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AMERICAN BOARD FOR CERTIFICATION IN ORTHOTICS AND PROSTHETICS, INC.
AND THE
NATIONAL COMMISSION ON PROSTHETIC ORTHOTIC EDUCATION

TESTIMONY CONCERNING HOUSE BILL 2015
HOUSE PROFESSIONAL LICENSURE COMMITTEE
MARCH 19, 2008
HARRISBURG, PENNSYLVANIA

Mr. Chairman and members of the committee, thank you for the opportunity to offer comments concerning the Pennsylvania orthotics, prosthetics and pedorthics practice act. I am Stephen Fletcher. I am the Immediate Past President and a current Director on the Board of Directors of the American Board for Certification in Orthotics, Prosthetics and Pedorthics (ABC). I am also an ABC-certified prosthetist/orthotist licensed by the state of Florida who has been in orthotic and prosthetic practice for more than 21 years.

I will be happy to answer any questions you may have, however, I would like to share a few thoughts concerning the merits of orthotic and prosthetic licensure in general and, more specifically, the Pennsylvania initiative.

The ABC is a not-for-profit voluntary certification and accreditation organization, established in 1948 for the purpose of promulgating standards of quality orthotic, prosthetic and pedorthic care. Currently, the ABC certifies more than 5,200 orthotists and prosthetists, 2400 pedorthists and over 1500 orthotic fitters. Included in these numbers are 430 individuals who practice throughout Pennsylvania. In addition, more than 2,100 orthotic, prosthetic and pedorthic patient care facilities, including 107 locations in Pennsylvania, have achieved accreditation.

The National Commission on Orthotic and Prosthetic Education (NCOPE) is the education accreditation body for the orthotics and prosthetics profession. As such, its primary mission and obligation is to ensure educational and residency programs meet the minimum standards of quality to prepare individuals to enter the orthotic and prosthetic profession.

The principal focus of ABC and NCOPE activities is to assure that qualified practitioners are the fundamental source for orthotic, prosthetic and pedorthic care. Indeed, the ABC and NCOPE standards address rigorous educational, training and experiential requirements which are the essential building blocks for the competent care of patients.

For these reasons, we support the right of Pennsylvania, in fulfilling its responsibility to protect the welfare of its citizens and to establish mandates for the regulation of orthotists, prosthetists, orthotic fitters and pedorthists who provide orthotic, prosthetic and pedorthic care. What remains are questions concerning the substantive requirements of the regulation.

Orthotics, prosthetics and pedorthics have grown from craft and manufacturing trades of the late 1800's and early 1900's to clinically-based allied health professions. ABC certified orthotists and prosthetists require a minimum of a 4 year bachelor's degree and a clinical residency of 1 year. The profession has mandated an entry level master's degree by the year 2012. Today, as a health sciences clinician, an orthotist and/or prosthetist cares for patients with complex orthopedic disabilities, congenital anomalies or traumatic injuries that are also often affected by other complicated disease processes. As a clinical health care provider, he/she is involved with the custom fabrication of devices and use of sophisticated technology that were unknown 25 years ago. Parenthetically, as in medicine, advances in the "art," science and technology of orthotics and prosthetics will also continue, probably at an exponential pace. By necessity, then, the orthotist and prosthetist must have advanced education and training in bio-mechanics, anatomy, kinesiology, pathology and other medical and engineering sciences. There is no better evidence than to look at newspaper, magazines, and television reports of how are soldiers are being helped after loosing a limb or sustaining a spinal cord injury while fighting for our country during the war in Iraq.

To be sure, there are those who would argue that orthotists and prosthetists do not require advanced education, clinical training and experience. However, I challenge those advocates to face a patient with multiple sclerosis, spina bifida, cerebral palsy, post-polio syndrome, diabetes, or lower or upper extremity amputations and assert they need not be cared for by practitioners who have undertaken the most rigorous education and training paradigms that are not only available but declared necessary by experts to become a competent practitioner.

My point is that the quality of the care and the outcome of orthotic and prosthetic intervention are steeped in a comprehensive understanding of the medical and health care dynamics of the patient. It then follows that the ability to link components into a semblance of a device is not enough. A practitioner must have the underlying cognitive knowledge and ability to apply that knowledge to the specific circumstances that govern the patient's outcome.

ABC and NCOPE would respectfully submit the following amendments to the existing language of HB2015:

In section 2, Definitions

Listed in the "Orthotic Fitter" definition are "custom-molded therapeutic footwear; custom-molded foot orthoses". We believe this level of care is beyond the scope of practice of an Orthotic Fitter. The addition of these "custom-molded" interventions strays from the established domain of an Orthotic Fitter, that being prefabricated orthotic devices. We also believe that none of the existing Orthotic Fitter educational programs cover this content area.

We suggest removing both these custom-molded references.

For both the "Orthotics" and "Prosthetics" definitions, we suggest adding "treatment planning, patient managing" right after the word "evaluating". This has already been done for "Pedorthics". We feel this is an appropriate addition and accurately describes each discipline.

In section 3 (b), Qualifications for licensing as a prosthetist, orthotist, orthotic fitter and pedorthist.

We believe that it is not ideal, and in fact not accurate, to list all four of these different types of providers as having the same educational requirements. We feel that orthotist and prosthetist, pedorthist and orthotic fitter should all be described separately.

For orthotist and prosthetist, Pennsylvania should adopt standards which have been incorporated into the educational accreditation requirements mandated by the Commission on the Accreditation of Allied Health Organizations (CAAHEP). This is the leading accrediting body for allied health education programs that produce a number of allied health practitioners, including orthotists and prosthetists. NCOPE works in cooperation with the CAAHEP. It is CAAHEP's policy to recognize only one education pathway for each profession and this distinction has been given to the education *Standards* adopted by NCOPE.

These education *Standards* prepare students for practice in the orthotics and prosthetics profession. They are comprehensive including course work in biology, chemistry, physics, psychology, human anatomy, physiology and other courses as prerequisites for admission to the orthotics and prosthetics curriculum. In addition, formal instruction is received in biomechanics, gait analysis/pathomechanics, kinesiology, pathology, materials science, research methods and in understanding diagnostic imaging.

We suggest the following amendments to Section 3 (b):

To qualify for licensure to practice as a prosthetist, orthotist or prosthetist/orthotist, an individual shall:

- (1) possess a minimum of a baccalaureate degree in orthotics and prosthetics from a college or university, or a baccalaureate degree and a certificate in orthotics and/or prosthetics, as appropriate, from a program recognized by the Commission on the Accreditation of Allied Health Education Programs (CAAHEP), or an equivalent accrediting organization, as determined by the board.
- (2) complete an appropriate internship of 1 year of qualified experience, as determined by the board, or a residency program recognized by the board.

This text would replace the existing (1), (2), (3) and (5). Number (4) should remain.

To qualify for licensure to practice as a pedorthist, an individual shall:

The existing numbers (1), (2), (3) and (4) are appropriate, if the words "prosthetic" and "orthotic" are removed. Number (5) should be removed.

To qualify for licensure as an orthotic fitter, an individual shall:

The existing numbers (1), (2), (3), and (4) are appropriate, if the words "prosthetic" and "pedorthic" are removed. Number (5) should be removed.

In section 3 (d), the word "certain" in the title is unclear. Does this term denote two separate types of prosthetists, orthotists, orthotic fitters and pedorthists? We would request clarification or removal of "certain" from the title.

In section 3 (d) (2) and (3) the term "medical diagnostic examination" is used. It is unclear what this refers to. It appears to require the licensee, under this act, to ensure aspects of the patient's care beyond their scope or ability to control. If the medical diagnostic examination is the

referring physician's examination, then it is impractical to require the licensee to ensure that the patient has "undergone a medical diagnostic examination". Again, we would request clarification or removal of numbers 3 (d) (2) and (3).

In section 10 (3), we would suggest the following addition, at the end of the sentence. ", whose licensure requirements are equal to, or higher than those required for licensure in this commonwealth, as determined by the board"

In summary, we believe that the Commonwealth has an obligation and right to support those standards which are optimal. This law has not been proposed for the benefit of any profession. It has been written to assure that patients have access to quality orthotic, prosthetic and pedorthic care. Therefore, Pennsylvania should require practitioners to fulfill optimum educational and training requirements that are considered crucial within the profession.

Thank you again for the opportunity to address the committee. I will be happy to answer any questions you may have.