

ORTHOTICS



Standard of Practice S-012

Quality Assurance Committee

Approved by Council: November 28, 2003

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(came into effect November 24, 2022)

Note to readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.

INTRODUCTION

Orthotics may be used by chiropractors as an integral part of patient care for the management of pedal pathologies and neuromusculoskeletal symptomatology, to alleviate pain and discomfort from abnormal foot function. Abnormal foot function may affect a patient's kinetic chain, including legs, knees, hips and spine. Orthotics may be used to improve spinal stabilization and optimize structure and function.

INTENT

To facilitate appropriate care of patients by advising members of their obligations when prescribing, manufacturing, selling or dispensing orthotics.

OBJECTIVES

- To facilitate appropriate care of patients who may benefit from orthotics.
- To inform members of their obligations for prescribing, manufacturing, selling and dispensing orthotics.
- To ensure members respond to clinical situations in a manner consistent with the best interests of their patients.

DESCRIPTION OF STANDARD

Training, Skill and Competence

Every member of CCO who prescribes, manufactures, sells or dispenses orthotics is required to have appropriate training, skill and competence, including:

- training, skill and competence in applied anatomy, biomechanics and physiology of the foot;
- appropriate examination and diagnosis of patients with conditions within the scope of practice of chiropractic which may reasonably be expected to benefit from the use of orthotics;

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- understanding of the indications and contraindications to orthotics for any individual patient; and
- participation in appropriate ongoing continuing education.¹

Protocol

A member may prescribe orthotics on a case-by-case basis for each individual patient when, in the member's clinical judgment or opinion, the orthotics are required to improve the patient's health and/or wellness.

A member shall adhere to the following protocols when prescribing, manufacturing, selling or dispensing orthotics, which is to be documented in the patient health record:

1. *Diagnosis*

- relevant case history;
- examination (physical, diagnostic imaging, laboratory), including gait and postural analysis as determined by the member; and
- interpretation and differential diagnosis to rule out possible pathologies.

2. *Consent*

- Consent from the patient shall be:
 - fully informed about the purpose of the orthotics. A member shall explain the benefits and risks of the orthotics as compared to other care or no care;
 - voluntarily given;
 - related to the patient's condition and circumstances;
 - not obtained through fraud or misrepresentation; and
 - evidenced in a written form signed by the patient or otherwise documented in the patient health record, which may be part of the general consent.
- Members shall otherwise comply with Standard of Practice S-013: Consent.

3. *Dispensing of Orthotics to Patient*

A member shall ensure that orthotics dispensed meet the prescription and the contours of the patient's foot.

A member shall provide advice to a patient in a manner that can be understood by the patient on the following;

- short-term instructions for usage of the orthotics;
- recommendations for developing tolerance and acceptance of orthotics;
- reasonable expectations as to the outcomes of the orthotics; and
- examples of appropriate use of orthotics in footwear, based on the patient's condition and/or activities.

¹ For example, programs offered by accredited chiropractic educational institutions or manufacturers of orthotics.

4. Follow-up

In the patient's best interests, members should advise patients to seek timely follow-up and re-assessment from the health care provider who originally recommended and/or prescribed the orthotics.

Billing

When billing for orthotics, a member shall comply with the following:

- the business practices provisions of the Profession Misconduct Regulation under the *Chiropractic Act, 1991*, including that it is a potential act of professional misconduct to:
 - submit an account or charge for services that the member knows is false or misleading;
 - fail to disclose to a patient the fee for service before the service is provided, including a fee not payable by the patient; and
 - fail to itemize an account for professional services,
 - if requested to do so by the patient or the person or agency who is to pay, in whole or in part, for the services, or
 - if the account includes a fee for a product or device or a service other than a treatment.
- The cost of the orthotics shall reasonably relate to the time and expertise of, and cost to, the member when prescribing, manufacturing, selling or dispensing orthotics.
- Treatment, services and products associated with the prescription and dispensing of orthotics, including any discounted or complimentary services or products, shall be applied consistently with the member's fee schedule, clearly documented in the patient health record and financial record and invoice, clearly communicated to the patient before services are rendered, and clearly itemized accordingly. Any documentation, record or invoice associated with orthotics shall not be false or misleading.
- Fees charged for treatment, services and products associated with the prescription of orthotics shall be based on clinical history, examination, diagnosis or clinical impression, consent, instructions and recommendations and follow-up, as recorded in the patient health record.
- Guideline G-008: Business Practices which provides that members may not bill any payor fees in excess of his/her normal fee billed to a private patient for similar services.
- A member shall only issue a receipt for payments that have been received.

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- If billing practices related to orthotics and ancillary services and products involve the billing or submitting of invoices to the patient’s insurance company or third-party payor, the member should familiarize themselves with and ensure they are complying with the policies and procedures of the insurance company or third-party payor.

Conflict of Interest

For the purpose of this standard, a conflict of interest may arise when a member refers a patient to facilities, services or suppliers in which the member or the member’s immediate family has an interest or gains a benefit.

A member may make such a referral provided that the member:

- discloses to the patient that the member or their immediate family member has an interest or gains a benefit from the referral;
- has assured the member’s patient that the patient’s choice of services or suppliers will not affect the quality of health care services provided by the member;
- has informed the member’s patients that the patient has an option of using alternative facilities, services or suppliers; and
- upon request, advises CCO of any conflict of interest.

LEGISLATIVE CONTEXT

Section 3 (1) of the Health Professions Procedural Code – One of CCO’s objects under the *Regulated Health Professions Act, 1991 (RHPA)* is to “develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.”

The Quality Assurance program is defined in Ss. 1(1) of the Code as “a program to assure the quality of the practice of the profession and to promote continuing evaluation, competence and improvement among the members.”

The Professional Misconduct Regulation under the *Chiropractic Act, 1991*, includes the following as an act of professional misconduct:

- “2. Contravening a standard of practice of the profession or failing to maintain the standard of practice expected of members of the profession.”

Explanatory Notes

This standard of practice should be read in conjunction with the Business Practices provisions of the Professional Misconduct Regulation, S-002: Record Keeping, S-013: Consent, and Guideline G-008: Business Practices.