



British Association of Prosthetists and Orthotists

GUIDELINES FOR BEST PRACTICE

*No 4: Assessment & Review
(Orthotics and Prosthetics)*

BEST CLINICAL PRACTICE IN ORTHOTICS AND PROSTHETICS

General Guidelines

The following guidelines are intended to reflect current best practice in clinical orthotics and prosthetics in order that the individual practitioner achieves and maintains the highest standards of professionalism and effectiveness in patient care. They are intended to be a general guide to recommended professional behaviour in all routine daily employment activities.

Your professional body has a vital role in setting and promoting standards that must have quality at their core. With healthcare standards subject to continuous quality improvements, these guidelines will undergo monitoring and periodic revision.

The British Association of Prosthetists and Orthotists (BAPO) is committed to the following quality principles in professional practice:

- The pursuit of evidence-based practice.
- Involvement in quality improvement processes (e.g. clinical audit).
- Professional development programmes which reflect clinical governance principles.
- Dissemination of (evaluated) good practice ideas and innovations.
- The systematic learning of lessons for clinical practice from patient complaints.
- The promotion of universal validated clinical guidelines and their systematic controlled implementation.

BAPO, in liaison with appropriate bodies, will approve the development of the guidelines to produce national or local standards. The Association may also issue individual guidelines or recommendations on specific areas of prosthetic and orthotic practice.

These guidelines are critical to current arrangements which allow BAPO to build on and strengthen the existing system of professional self-regulation.

This document is subject to revision by the Professional Affairs Committee of BAPO and enquiries regarding its contents should be addressed in the first instance to its chairperson.

Other Guidelines in this Series:

1. The Role of the Prosthetist/Orthotist
2. Communication and Teamwork
3. Clinical Records
4. Assessment and Review
5. The Clinical Environment
6. Clinical Effectiveness

Assessment & Review (Orthotics and Prosthetics)

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1. Statement

The British Association of Prosthetists and Orthotists (BAPO) believes that all patients referred to a prosthetist or orthotist should follow a specified pathway of care involving initial assessment, review appointments and onward referral as necessary. All care episodes should follow recognised processes with appropriate resources allocated to support the practitioner. Resources will include administrative and documentation support and suitable time allocations per patient to maximise clinical effectiveness.

2. Introduction

These guidelines are intended for use by service providers, service managers and professionals concerned with the delivery of safe and effective healthcare. It is strongly recommended that they are read in conjunction with the BAPO *Ethical Code*. The guidelines are based upon a number of key recommendations which BAPO believes should underpin best clinical practice. They are designed to help practitioners reflect upon their current practice and how to improve it for the benefit of patients.

The aim of this document is to provide prosthetist/orthotists with a useful tool in their clinical environment. The guidelines are not exhaustive in their coverage of a 'correct' method and will need to be regularly updated.

3. Assessment Protocols

3.1 Referral Acceptance.

- 3.1.1 Members are advised to use a workplace protocol for referral acceptance.
- 3.1.2 Prosthetist/orthotists should accept referrals which they deem to be appropriate and for which they have the resources.
- 3.1.3 It is the duty of prosthetist/orthotists to ensure that sufficient information has been obtained to enable them to determine the appropriateness of the referral.
- 3.1.4 The member should decline to accept a referral or initiate treatment if, subject to any legal requirement to provide a minimum service, the basic standards of treatment or intervention cannot be met at any time, for whatever reason.
- 3.1.5 When establishing resource priorities, the needs, wishes and feelings of the patients and carers should be taken into account wherever possible.
- 3.1.6 Members are advised to ensure that they use suitable and effective referral documentation to enable all healthcare professionals to refer appropriately.

3.2 Clinical Record Keeping Systems and Documentation.

- 3.2.1 Members must, without exception, make and keep clinical records of all patient episodes. Failure to make a clinical record will be considered as infamous conduct.
- 3.2.2 Members are advised to consult the patient's clinical record prior to the commencement of treatment. For detailed guidance see:

- Health Professions Council *Statement of Conduct*
- Health Service Circular HSC 1999/053 *For The Record*
- *BAPO Guidelines for Best Practice No.3: Clinical Records*
- *BAPO Ethical Code*

3.3 Appropriate Assessment Documentation.

Members are advised to use documentation which is suited to local needs and requirements. Simple but comprehensive assessment forms can assist in rapid and effective note-taking.

3.4 Effective Measurement and Specification Documentation.

Good documentation assists the accurate transfer of information in manufacturing specifications, traceability and audit in Quality Assurance and medico-legal investigation.

3.5 Appropriate Measurement Techniques, Equipment and Materials.

Members should ensure maximum accuracy of specifications and that their measurement techniques and equipment meet local Risk Analysis and Quality Assurance standards.

3.6 Appropriate Technical Specifications.

Members must ensure that all prosthetic/orthotic componentry and assembly/manufacture specified by them for an individual patient has undergone a recorded Risk Analysis procedure whenever appropriate. e.g. 'hybrid' prostheses.

3.7 A Suitable Clinical Environment.

Members should ensure that a suitable environment for treatment is provided and meets local Risk Analysis standards. See *BAPO Guidelines for Best Practice No. 5: The Clinical Environment*.

3.8 Request for a Second Opinion.

On occasion either a patient or a clinician will request a second opinion with specific regard to an orthotic or prosthetic prescription from a different practitioner or clinical centre. To ensure good communication, this guidance should be understood and followed.

3.8.1 A letter requesting a second opinion should be sent from the originating clinician to the appropriate practitioner at the second centre. If a second centre is approached by a patient to provide a second opinion, this should preferably be supported by a formal request so that appropriate communication and transfer of documentation can occur.

3.8.2 Subject to local regulations, proper and sufficient information should be sent to the second centre approximately one week prior to the agreed appointment to allow all participating parties to acquaint themselves with the patient's history.

3.8.3 All observations, findings and recommendations should be communicated in writing from the second centre to the originating centre and all patient documentation returned.

3.8.4 The second opinion recommendations should be reviewed and the findings discussed. The patient should then be re-appointed and a treatment plan developed if appropriate.

3.8.5 In cases where patients are independently seeking a second opinion from a private practice and request an action on the information given to them by that private practice, the originating centre should request that all findings, observations and recommendations made by the private practice are communicated in writing. The patient should then be reviewed as in the previous section.

3.8.6 Refer to the BAPO *Ethical Code* for regulations concerning the expression of opinion regarding the conduct of a fellow professional.

3.9 A Protocol for Review of Patients.

Members should ensure that suitable arrangements are made for the routine review of prosthetic or orthotic treatment, preferably with specific time intervals for level of complexity, nature of pathology or type of prosthesis or orthoses.

3.10 A Protocol for Discharge of Patients.

Members are advised that a procedure for the formal discharge of patients from the prosthetic or orthotic service should be available in the workplace.

4. General Criteria and Guidance

4.1 Support for the Prosthetist/Orthotist.

4.1.1 Members are recommended to support multi-disciplinary team work and communication. See *BAPO Guidelines for Best Practice No 2 Communication and Teamwork*.

4.1.2 Clinical Supervision. BAPO encourages the implementation of systems of clinical supervision for the support and professional development of prosthetist/orthotists. The role of supervision is to sustain and develop clinical practice *by the formal opportunity to discuss work with a colleague*. Clinical supervision should focus upon supporting the development of individual prosthetist/orthotists and not be a purely management function or means to control practice. It is distinct from appraisal which uses performance evaluation to set goals to help develop potential. BAPO advises members to discuss this topic with their clinical managers.

4.2 Competency: Diagnosis and Prescription.

4.2.1 Derived from a medical diagnosis, the fully qualified prosthetist/orthotist is competent to provide a clinical diagnosis and an orthotic or prosthetic prescription.

4.2.2 Derived from the prescription, the prosthetist/orthotist is competent to provide a treatment plan.

4.2.3 BAPO strongly recommends that this process occurs whenever possible in a multi-disciplinary team environment. See Health Professions Council '*Statement of Conduct*'.

4.3 Multidisciplinary Team Working

While prosthetists/orthotists are clinically independent professionals, members are required to work in multidisciplinary teams and need to be receptive to such arrangements.

- 4.3.1 When working in a clinical team in a hospital, it is likely, though not inevitable, that the senior clinician will be a registered medical practitioner or an allied health profession consultant. Whatever the speciality of this individual, prosthetists/orthotists must be left to carry out the treatment which they believe is appropriate. This should never preclude multidisciplinary consultations and advice in any situation.
- 4.3.2 Any arrangement at a local level to divide the responsibility for the patient and treatment between members of the clinical team should be carefully considered. If necessary, guidance may be sought from your manager or clinical supervisor.

4.4 Chaperoning.

BAPO recognises the role and duty of employers, the Health Professions Council (HPC) and the police in protecting the public and ensuring that members practise within both the law and given rules. However, certain groups or situations may place members at increased risk of accusations of improper conduct. These include gender issues, self-employed practice, lone working, domiciliary visits, certain treatment/measurement techniques, and treating children or vulnerable patients. See *BAPO Guidelines for Best Practice No 2 Communication and Teamwork*. BAPO advises members that the following measures can be taken to minimise risk.

- 4.4.1 Awareness. Members should be familiar with all rules and requirements which impinge upon them including BAPO and HPC *Rules of Professional Conduct* as well as local workplace policies such as child protection and zero-tolerance. Prosthetist/orthotists should never work alone with persons under the age of 18 years. Prosthetist/orthotists should also be aware that while they may be used to dealing with the unclothed body, patients are likely to feel uncomfortable and inhibited. Members should maintain vigilance during the treatment process as to the emotional status of the patient, being aware of more subtle aspects such as non-verbal signs.
- 4.4.2 Policies and procedures. Workplace preventative measures should be set in a policy framework. Members must understand what is expected of them in particular situations. Decisions on matters such as the use of chaperones and written consent should not be made on an ad hoc basis but agreed in a department or practice policy drawn up with the involvement of those it affects. This should indicate, for example, if there are particular treatments or techniques which should only be administered with a third person present. Thought should also be given to matters such as how isolated the treatment location is and the time of day when treatment takes place.
- 4.4.3 Consent and documentation. It is vital that patients are able to make informed decisions about consent to treatment. Obtaining informed consent means that members must give full and understandable explanations about assessment conclusions and treatment plans and receive explicit agreement from patients. In seeking consent, explanation should include matters such as the level of undress required, positions which may need to be adopted and any touching which may be required close to intimate areas of the body. The gaining of consent is an ongoing process during the course of treatment and the patient should feel able to voice concern or unease at any stage. Consent should preferably be documented in the clinical record, and in particularly sensitive situations it may be advisable to ask the patient to countersign an entry in the notes or sign a specific written consent form. See *Good practice in consent implementation guide: consent to examination or treatment*. Department of Health. Reference 25751 November 2001. Also BAPO *Ethical Code*.

- 4.4.4 Maintaining patient dignity. Members should preserve the dignity and comfort of patients at all times. (see BAPO *Best Practice Guidelines Nos 2 and 5*).
- 4.4.5 Being accompanied. There are times when it is advisable for the prosthetist/orthotist to be accompanied by another member of staff. This may be indicated clinically by the treatment being conducted but may also be appropriate to prevent misunderstanding. Patients can also be offered the opportunity to bring a 'chaperone' of their choice to a treatment session. Local teams should decide if certain treatment/measurement techniques should only be conducted in the presence of a third person and the decision incorporated into operational policy.
- 4.4.6 Domiciliary visits. Members are advised to maintain a documented policy for rules concerning visits to a patient's home. This should address such matters as written/verbal notice of visit, necessary identification, child protection issues, logging of clinician's time and recording events. In cases where known risks exist, clinicians should not visit unaccompanied.

5. Patient Contact Times: Orthotics

- 5.1 Patient contacts are recommended in 20 minute blocks. Contact times may be categorised as (1) initial assessment, (2) measurement/specification, (3) trial fit, (4) supply and (5) review. Each includes time for a record to be made at each stage without exception. This recommended time does not include the time required for the orthotist to conduct essential patient-related tasks which support clinical activity. Please refer to BAPO *Guidelines for Best Practice No. 3: Clinical Records*.
- 5.2 Responsibility for screening written referrals lies with the orthotist. He/She may delegate this locally to a designated individual working within a defined protocol. This enables clinical prioritisation and allocation of appropriate treatment times. More complex cases may require the allocation of more than one time block.
- 5.3 The initial history-taking is to be included in the assessment time which should be considered separately to the measurement and specification process.
- 5.4 The number of treatments/contacts per clinical session may be allowed to vary dependent upon such factors as the accuracy of clinical screening of referrals and the degree of 'live' clinic cover required. It is recommended that one or more treatment times per session are left empty to accommodate local conditions and achieve a balance in the workload of the clinician.
- 5.5 The date of a follow-up or review appointment should be specified or ascertained on all occasions.
- 5.6 The recommended times are for fully-competent practitioners only. For orthotists with less than one year's experience, or for more complex cases, it is advisable to increase these times to reflect the level of experience or complexity. See Appendix 1

6. Patient Contact Times: Prosthetics

- 6.1 Patient contacts are recommended in 30 minute blocks. All treatment times, without exception, include time for a record to be made. This recommended time does not include the time required for the prosthetist to conduct essential patient-related tasks which support clinical activity.
- 6.2 The date of a follow-up or review appointment should be specified or ascertained on all occasions.
- 6.3 The recommended times are for fully-competent practitioners only. For prosthetists with less than one year's experience, or for more complex cases, it is advisable to increase these times to reflect the level of experience or complexity.
See Appendix 2.

7. Further Information

We hope that you have found these guidelines helpful and that they will aid your own assessment of your current practice. BAPO strongly recommends that you attend post-graduate training courses held on this subject. Further information is available from the Secretariat. The guidance is regularly reviewed and we welcome your comments.

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APPENDIX 1: ORTHOTIC PATIENT TREATMENT TIMES

All times have been rounded to the nearest twenty minutes. In most cases, the contact times have been rounded up, but in some instances these have been rounded down. These contact times include the requirement to make a clinical note of the episode of treatment.

These contact times are for guidance and it is expected that in some instances longer time slots will be required. The treatment times tabled below refer to the amount of time required to deal with a single disabling condition requiring one orthotic device. Multiple disability would require more time slots to be booked.

Table 1: Recommended Treatment Times for Orthotic Patients

	Simple pathology (minutes)	Complex pathology (minutes)
Initial assessment	20	40
Measurement Specification	20	40
Trial Fitting	20	40
Supply	20	40
Review	20	40

APPENDIX 2: PROSTHETIC PATIENT TREATMENT TIMES

Patient Contact Times

All times have been rounded to the nearest half hour in order to accommodate the half hour time slots available at most limb centres. In most cases, the contact times have been rounded up, but in some instances these have been rounded down.

The recommended contact time for all diagnostic fittings, primary deliveries, adjustments and reviews is 60 minutes with both upper and lower limb amputees. A detailed breakdown of other recommended contact times is shown in the following tables.

Table 1: Recommended Treatment Times for Lower Limb Prosthetic Patients

	Transtibial/ Partial Foot (minutes)	Transfemoral/ Knee Disarticulation (minutes)	Hip Disarticulation/ Transpelveotomy (minutes)
Primary Assessment cast/measure	60	90	90
Primary fitting	60	90	150
Primary fit/delivery	120	150	-
Cast and measures	60	60	90
Fitting	60	90	120
Delivery	30	60	60
Fit/delivery	90	120	-
Emergency repairs	30	30	60

Table 2: Recommended Treatment Times for Upper Limb Prosthetic Patients

	Transradial/ Partial Hand (minutes)	Transhumeral (minutes)	Shoulder Disartic/ Forequarter (minutes)
Primary Assessment cast/measure	60	90	90
Primary fitting	60	90	150
Primary fit/delivery	120	150	-
Cast and measures	60	60	90
Fitting	60	90	120
Delivery	30	60	60
Fit/delivery	90	120	-
Emergency repairs	30	30	60

Glossary of Terms

The following definitions are taken from international standard **ISO 8549-1 : 1995**

- **prosthesis: prosthetic device:** Externally applied device used to replace, wholly or in part, an absent or deficient limb segment. (Note: It includes any such device having a part within the human body for structural or functional purposes.)
- **orthosis: orthotic device:** Externally applied device used to modify the structural or functional characteristics of the neuro-muscular and skeletal systems.
- **prosthetics:** Science and art involved in treating patients by the use of *prostheses*.
- **orthotics:** Science and art involved in treating patients by the use of *orthoses*.
- **prosthetist:** Person who, having completed an approved course of education and training, is authorised by an appropriate national authority to design, measure and fit *prostheses*.
- **orthotist:** Person who, having completed an approved course of education and training, is authorised by an appropriate national authority to design, measure and fit *orthoses*.
- **prosthetist/orthotist:** Person who, having completed an approved course of education and training, is authorised by an appropriate national authority to design, measure and fit *orthoses* and *prostheses*.

Note: State Registration in the UK requires the practitioner to be registered with the Health Professions Council.