

An Overview of Pediatric Orthotics and Prosthetics with Special Guest Rich Davis

Guests: Rich Davis – Certified Orthotist and Prosthetist, Advanced Brace & Limb | Kjirsti Myles – DPT, PDT Team Lead

An orthotist maintains and corrects different deformities on bones and performs straightening. The two certifying organizations for orthotists, the ABC and the BOC. The ABC requires a Master's Degree and the BOC has moved from requiring an associates to a Bachelor's Degree. The BOC was developed for people who have experience, but lacked the formal education.

Rich decided to enter the field of orthotics after experiencing a foot injury that introduced him to the world of orthotics.

If you are a physical therapist out there that is looking for a good orthotist one of the keys for success is finding someone with which you can trust and connect. Trust is the basis of a quality relationship between therapists and orthotist due the fact that the orthotist has to trust what the physical therapist is telling them, and the physical therapist has to trust that they are getting the right information back from the orthotist / prosthetist.

The main difference between working with adults and children in the orthotic field is that adults tend to focus on their inability, while children focus more on the ability that the orthotic or prosthetic brings them.

Rich has over 30 years of experience working of a variety of treatments including scoliosis bracing, reciprocating gait orthosis, AFO's, SMO's, Up & About Systems, and more.

Some of the obstacles of working with pediatric orthotics patients can sometimes be the parents. Managing interaction with the parents and making sure that they are fully aware of what is required of them is key to managing a pediatric orthotic patient's success. As a therapist, you are working with the family more often than the orthotist. It is important, then, that you help manage and direct parents through the orthotic process.

The job of the therapist is to gather the information on the child, know generally what is needed for the child, and present that information to the orthotist. The job of the orthotist is to know what products on the market fit the need of the patient. This allows the interaction of both professionals to be a collaborative effort to find the best fit for the child. The therapist also knows the family and can make recommendations in regards to the patient or family's readiness / receptiveness to certain orthotic / prosthetic systems.

Before the session begins, it is important for the orthotist / prosthetist to know the patient's diagnosis, what orthotics / prosthetics they have previously used, the therapy goals of the patient, and the therapist's recommendation if they have one.

It is important that the therapist and orthotist / prosthetist remember that their job is to present the best option that meets the needs / goals to the patient, but the ultimate decision on what equipment will be purchased is the that of the parent. It is their insurance being billed. It is important to give the parent's options.

The work between the orthotist / prosthetist and the therapist is a team effort, and is usually a learned thing for those new to the field. The primary care physician should also be included in the decision and consulted for clarity when needed because he / she is part of the team that is caring for the patient. The entire process is a collaborative effort.

The difference between working with an orthotist / prosthetist working with an OT versus a PT is not much different. The same information and collaboration is needed to find the right solution for the patient and their family.

The important part of finding the right solution for a child is making it functional and letting the child see that it really helps. Once a child realizes that the orthotic / prosthetic makes them more functional they usually embrace it whole-heartedly.

Mistakes and misfits will happen along the way, but a good orthotist will correct them quickly.

A beneficial session between a therapist and orthotist will follow this general procedure:

- 1) The therapist will identify a need. (The orthotist / prosthetist is not there working with the case load to make this identification.)
- 2) The therapist will discuss the need with the parent and evaluate their readiness to have an appointment with the orthotist / prosthetist.
- 3) The therapists will contact the orthotist / prosthetist to arrange a time that they can all meet together for a session to do an orthotic / prosthetic evaluation.
 - a. If the therapists already knows the piece of equipment that is needed (such as an AFO) they may go ahead and write the Letter of Medical Necessity (LMN) because he / she already knows that they are going to need the doctor's order for the orthotist / prosthetist. This speeds up the process in order to make sure that patient can what they need as soon as possible. Also, it is important to write the LMN in a broader fashion to not

lock yourself into a certain type of brace if the orthotist suggests otherwise at the evaluation. (i.e. – write the LMN for an AFO instead of writing specifically for a hinged AFO or a solid AFO)

- b. If possible, the therapist should have a copy of their orthotist's paperwork so this can be sent home with the parent before the session with the orthotist / prosthetist. This, again, speeds up paperwork in order to allow the patient to get what they need as soon as possible.
- 4) Once the collaborative session comes, the therapist should first give the orthotist / prosthetist a rundown of the patient's condition, and give any updated information since the initial contact.
- 5) The orthotist will observe the child throughout the evaluation.
- 6) The orthotist / prosthetist will then discuss different options that are available and his / her suggestions of what would most benefit the patient. This discussion happens between the orthotist / prosthetist, therapist, and parent.
- 7) Once the session is over and a decision on a device has been made, then all of the paperwork is given to the orthotist and he / she handles any additional authorizations and / or LMN's that are needed. Upon completion of paperwork and authorizations the devices are ordered.
- 8) Once the equipment arrives the orthotist will deliver and fit it.

Orthotists / Prosthetists can now use video and pictures of patients to evaluate and fabricate devices for patients as well.

The orthotist / prosthetist doesn't exactly need the LMN, but the therapist sends this to the doctor to justify what they're requesting in the order. Certain private insurance will require a Certificate of Medical Necessity (CMN) from the orthotist. Many of the private insurances do not require the CMN, so as long as the orthotist / prosthetist has the prescription they can put it for authorization and justify with the descriptors of the codes.

In regards to paperwork, it is the therapist's responsibility to understand that the orthotist is not a part of their practice. Therefore, the orthotist / prosthetist has to have their own HIPAA confidentiality forms, files of their own patients, etc. As a therapist you are using their services and helping them to link up with the patient and it should be explained to the parent that the orthotist / prosthetist will have their own paperwork. The therapist has to write the LMN to secure the script from the doctor.

If the therapist has not done this, then the orthotist / prosthetist can fill out a prescription and write the LMN to the doctor.

The LMN should include a brief history of the child, what the child is currently doing, what the child is not able to do, and the therapist's recommendation of what would help the patient. It is good practice to have a line that reads similar to the following:

If you are in agreement with the above recommendations, please provide a script with _____ (bolded)_____.

This sentence should be followed by your office's contact number and toward the bottom of the letter. This allows the doctor to find what he / she needs easily to allow the paperwork to move forward. Also, a well written LMN can be used by the orthotist to get authorization from the insurance.

It is valuable for the LMN to come from the therapist because this is the professional that is working with the child on a more frequent basis. Also, it is important for the therapists to write the LMN to the doctor as a form of communication from the therapy practice to the referral source (the primary care physician).

The field of orthotics has changed quite a bit of the years. The percentages that insurances pay has dropped. Also, the amount of devices available for the pediatric community has drastically increased and is continuing to grow. The introduction of microprocessors is allowing for things to become lighter and smaller, and new developments in the liners.

There is exciting new osseointegration research being done in the field of prosthetics. This allow the prosthetic to be planted directly into the limb so certain patients would not need a socket because the prosthetic can connect directly to the pylon.

There have also been some exciting bounds forward in exoskeletal systems for paraplegics that allow them to get up and ambulate. The Army has done a lot of research in regards to this.

If you are a therapist that is looking to connect with a good orthotist in order to collaborate you should find an orthotist that is open to suggestions, and can consider not only the medical needs but the financial needs of the patient / parent as well. Find an orthotist / prosthetist that you can ask questions.

There is not a specific training or certification for orthotists / prosthetists that work with pediatrics.