAFO designs.

C.8.1.6 **Knee Orthoses (KO)**

- a. Demonstrate knowledge of custom and prefabricated KO designs and principles.

C.8.1.7 **Hip Orthoses**

- a. Demonstrate knowledge of the following orthoses:
 1. Pediatric hip control orthoses
 2. Post-surgical/trauma hip control orthoses

C.8.2 Upper Extremity Orthoses:

C.8.2.1 **Hand Orthoses (HO) and Wrist-Hand Orthoses (WHO)**

- a. Demonstrate knowledge and skill to fabricate plastic and/or metal hand orthosis and wrist-hand orthoses.
- b. Demonstrate knowledge and skill to prepare positive models for fabrication of HO or WHO.

C.8.2.2 Elbow Orthoses and Shoulder-Elbow-Wrist-Hand Orthoses

- a. Demonstrate knowledge in the following:
 1. Elbow orthoses
 2. SEWH orthoses

C.8.2.3 Fracture Orthoses

- a. Demonstrate knowledge of various upper extremity orthoses for fracture management.

C.8.3 Spinal Orthoses:

C.8.3.1 Lumbo-Sacral (LSO) and Thoraco-Lumbo-Sacral Orthoses (TLSO)

- a. Demonstrate knowledge of metal and plastic LSO and TLSO designs, including Scoliosis designs.
- b. Demonstrate skills to fabricate the following spinal orthoses:
 1. Plastic Bi-valve TLSO or LSO
 2. Single opening TLSO or LSO
- c. Demonstrate knowledge and skill to prepare positive models for spinal orthosis including category I and II modifications (reference C.1.2.1.a & C.1.2.1.b.).

C.8.3.2 Cervico-Thoraco-Lumbo-Sacral Orthoses (CTLSO)

- a. Demonstrate knowledge of metal and plastic CTLSO designs and principles.

C.8.4 Computer Aided Design/Computer Aided Manufacturing:

- a. Demonstrate knowledge of CAD/CAM concepts for orthotic applications.

C.8.5. Lower Extremity Prostheses:

C.9.5.1 Partial Foot Prostheses

- a. Demonstrate knowledge of designs and principles for partial foot prostheses.
- b. Demonstrate knowledge of current materials used in the fabrication of partial foot prostheses.
- c. Demonstrate skill to form materials to fabricate partial foot prostheses.
- d. Demonstrate knowledge and skill to prepare positive models for partial foot prostheses.

C.8.5.2 Symes Prostheses

- a. Demonstrate knowledge of designs for Symes prostheses.
- b. Demonstrate the skills to fabricate expandable wall and/or medial opening prostheses.
- c. Demonstrate knowledge and skill to prepare positive models for Symes prostheses including category I and II modifications (reference C.1.2.1.a & C.1.2.1.b.).
- d. Demonstrate knowledge of alignment for Symes prostheses.

C.8.5.3 Transtibial Prostheses

- a. Demonstrate knowledge of the following transtibial socket designs and suspensions systems:
 1. Patellar tendon-bearing with cuff suspension
 2. Total surface bearing
 3. Hydrostatic using locking mechanism
 4. Roll-on suction

5. Waist belt
6. Supracondylar
7. Knee joint and thigh lacer
8. Suspension sleeve
9. Elevated vacuum

- b. Demonstrate the skills to fabricate:
 1. Exoskeletal transtibial prosthesis
 2. Endoskeletal transtibial prosthesis
 3. Soft interface
 4. Diagnostic sockets
- c. Demonstrate knowledge of components for transtibial prostheses.
- d. Demonstrate knowledge and skill to prepare positive models for transtibial prostheses including category I and II modifications (reference C.1.2.1.a & C.1.2.1.b).
- e. Demonstrate the skills of transtibial alignment and transfer.
- f. Demonstrate skills for cosmetic finishing of a transtibial prostheses.

C.8.5.4 Knee Disarticulation Prostheses

- a. Demonstrate knowledge of knee disarticulation prosthetic designs and principles.

C.8.5.5 Transfemoral Prostheses

- a. Demonstrate knowledge of the following transfemoral socket designs and suspensions systems:
 1. Ischial containment
 2. Quadrilateral
 3. Roll-on suction with or without locking mechanism
 4. Hip joint, pelvic band and waist belt
 5. Suction socket
 6. Auxiliary suspension (TES belt, Silesian bandage)
 7. Elevated vacuum
- b. Demonstrate the skills to fabricate:
 1. Diagnostic sockets
 2. Endoskeletal transfemoral prosthesis
- c. Demonstrate knowledge of components for transfemoral prostheses.
- d. Demonstrate knowledge and skills to prepare positive models for transfemoral prostheses including category I and II modifications (reference C.1.2.1.a & C.1.2.1.b).
- e. Demonstrate the skills of transfemoral alignment and transfer.
- f. Demonstrate skills for cosmetic finishing of transfemoral prostheses.

C.8.5.6 Hip Disarticulation / Hemipelvectomy Prostheses

- Demonstrate knowledge of hip disarticulation and hemipelvectomy prosthetic designs and principles.

C.8.6. Upper Extremity Prostheses:

C.8.6.1 Partial Hand and Transradial Prostheses

- a. Demonstrate knowledge of the following transradial designs and principles:
 1. Partial hand
 2. Passive/cosmetic
 3. Flexible and rigid hinges
 4. Suspension techniques
 5. Body powered
 6. External powered
- b. Demonstrate the skills to fabricate:
 1. Transradial prosthesis
 2. Rigid and flexible hinges
 3. Control harness and cable system
- c. Demonstrate knowledge of components for transradial prostheses.
- d. Demonstrate knowledge and skill to prepare positive models for transradial prostheses including category I and II modifications (reference C.1.2.1.a & C.1.2.1.b).
- e. Demonstrate the skill of transradial alignment.
- f. Demonstrate skills for cosmetic finishing of transradial prostheses.

C.8.6.2 Elbow Disarticulation and Transhumeral Prostheses

- a. Demonstrate knowledge of the following designs and principles:
 1. Elbow disarticulation
 2. Transhumeral
 3. Shoulder disarticulation
 4. Interscapular-thoracic
 5. Passive/cosmetic
 6. Body powered
 7. External powered
 8. Suspension techniques
- b. Demonstrate the skills to fabricate:
 1. Transhumeral prosthesis
 2. Control harness and cable system
- c. Demonstrate knowledge of components for transhumeral prostheses.
- g. Demonstrate knowledge and skill to prepare positive models for transhumeral prostheses including category I and II modifications (reference C.1.2.1.a& C.1.2.1.b).
- d. Demonstrate the skill of transhumeral alignment.
- e. Demonstrate skills for cosmetic finishing of transhumeral prostheses.

C.8.7 Computer Aided Design/Computer Aided Manufacturing

- a. Demonstrate knowledge of CAD/CAM concepts for prosthetic applications.

Section D PRACTICUM

D.1.0 PRACTICUM CONTENT

The curriculum plan must include technical education experiences that provide exposure to:

- C.8.1 Initiation of the treatment plan.
- C.8.2 Follow up of the treatment plan.
- C.8.3 Fabrication and maintenance of orthoses and/or prostheses.
- C.8.4 Facility management.

It is recommended that participating facilities comply with facility accreditation standards as outlined by American Board for Certification in Orthotic, Prosthetic and Pedorthic accrediting body.