



THE SECRETARY OF VETERANS AFFAIRS  
WASHINGTON  
April 5, 2006



*Commemorating 75 Years of Service*

Mr. Thomas H. Miller  
Chairman, VA Federal Advisory Committee  
on Prosthetics and Special-Disabilities Programs  
Blinded Veterans Association  
477 H Street, NW  
Washington, DC 20001

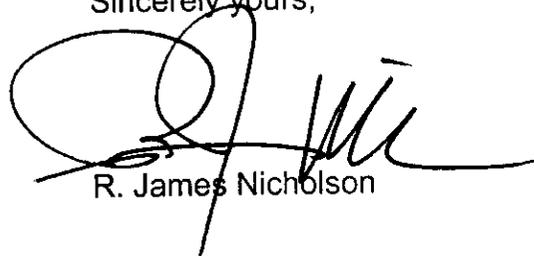
Dear Mr. Miller:

This is in response to the report you submitted following the meeting of the Advisory Committee on Prosthetics and Special Disabilities Programs on November 16 and 17, 2005. I appreciate the Committee's thorough deliberation on the issues presented and value its input.

The enclosed Fact Sheet addresses the recommendations in your report and provides responses to those recommendations. The Committee is a valuable resource that makes significant contributions to ensure that veterans with special disabilities continue to receive the best care and to have their needs met.

I look forward to continuing an open dialogue with the Committee. With your ongoing assistance, the Department of Veterans Affairs will continue to deliver high-quality services to our Nation's veterans.

Sincerely yours,



R. James Nicholson

Enclosure

**DEPARTMENT OF VETERANS AFFAIRS (VA)  
VETERANS HEALTH ADMINISTRATION (VHA)**

Fact Sheet Addressing Recommendations Made at the Meeting of the Advisory  
Committee on Prosthetics and Special-Disabilities Programs  
(Forwarded in letter of February 17, 2006)

**Recommendation 1:** The Committee is concerned about Rehabilitation Research and Development (RR&D) Service in VHA. Physician (clinician) protected time within VA is problematic, especially for fields without strong research traditions and programs (e.g., Physical Medicine and Rehabilitation (PM&R), Orthopedics). "Protected research time" is difficult to obtain in VA with current clinical demands. Current economic disincentives within the VERA model for physicians and other clinicians create tremendous barriers for rehabilitation clinicians to participate in research. In this era of expanding assistive technologies and rehabilitative techniques, it is essential to investigate mechanisms to support patient-oriented and health services research among clinicians with the direct hands-on experience in working with people with disabilities. The examination should further include infrastructure support to encourage cost effective use of professional time. We request that Dr. Kupersmith present to the Committee the status of the current mechanisms for supporting clinician researchers, and a plan to promote the success of clinician researchers within rehabilitation. The Committee is concerned that there is inadequate funding support for rehabilitation clinicians, especially post career development awards.

**VA Response:** The strength of VA's intramural program is the clinician investigator. Veteran-centric research results from having highly trained investigators who care for and treat our veterans. The Office of Research and Development (ORD) recognizes that clinician investigators are likely to be more productive when they have ready access to infrastructure support, including other non-clinician researchers. For this reason we have developed a number of competitively selected targeted research centers that support multidisciplinary research in areas of high importance for the care of veterans. Many of these centers focus on rehabilitation or prosthetics research, including:

- Center for Rehabilitation of Aging Veterans with Vision Loss, Atlanta, Georgia
- Center for Innovative Visual Rehabilitation, Boston, Massachusetts
- Center for Rehabilitative Auditory Research, Portland, Oregon
- Brain Rehabilitation Research Center, Gainesville, Florida
- Center for the Medical Consequences of Spinal Cord Injury (SCI), Bronx, New York
- Center for Functional Recovery in Chronic Spinal Cord Injury (SCI), Miami, Florida

- Center for Restoration of Function in SCI and Multiple Sclerosis, West Haven, Connecticut
- Center for Functional Electrical Stimulation, Cleveland, Ohio
- Center for Bone and Joint Rehabilitation, Palo Alto, California
- Center for Limb Loss Prevention and Prosthetic Engineering, Seattle, Washington
- Rehabilitation Outcomes Research Center, Gainesville, Florida
- Center for Wheelchairs and Associated Rehabilitation Engineering, Pittsburgh, Pennsylvania
- Tissue Engineering to Rebuild, Regenerate and Restore Function after Limb Loss, Providence, Rhode Island
- Advanced Platform Technology Center, Cleveland, Ohio
- Task Oriented Exercise and Robotics in Neurological Disease, Baltimore, Maryland

RR&D supports Research Enhancement Award Programs (REAPs) at the following locations:

- Promotion of Functional Recovery Following SCI, Hines, Illinois
- Auditory and Vestibular Dysfunction Research Enhancement Award Program, Mountain Home, Tennessee
- Tissue Engineering-Based Rehabilitation, Boston, Massachusetts
- Technology to Prevent Adverse Events in Rehabilitation, Tampa, Florida

These centers not only facilitate rehabilitation and prosthetics research, but also provide opportunities for the training and mentoring of young investigators. While a strong infrastructure to support VA research is important, with finite funds, a balance must be maintained between funding research infrastructure and funding actual research.

We recognize the importance of maintaining support for clinical researchers in rehabilitation. The new RR&D Director will be asked to review current mechanisms and make recommendations for improvement. Dr. Kupersmith or his designee will be available to brief about current mechanisms and on-going efforts to support clinician researchers.

**Recommendation 2:** The Committee would like a status report on the Office of Research and Development's effort to establish an Advisory Committee for Research and Development.

**VA Response:** VA's Office of Research and Development (ORD) continues to explore options to receive input from groups such as the Advisory Committee on Prosthetics and Special Disabilities Programs about the VA research program. We expect to implement a process to address this concern after the appointment of a new Director of Rehabilitation Research and Development (RR&D) Service. We expect to make this appointment in the near future. In the interim, we note that the National Research Advisory Committee (NRAC) does have a veteran representative. The NRAC provides advice to the Secretary about research policies and projects.

**Recommendation 3:** In order to maintain and further improve the progress made thus far, we request that the Committee be provided with semi-annual updates on the number and percent of certified prosthetists and orthotists within VA. The Committee is most interested in the standards to be used for new hires. The Committee also requests to be provided with a plan for quality measures, a plan for strategic direction, and a program to sustain the accomplishments achieved thus far for the Prosthetics and Orthotics labs and providers.

**VA Response:** The Chief Prosthetics and Clinical Logistics Officer will be pleased to provide the Committee with semi-annual updates at future Committee meetings on the number and percent of certified prosthetists and orthotists within VA. This data is updated on an ongoing basis and is easily retrievable. VA currently has 58 orthotic/prosthetic laboratories staffed by 185 prosthetists and orthotists. Forty-eight of the VA prosthetic and orthotic laboratories have earned certification by one of the two national accrediting organizations and 116 prosthetists and orthotists are board-certified.

For new hires, a Hybrid Title 38 qualification standard is being used for the Prosthetist/Orthotist 667 series. This covers grades from GS-5 through GS-14. Certification is required for grades GS-12 and above. For Prosthetic and Orthotic Laboratory managers and supervisors, certification at the full performance level (Journeyman Level GS-11) is highly encouraged. A copy of the Hybrid Title 38 qualification standards is attached.

The Committee requested to be provided a plan for quality measures and strategic direction for Prosthetic/Orthotic Laboratories and its providers. A Quality Improvement Plan has been in effect since January 2005 for the purpose of monitoring Prosthetic/Orthotic Laboratory accreditation. (A copy is attached). The strategic plan consists of increasing number of Prosthetic/Orthotic laboratory accreditation and Prosthetist/Orthotist certifications as discussed above.

To sustain the accomplishments we have achieved with our Prosthetic/Orthotic Laboratories and providers, we have two 2-year Prosthetic and/or Orthotic Residency Programs for Centrally-Directed Stipend Funds:

- Academic years 2005-2006 (Fiscal Year 2006) - there are three sites that each have two residency students (Oklahoma City, Oklahoma; Seattle, Washington; and Long Beach, California), for a total of six residency students.
- Academic years 2006-2007 (Fiscal Year 2007) – there are four sites that are each eligible to have two residency students (New York, New York; Houston, Texas; North Little Rock, Arkansas; and Martinez, California), for a total of eight residency students. Only two of the four sites are able to do residency training for the first year: New York and Houston. North Little Rock and Martinez, for various reasons, will not be able to do residency training in the first year but may be able to do so for the second year.

We also have provided opportunities for Prosthetists/Orthotists to attend annual meetings of the American Academy for Orthotists and Prosthetists (AAOP) and the American Orthotic/Prosthetic Association (AOPA). In addition to these national training programs, many VA practitioners are attending local, state and manufacturer seminars and workshops. Each certified practitioner, to be in good standing with their respective certification agency, must earn the required number of continuing education credits per 5-year cycle. This external requirement ensures that VHA practitioners are staying up-to-date and trained in the use of latest technology.

**Recommendation 4:** The Committee requests that we be updated annually on the satisfaction with the prosthetic limb services among veterans with major limb amputations.

**VA Response:** In 2005, we reported that plans were underway to fund, within VHA, a Prosthetic Patient Satisfaction Survey in FY 2006. Our 1999, 2001, and 2003 surveys were funded by VHA's Office of Patient Care Services and the Office of Quality and Performance. However, now as a separate VHA office since being reorganized in August 2005, Prosthetics is sorting out fiscal responsibilities as a first time "parent" office. Funds were not set aside to conduct a Prosthetic patient Satisfaction Survey in 2006. We are looking for other ways to fund a survey in 2007 and will keep the Committee informed.

**Recommendation 5:** The Committee urges the Secretary to expedite the appointment of a Deputy Director for Prosthetic Services. This is a critical position that needs to be filled quickly by a highly qualified candidate. The Committee recommends that the Deputy Director be given the autonomy and authority to properly lead the program. There is some concern among the Committee about the attention being given to the day-to-day management of prosthetic and other assistive technology services.

**VA Response:** We agree that the position of Deputy Clinical Prosthetics Officer needs to be filled quickly and by a highly qualified individual. The position was announced in early March 2006 within and outside VA. The Deputy Clinical Prosthetics Officer will provide key clinical leadership to prosthetic operations. The incumbent will provide the critical collaboration and partnership with the clinical leadership in the Office of Patient Care Services' Rehabilitation Services, Medical-Surgical Services, Audiology and Speech Pathology Service, Physical Medicine and Rehabilitation Service, Surgical Service, and other programs involved with prosthetics and orthotics.

**Recommendation 6:** The Committee supports the Secretary's efforts to establish an Assistive Technology Workgroup, and is appreciative of the progress report provided. The Committee requests that semi-annual updates at each meeting outlining the progress of the Assistive Technology Workgroup under PM&R with collaboration from the other rehabilitation offices and including a plan for the implementation of Assistive Technology Clinics with therapists and rehabilitation engineers with RESNA credentials, be provided. Assistive technology is critical in the rehabilitation of all veterans with disabilities. Assistive technology clinical services need to be formalized. The Workgroup needs to identify and adopt outcomes measures to measure, track and continually ensure quality services. The workgroup established, that includes one MD and 2 PTs, should be expanded to include a VA RET, and other clinicians (SLPs, PTs, OTs). CMS has proposed changes to incorporate ATP evaluations for electric-powered wheelchairs. VA has fallen behind the private sector in assistive technology service provision. Changes within CMS may affect VA's ability to collect for these services.

**VA Response:** The PM&R Program office agrees with the goal to provide quality services in the area of assistive technology. The membership of the PM&R Assistive Technology Workgroup will be expanded through the addition of representation from Speech & Language Pathology, Occupational Therapy, and a VA Rehabilitation Engineering Technician (RET). This workgroup will work in collaboration with other rehabilitation offices. This workgroup will be charged with developing a plan that will provide a nationally formalized process for the provision of assistive technology and recommend a procedure for assuring the competency of the practitioners responsible for providing assistive technology.

The workgroup will identify the core components necessary for a model assistive technology clinic, followed by a comparative evaluation of the current VA Major Medical and Wheelchair clinics, to determine the possibility of enhancing the current design or the need to establish a new clinic structure. The PM&R Program Office will provide a semi-annual progress report on this initiative to the Advisory Committee.

Attachments

## APPENDIX G \_\_. ORTHOTIST/PROSTHETIST QUALIFICATION STANDARD

GS-667

### Veterans Health Administration

**1. COVERAGE.** The following are requirements for appointment as an orthotist, prosthetist, or orthotist/prosthetist in the Veterans Health Administration (VHA). This General Schedule (GS)-667 series includes positions the duties of which are to: administer, supervise, or perform work involving designing, fabricating, or fitting orthotic or prosthetic devices to preserve or restore function to patients with disabling conditions of the limbs and spine, or with partial or total absence of limbs.

a. The work requires:

(1) Knowledge of anatomy, physiology, body mechanics, the application and function of orthoses and/or prostheses, and of the materials and technology available for use in, and fabrication of, such devices;

(2) Skill in the use of tools, materials, and specialized equipment; and

(3) The ability to deal effectively with patients and their problems and to work with other members of the medical team.

b. Included in this series is such work as:

(1) Planning, developing, and directing an orthotics and prosthetics program at the national, Veterans Integrated Service Network (VISN), or local level;

(2) Serving as an integral member of the professional team providing advice to physicians with regard to development of a treatment plan, selection and prescription of devices, and furnishing information concerning such matters as new developments in the fields of orthotics and prosthetics; and

(3) Assisting in, or leading, research and investigative studies such as those of experimental materials, microprocessor based components, myoelectric components, and emerging technologies.

c. The administrative aspects of the work require an understanding of statistical information and principles, budget development and management, vendor evaluation, human resources, inventory management, the National Prosthetic Patient Database, a knowledge of the Prosthetic National Software package, and knowledge of accreditation requirements for orthotic and prosthetic laboratories.

## 2. BASIC REQUIREMENTS

a. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, this part.)

b. **Certification.** Certification is not required as a basic requirement for this occupation; however, it is strongly desirable as evidence of possession of the essential knowledge, skills, and abilities. Certification is required for assignments at the GS-12 grade level and higher.

c. **Loss of Credential.** An employee in this occupation who fails to obtain licensure/certification/registration within the required time frame, or who fails to maintain the required licensure/certification/registration must be removed from the occupation, which may also result in termination of employment.

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**d. Grandfathering Provision.** The following is the standard grandfathering policy for all Title 38 hybrid qualification standards. Some of these provisions may not apply to this occupation. Please carefully review the qualification standard to determine the specific education and/or licensure/certification/ registration requirements that apply to this occupation.

All persons employed in VHA in this occupation on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including positive education and licensure/certification/registration that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

- Such employees in an occupation that does not require a licensure/certification/registration, may be reassigned, promoted, or demoted within the occupation.
- Such employees in an occupation that requires a licensure/certification/registration, may be reassigned, promoted up to and including the full performance (journey) level, or demoted within the occupation, but may not be promoted beyond the journey level or placed in supervisory or managerial positions.
- Such employees in an occupation that requires a licensure/certification/registration only at higher grade levels must meet the licensure/certification/registration requirement before they can be promoted to those higher grade levels.

Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification/registration that meet all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

If an employee who was retained in an occupation listed in 38 U.S.C. § 7401(3) under this provision leaves that occupation, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

**e. Physical Requirements.** See VA Directive and Handbook 5019.

**f. English Language Proficiency.** Orthotists, prosthetists, or orthotist/prosthetists appointed to direct patient care positions must be proficient in spoken and written English in accordance with chapter 2, section D, paragraph 5a, this part.

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**3. GRADE REQUIREMENTS**

**a. Definitions**

(1) **Titles.** For purposes of this qualification standard the reference "orthotist/prosthetist" is intended to mean orthotist, prosthetist, or orthotist-prosthetist. The professional standards board will determine which is most appropriate based upon the function of the position to be filled and the specific qualifications of individuals.

(a) **Orthotist.** An allied health professional specifically trained to provide or manage the provision of a custom designed, fabricated, modified, and fitted orthosis based upon independent or consultative clinical assessment of the patient's unique needs and desires, as well as their expectations pursuant to a physician's prescription.

(b) **Prosthetist.** An allied health professional specifically trained to provide or manage the provision of a custom designed, fabricated, modified, and fitted prosthesis based upon independent or consultative clinical assessment of the patient's unique needs and desires, as well as their expectations and pursuant to a physician's prescription.

(c) **Orthotist/Prosthetist.** An allied health professional specifically trained to provide or manage the provision of custom designed, fabricated, modified and fitted orthoses and prostheses based upon the independent or consultative clinical assessment of the patient's unique needs and desires, as well as their expectations and pursuant to a physician's prescription.

**NOTE:** *Orthotists, prosthetists, and orthotist/prosthetists are sometimes referred to as "Practitioners", "Clinicians", and "Clinical Practitioners".*

(2) **Creditable Experience - Knowledge of Current Professional Orthotic and/or Prosthetic Principles and Practices.** To be creditable, the experience must have required the use of knowledge, skills, and abilities associated with current professional orthotic and/or prosthetic professional practice.

(3) **Quality of Experience.** Experience is only creditable if it is equivalent to at least the next lower grade level and is directly related to the position to be filled.

(4) **Part-Time Experience.** Part-time experience is creditable according to its relationship to a full-time work week. For example, an individual employed 20 hours per week, or on a ½ time basis, would receive 1 work week credit for each 2 weeks of service.

**b. Grade Determinations.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates.

(1) **GS-5**

(a) **Education.** A full 4-year course of study at an accredited college or university leading to a bachelor's degree.

**OR,**

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(b) **Experience.** Three years of experience in a related field which demonstrates the basic knowledge, skills, and abilities (core competencies) listed below.

(c) **Demonstrated Knowledge, Skills, and Abilities.**

1. Basic knowledge of medical/scientific terminology.
2. Basic knowledge of psychology.
3. Basic knowledge of materials such as plastics, composites, metals, and leather commonly used in fabrication.
4. Ability to use hand and power tools.
5. Ability to communicate orally and in writing.

(d) **Assignment.** Assignments at this grade level are entry level trainee in nature where the individual receives developmental assignments designed to build upon the base knowledge, skills, and abilities. The orthotist/prosthetist at this level receives training and instruction to develop proficiency in essential occupational tasks such as taking measurements, patient communication, and fabrication and fitting of simple appliances. The work is performed under close supervision.

(2) **GS-7**

(a) **Advanced Entry Level Placement.** See VA Handbook 5005, Appendix G.

**OR,**

(b) **Experience.** One year of basic experience as an orthotist/prosthetist equivalent to the next lower level and must fully meet the KSAs at that level. In addition, the candidate must demonstrate the following KSAs:

(c) **Demonstrated Knowledge, Skills, and Abilities.**

1. Knowledge of medical terminology, anatomy, physiology, biomechanics, kinesiology, physics, and etiology of diseases.
2. Knowledge of psychology and age related competency.
3. Knowledge of materials science including materials such as plastics, composites, metals, and leather commonly used in fabrication.
4. Ability to use hand and power tools in the fabrication of devices.
5. Ability to communicate orally and in writing.

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(d) **Assignment.** Assignments at this grade level represent an advanced trainee level where the individual continues developing the more complex knowledge, skills, and abilities to prepare for substantially independent functioning at the GS-9 grade level. The work includes consultation with the physician, therapist, and/or senior orthotist/prosthetist staff members to obtain and understand the prescription; taking measurements for fabrication and fitting for common disability levels including orthoses for the trunk and cervical spine, leg braces, and prostheses for short or long stumps; and fabrication and fitting of those appliances. Supervision is close for developmental assignments and more general in nature for assignments for which the individual has demonstrated competency. The supervisor is present at final fittings.

### (3) GS-9

(a) **Education.** Education equivalent to 2 full years of progressively higher level graduate education or master's or equivalent graduate degree in orthotics and/or prosthetics, provided the applicant's total background demonstrates the core competencies for GS-9 level assignment.

**OR,**

(b) **Experience.** Completion of 1 year of experience equivalent to the next lower level which demonstrated possession of the knowledge, skills, and abilities at that level needed to provide orthotic/prosthetic services in a hospital setting. In addition, the candidate must demonstrate the following KSAs:

### (c) **Demonstrated Knowledge, Skills, and Abilities.**

1. Ability to attend clinics and participate as a member of the treatment team. This includes knowledge of medical terminology, anatomy, physiology, biomechanics, kinesiology, physics, and etiology of diseases as well as knowledge of psychology and age related competencies.

2. Knowledge of the Healthcare Common Procedure Coding System (HCPCS) coding.

3. Ability to conduct clinical patient analyses such as gait, range of motion, life style, etc., for patients with complex but typical conditions.

4. Ability to take necessary measurements, casts, or scans to develop positive molds of the affected area of the body to create orthoses and/or prostheses.

5. Knowledge of materials science including materials such as plastics, composites, metals, and leather commonly used in fabrication in order to design and fabricate prescribed devices. This would include ability to use hand and power tools in the fabrication of the devices.

(d) **Assignments.** The orthotist/prosthetist performs a broad range of orthotic and prosthetic services designing custom devices using standard components to optimize patient performance for difficult and complex but typical conditions. Assignments include clinic attendance to provide information on standard and stock items which are readily available. The work involves identification of the biomechanical condition; explaining procedures to patients to reduce anxiety and gain support and cooperation; detailed patient assessment including conducting gait analysis, range of motion, coordination and balance, and motor skills; interviewing patients for lifestyle assessments; taking

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necessary measurements, casts, or scans to develop positive molds; recognizing physical abnormalities, deviations, and complicating conditions; fabricating, fitting, and evaluating these custom devices; and maintenance of the patient's record. The work may include use of Computer Assisted Design/Computer Assisted Manufacturing (CAD/CAM) systems.

#### (4) GS-11

(a) **Experience.** Completion of 1 full year of experience as an orthotist/prosthetist equivalent to the next lower level that demonstrates possession of the knowledge, skills, and abilities at that level needed to provide orthotic/prosthetic services in a hospital setting. Certification at the practitioner level by the American Board for Certification in Orthotics and Prosthetics (ABC) or the Board for Orthotist/Prosthetist Certification (BOC) as an orthotist, prosthetist, or orthotist/prosthetist is not required but is highly desirable at this level. In addition, the candidate must demonstrate the following KSAs:

**OR,**

(b) **Education.** Three full years of progressively higher-level graduate education or a Ph.D. or equivalent doctoral degree in orthotics and/or prosthetics, provided the applicant's total background demonstrates evidence of knowledge, skills, and abilities necessary to perform the work of the position to be filled.

#### (c) **Demonstrated Knowledge, Skills, and Abilities.**

1. Ability to attend clinics and participate as a fully participating member of the treatment team with considerable influence in the development of the treatment plan. This includes advanced knowledge of medical terminology, anatomy, physiology, biomechanics, kinesiology, physics, and etiology of diseases as well as knowledge of psychology and age related competencies.

2. Ability to conduct clinical patient analyses such as gait, range of motion, life style, etc., for patients with a wide range of complex medical conditions which include unusual problems or complications, and to design unique or innovative devices to accommodate those conditions.

3. Knowledge of materials science including materials such as plastics, composites, metals, and leather used in fabrication in order to design and fabricate prescribed devices considering new and emerging technologies. This would include ability to use hand and power tools and CAD/CAM systems in the fabrication of the devices.

4. Knowledge of materials science in order to design and fabricate prescribed devices considering new and emerging technologies. This would include the ability to use CAD/CAM systems in the fabrication of the devices.

5. Ability to recognize physical abnormalities, deviations, and complicating conditions with potentially life threatening implications.

(d) **Assignments.** This is considered to be the full performance level. The orthotist/prosthetist communicates and interacts with physicians, allied health professionals, patients, and caregivers in various interdisciplinary clinical settings, rehabilitation medicine, orthopedics, neurosurgery, vascular

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care, podiatry, oncology, etc., as a subject matter expert to develop the orthotic and/or prosthetic treatment plan. The work includes complex patient analyses in accordance with established procedures for patients with unusual conditions, multiple complex conditions, interrelated conditions, etc.; assessment of the patient for indications/contra-indications and discussion the assessment with the physician/requesting provider for the purpose of developing the overall treatment plan with considerable influence in the development of that plan; consideration of new and emerging technologies in designing unique or innovative devices to accommodate or treat a wide range of complex medical conditions which include unusual problems or complications. The orthotist/prosthetist at this level is expected to recognize physical abnormalities, deviations, and complicating conditions with potentially life threatening implications.

#### (5) GS-12

(a) **Experience.** Completion of 1 year of experience equivalent to the next lower level as an orthotist/prosthetist functioning as a full member of the clinical team which includes significant involvement in treatment plan development for the most complex types of conditions. Certification is required at the practitioner level by the American Board for Certification in Orthotics and Prosthetics (ABC) or the Board for Orthotist/Prosthetist Certification (BOC) as an orthotist, prosthetist, or orthotist/prosthetist. Certification as a technician or fitter does not meet this requirement. Candidates must fully meet the KSAs at that level. In addition, the candidate must demonstrate the professional KSAs and demonstrate the potential to acquire the assignment specific KSAs designated by an asterisk (\*):

#### (b) **Demonstrated Knowledge, Skills, and Abilities**

1. Knowledge of regulatory requirements established by the ABC, BOC, the National Committee for Orthotic/Prosthetic Education (NCOPE), the International Association of Orthotists and Prosthetists (IAOP), the American Academy of Orthotists and Prosthetists (AAOP), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), etc.

\*2. Knowledge of administrative functions including budget development and management, inventory management, space and workload planning as well as knowledge of the National Prosthetic Patient Database, a knowledge of the Prosthetic National Software package, and knowledge of accreditation requirements for orthotic and prosthetic laboratories.

\*3. Ability to analyze data and provide reports using HCPCS codes and other patient database information.

\*4. Ability to provide training to orthotists/prosthetists in new technologies and innovations in devices.

\*5. Ability to manage and supervise employees. (To be used if the assignment is supervisory in nature.)

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**(c) Assignments**

**1. Supervisory Orthotist/Prosthetist.** The orthotist/prosthetist at this level serves as supervisor of an orthotics/prosthetics laboratory assessing, planning, and evaluating the orthotic/prosthetic program at the facility level to ensure proper coordination between the delivery of orthotic/prosthetic services and the overall delivery of health care. Responsibilities include assuring the accreditation of the laboratory, regulatory compliance, and a variety of administrative duties such as developing a budget, managing inventory and resources, overseeing contract employees, supervising assigned staff, etc. The assignment includes performance of the full range of supervisory duties. This includes responsibility for assignment of duties; development of performance standards and performance evaluations; and recommendations for appointment, awards, advancement, and when appropriate, disciplinary action; etc. At this level, the orthotist/prosthetist serves as a consultant within orthotic and prosthetic treatment service and with other facility health care staff in evaluating health care delivery to patients.

**2. Advanced Practitioner.** The orthotist/prosthetist assignment at this level is intended for smaller, independent laboratories not large enough to support a supervisory position. In addition to functions typical of the GS-11 grade level, the assignment involves responsibility for assuring the accreditation of the laboratory, regulation compliance, and a variety of administrative duties such as developing a budget; managing inventory and resources; overseeing contract employees; planning the orthotics and prosthetics clinical schedule; conducting site surveys of commercial vendors; devising short and long range goals in accordance with local, VISN, and VHA Central Office direction; and conducting quality assurance activities; etc.

**(6) GS-13**

**(a) Experience.** Completion of 1 year of experience equivalent to the next lower level, and certification at the practitioner level in both orthotics and prosthetics by the American Board for Certification in Orthotics and Prosthetics (ABC) or the Board for Orthotist/Prosthetist Certification (BOC). Certification as a technician or fitter does not meet this requirement. Candidates must fully meet the KSAs at that level. In addition, the candidate must demonstrate the professional KSAs and demonstrate the potential to acquire the assignment specific KSAs designated by an asterisk (\*):

**(b) Demonstrated Knowledge, Skills, and Abilities**

**1.** Knowledge of regulatory requirements established by ABC, BOC, NCOPE, IAOP, AAOP, JCAHO, Centers for Medicare and Medicaid Services (CMMS), Occupational Safety and Health Administration (OSHA), etc., in order to provide advice to VISN management of the implementation of those requirements.

**\*2.** Knowledge of administrative functions including budget development and management, inventory management, space and workload planning as well as knowledge of the National Prosthetic Patient Database, a knowledge of the Prosthetic National Software package, and knowledge of accreditation requirements for orthotic and prosthetic laboratories in order to develop VISN guidelines and policies, allocate resources within the VISN, and project future workload for the VISN.

**\*3.** Ability to analyze data and provide reports using HCPC codes and other patient database information from VISN orthotic and prosthetic laboratories within the VISN and to provide such reports to VISN management.

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\*4. Ability to serve as a consultant to orthotists/prosthetists within the VISN on emerging technologies, the most difficult and complex cases, changes in policy, etc.

\*5. Ability to supervise. (To be used if the assignment is supervisory in nature.)

#### (c) Assignments

1. **Supervisory Orthotist/Prosthetist.** The orthotist/prosthetist at this level serves as the supervisor and laboratory manager for large laboratories or multiple satellite laboratories. In addition to the responsibilities described in paragraph 3.b.(5)(c)1., this assignment includes serving as a VISN resource/consultant for orthotics and prosthetics; performing or overseeing testing and evaluation of design concepts; overseeing and evaluating contract orthotics and prosthetics vendors.

2. **Advanced Practitioner.** Non-supervisory orthotists/prosthetists at this level would be rare; however, in some cases may be justified. The professional standards board will evaluate the overall assignment and qualifications of the individual to determine if the assignment warrants this level. The assignment must represent a substantial increase in responsibility over assignments at the GS-12 grade level. An example of an assignment that may possibly warrant this grade level is functioning as a VISN resource/consultant for orthotics and prosthetics and manager of a clinical fabrication facility. The orthotist/prosthetist would serve as a referral source for questions from satellite facilities. This assignment also incorporates those responsibilities described at the GS-12 grade level.

#### (7) GS-14 VHA Central Office Orthotist/Prosthetist Clinical Manager

(a) **Experience.** Completion of 1 year of experience equivalent to the next lower level, and certification at the practitioner level in both orthotics and prosthetics by the American Board for Certification in Orthotics and Prosthetics (ABC) or the Board for Orthotist/Prosthetist Certification (BOC) as an orthotist, prosthetist, or orthotist/prosthetist. Certification as a technician or fitter does not meet this requirement. Candidates must fully meet the KSAs at that level. In addition, the candidate must demonstrate the following professional KSAs and demonstrate the potential to acquire the assignment specific KSAs designated by an asterisk (\*):

##### (b) Demonstrated Knowledge, Skills, and Abilities

\*1. Ability to manage and supervise prosthetic and orthotic laboratories, conduct site visits, and review the functional level of each lab.

2. Knowledge of ABC, BOC, OSHA, and JCAHO standards and Prosthetic and Sensory Aids Service policies and ability to apply these in the daily operations of orthotic and prosthetic laboratories.

\*3. Ability to provide training in new technologies involving CAD/CAM systems and devices such as computerized foot orthoses, myoelectric prostheses, and energy storing components.

4. Ability to apply knowledge of the theories and principles used in orthotics and prosthetics to teach custom design and fabrication of devices that are innovative, complex, and/or unusual in nature.

## **APPENDIX G \_\_. ORTHOTIST/PROSTHETIST QUALIFICATION STANDARD**

**GS-667**

### **Veterans Health Administration**

5. Ability to communicate effectively, both orally and in writing, with individuals at all organizational levels including professional staff and administrative staff.

\*6. Ability to function as a team member or leader with orthotists, prosthetists, and other professionals on committees to review local and national agenda items and to make recommendations based on the review.

(c) **Assignment.** The clinical manager is responsible for the planning, developing, and implementation of a VHA nationwide delivery system for orthotic/prosthetic appliances; and related services. The assignment involves establishing performance standards for VA orthotic and prosthetic laboratories; assessment of VA orthotist/prosthetist certification; accreditation of VA orthotic/prosthetic laboratories; establishing and implementing an educational plan for clinical and technical orthotic and prosthetic laboratories staff; representing the VA as a liaison to CMMS; establishing uniform competency assessment procedures for VA orthotic and prosthetic laboratories; developing and monitoring orthotic/prosthetic resident NCOPE accreditation and university preceptorship programs; establishing and implementing a communication system for clinical staff; and acting as a VA orthotic and prosthetic laboratory representative on prosthetic clinical management workgroups.

#### **4. DEVIATIONS**

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for orthotists/prosthetists in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the certification requirements be waived.

c. Placement of individuals in grade levels not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. § 7304; 7402.**

# Department of Veterans Affairs

# Memorandum

Date: JAN 12 2005

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Quality Improvement Plan, Prosthetics and Sensory Aids Service's Prosthetic and Orthotic Laboratory Accreditation

To: Network Directors (10N1-23)

1. As part of Prosthetics and Sensory Aids Service's ongoing commitment to have all VHA Prosthetic and Orthotic Laboratories accredited (please refer to VHA Directive 2004-020 – Accreditation of VA Prosthetic and Orthotic Laboratories), a Quality Improvement (QI) Plan has been developed to achieve this goal. Please see the attached QI plan for details.

2. The QI plan addresses a specific timeline to be achieved by all VHA Prosthetic and Orthotic Laboratories in their quest to achieve accreditation. The ultimate goal is to have all Prosthetic and Orthotic Laboratories accredited by June 1, 2006.

3. If you have any questions, please feel free to contact Mr. John Milani, Prosthetist/Orthotist Clinical Manager, PSAS SHG VACO, at 212/561-2949. Your support is appreciated.



Laura J. Miller, MPA, CHE

Attachments

## **Prosthetic and Orthotic Lab Accreditation QI**

### **Indicator**

Quality Improvement (QI) plans to achieve Prosthetic and Orthotic Laboratory Accreditation on a national level.

### **Indicator Statement**

VA Medical Centers with Prosthetic and Orthotic Laboratories will develop a formal QI plan to have their Laboratories certified by the American Board for Certification in Orthotics and Prosthetics (ABC) or accredited by the Board for Orthotist/Prosthetist Certification (BOC).

VHA Prosthetic/Orthotic Laboratories will achieve certification/accreditation (ABC/BOC) in order to ensure quality services and products and to comply with VHA Directive 2004-020 on Accreditation of VA Prosthetic and Orthotic Laboratories, dated May 17, 2004.

For Prosthetic and Orthotic Laboratories to be accredited, they need to be supervised by an ABC or BOC certified practitioner. If there are no full-time certified practitioners at a Prosthetic and Orthotic Laboratory, it is acceptable for a certified practitioner from another VHA facility to provide supervision of the treatment to patients at that Laboratory. However, as per ABC guidelines, the practitioner would need to be within 60-minute commute of the VHA Prosthetic and Orthotic Laboratory or in the case of a BOC, the practitioner would need to be no further than a 35-mile distance of the VHA Prosthetic and Orthotic Laboratory.

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### **Strategy to Accomplish**

Each Prosthetic and Orthotic Laboratory will submit a formal QI plan to the Prosthetic and Sensory Aids Service Strategic Healthcare Group, VHACO, outlining steps, including timelines, for obtaining certification/accreditation (ref: VHA Directive 2004-020, Accreditation of VA Prosthetic and Orthotic Laboratories).

### **Accountability**

Fred Downs, Chief Consultant, PSAS SHG, VHACO  
John Milani, Prosthetist/Orthotist Clinical Manager, PSAS SHG, VHACO

## **Timeline**

- 1. All Medical Centers, with Prosthetic and Orthotic Laboratories, will submit a plan of action, from the facility Director through the Network Director to PSAS SHG VACO, outlining the status of their efforts to comply with VHA Directive 2004-020, which mandates accreditation of the Prosthetic and Orthotic Laboratories. This plan of action will be submitted by COB 02/04/05. Directors of Medical Centers that have previously submitted plans to obtain Prosthetic and Orthotic Laboratory accreditation will be required to submit updates outlining the current status of their efforts by COB 01/28/05.**
- 2. All Prosthetic and Orthotic Laboratories with certified Prosthetists-Orthotists will obtain and complete the ABC or BOC application, self-assessment, business agreement, and submit payment for application fees to ABC or BOC by 01/28/05.**
- 3. Medical Centers that have Prosthetic and Orthotic Laboratories without a certified Prosthetist or Orthotist will outline their efforts to recruit credentialed personnel or to encourage current "board eligible" staff to apply for certification. This will be submitted by 02/04/05.**
- 4. Initial and follow-up status reports will be submitted in writing to PSAS SHG VACO monthly, beginning 02/28/05.**

## **Goal**

**All VHA Prosthetic and Orthotic Laboratories in the VA healthcare system will achieve BOC or ABC accreditation status by 06/01/2006.**

## **Status**

**There are currently 27 of 58 Prosthetic and Orthotic Laboratories that have achieved accreditation through ABC and BOC. Twenty two (22) of these Laboratories have achieved certification since December 2003. Additionally several Prosthetic and Orthotic Laboratories have applied for accreditation and are awaiting site surveys to be scheduled or have recently submitted applications to ABC or BOC.**