

Standards of Accreditation for The Orthotic/Prosthetic Residency Training Program

Standards initially adopted in 1993;
revised in 1998, 2004, 2011, 2014 2015, 2016, 2017 and 2018

Adopted by the
National Commission on Orthotic and Prosthetic Education



Introduction/Definition

An orthotic and prosthetic residency program is an educational program centered on clinical training that results in the resident's attainment of competencies in the management of comprehensive orthotic and prosthetic patient care.

The reader of these standards should refer to the appended glossary for terms to further aid in the understanding of the terminology used in these standards.

The National Commission on Orthotic and Prosthetic Education (NCOPE) has adopted the following standards of accreditation by which all orthotic and prosthetic residency training programs seeking accreditation are measured. To ensure compliance with the residency standards, the application process for new or renewal of an accredited residency program will include:

- review of the facility's accreditation status
- the online tracking system data (for renewal of accreditation)
- resident feedback (for renewal of accreditation)
- review of program annual report (PAR)
- site visit report of the residency training program performed by on-site surveyors of either ABC or BOC

NCOPE reserves the right to perform an independent onsite visit of the residency program to ensure compliance to the residency standards for unique circumstances. The expense of the visit would be the responsibility of the residency training program.

Standard I: Mission, Purpose, Objectives, Outcomes and Program Improvement

Mission

1.1 The program must have a mission statement that describes the overall purpose(s) of the program.

Required Documentation:

- Program's mission statement

Purpose

1.2 The program must be centered on clinical training that results in the resident's attainment of competencies in the management of comprehensive orthotic and prosthetic patient care.

The expected competencies are:

1. Exemplify the role of the orthotist-prosthetist practitioner in providing ethical patient-centered care by applying the ABC Code of Professional Responsibility or BOC Code of Ethics in clinical practice experiences.
2. Use of sound judgment in regards to the safety of self and others; and adherence to safety procedures throughout the delivery of orthotic-prosthetic services.
3. Demonstrate an awareness of the humanity and dignity of all patients and related individuals within a diverse and multicultural society.
4. Demonstrate an understanding of clinical practice and practice management within the social, cultural, business and economic environment of rehabilitation services.
5. Demonstrate an understanding of the collaborative role of the orthotist-prosthetist practitioner as a member of the interdisciplinary rehabilitation team.

6. Demonstrate the ability to be a critical consumer of research and to integrate and use research findings as *evidence* in clinical practice.
7. Demonstrate the ability to integrate knowledge of the fundamental science of human function within the practice framework of assessment, formulation, implementation and follow-up of a comprehensive orthotic-prosthetic treatment plan.
8. Demonstrate the ability to make appropriate clinical decisions that lead to successful orthotic/prosthetic outcomes.
9. Demonstrate, in a systematic and effective manner, the ability to impart knowledge and instill confidence when providing education for patients and their caregivers, other health professionals, and the public at large.
10. Demonstrate the ability to participate in research activities through a working knowledge of the research process.
11. Document pertinent information in a manner that promotes efficient direction for patient care, supports effective collegial communication, and meets the requirements of legal, business and financial constraints.
12. Demonstrate competence in clinical and technical procedures necessary for orthotic/prosthetic practice.

Objectives:

- 1.3 The program must have the resident(s) meet the following objectives prior to completion of the program:

- 1.3.1 **Patient Evaluation/Assessment**

- The resident must demonstrate the ability to complete the following essentials of the patient evaluation process:

- 1.3.1.1 Perform a comprehensive assessment of the patient using standardized tools and methods to obtain an understanding of the individual's potential orthotic/prosthetic needs.
 - 1.3.1.2 Determine method and criteria for referring patients to other health care professionals, if necessary.
 - 1.3.1.3 Document services using established record-keeping techniques to record patient assessment and treatment plans, to communicate fabrication requirements and to meet standards for reimbursement and regulations of external agencies.
 - 1.3.1.4 Establish a relationship and effectively communicate with the patient or caregiver to gather cogent and useful information for orthotic/prosthetic assessments.

- 1.3.2 **Formulation of Treatment Plan**

- The resident must demonstrate the ability to integrate and apply foundational knowledge and patient information to direct orthotic/prosthetic management.

- 1.3.2.1 Synthesize and integrate foundational knowledge and evidence from literature with findings of the assessment of a patient.
 - 1.3.2.2 Identify impairments or functional limitations, discern patient goals and determine related biomechanical objectives.

- 1.3.2.3 In collaboration with the patient, design an intervention plan and appropriate orthoses/prostheses to meet the needs of the patient and the biomechanical objectives.
- 1.3.2.4 Demonstrate the ability to formulate a comprehensive treatment plan.

1.3.3 Implementation of Treatment Plan

The resident must demonstrate the ability to apply the necessary skills and procedures, including fabrication, to provide orthotic/prosthetic care.

- 1.3.3.1 Perform the necessary procedures and fabrication processes to provide prosthetic/orthotic services by using appropriate techniques, tools and equipment.
- 1.3.3.2 Discern the possible interaction between the device and the patient with respect to corrective and accommodative treatment.
- 1.3.3.3 Assess quality and structural stability of the orthosis or prosthesis based on the needs and goals of the patient.
- 1.3.3.4 Evaluate the fit and function of the orthosis or prosthesis, making adjustments as necessary to obtain optimal function and meet patient goals.
- 1.3.3.5 Perform transfer methods, initial gait and mobility instructions that provide for patient safety during appointments.
- 1.3.3.6 Provide effective instruction to patients, family members and caregivers on the care, use and maintenance of the orthosis or prosthesis, as well as skin care information and wearing schedules for the device.
- 1.3.3.7 Evaluate and document the level of patient comprehension of these instructions.

1.3.4 Follow Up

The resident must demonstrate the ability to develop and implement an effective follow-up plan to assure optimal fit and function of the orthosis or prosthesis and monitor the outcome of the treatment plan.

- 1.3.4.1 Provide continuing patient care and periodic evaluation to assure, maintain and document optimal fit and function of the orthosis or prosthesis.
- 1.3.4.2 Develop an effective long-term follow-up plan for comprehensive orthotic or prosthetic care.
- 1.3.4.3 Provide adequate education to assure the patient and caregivers understand the importance of adhering to the treatment plan and regular follow-up visits.
- 1.3.4.4 Document all interactions with the patient and caregivers.
- 1.3.4.5 Perform appropriate follow-up assessment and procedures.
- 1.3.4.6 Assess the function and reliability of the device using validated outcome measures as appropriate.

1.3.5 Practice Management

The resident must demonstrate the ability to identify and observe policies and procedures regarding human resource management, physical environment management, financial management and organizational management.

- 1.3.5.1 Demonstrate knowledge of basic billing and coding procedures.
- 1.3.5.2 Demonstrate knowledge of applicability of federal and state legislation and regulations associated with orthotic and prosthetic services.
- 1.3.5.3 Demonstrate the ability to document clinical chart notes, legal compliance and insurance issues.
- 1.3.5.4 Demonstrate an understanding of how orthotists and prosthetists may deal with ethical and legal responsibilities related to patient management.

- 1.3.5.5 Demonstrate knowledge of the terminology specific to Medicare, with an understanding of L-coding history and usage, state regulations and third-party insurance reimbursements.

1.3.6 Professional/Personal Development

The resident must be able to articulate the importance of personal and professional development including the following areas:

- 1.3.6.1 Lifelong learning with the goal of maintaining the knowledge and skills at the most current level
- 1.3.6.2 Engagement in community service
- 1.3.6.3 Engagement in service to and development of the profession
- 1.3.6.4 Attention to personal coping skills and potential for compassion fatigue
- 1.3.6.5 Exemplification of professional responsibility and ethics
- 1.3.6.6 Advocacy for and engagement in research to support the profession

Outcomes

1.4 At the end of the accreditation cycle NCOPE will collect and report the program outcomes for the purpose of assessing the success and need for improvement of the program. The program will be evaluated on the following outcomes:

- Completed residents and their certification designation
- Residents that were released prior to completion of the residency
- Clinical exposures the residents received, as recorded by NCOPE's online tracking system

Program Improvement

1.5 The program must complete a Program Annual Report at the end of every fiscal year to determine the degree to which it has attained its mission and residency objectives and to identify areas for program improvement or changes.

- 1.5.1 The accreditation cycle is three (3) years

Required Documentation:

- Program Annual Report (PAR)

Standard II: Residency Requirements

Residency Term

2.1 Residency term requirements

2.1.1 For dual discipline programs, the term of the program must be equivalent to a minimum of 18-months full-time training *and* residents must meet the competencies in both disciplines. Full-time is defined as a minimum of 37.50 hours a week. In a dual program, there cannot be less than 40% of exposure in either discipline.

2.1.2 For single discipline residency programs, the term of the program must be equivalent to a minimum of 12-months of full-time training (per discipline) *and* residents must meet the competencies in the given discipline. Full-time is defined as a minimum of 37.50 hours a week.

2.1.2.1 For resident's extending their credential, they may spend 50% of their time in their certified discipline and 50% of their time in their residency discipline. The length of the program is still 12-months with a minimum of 20 hours a week in the residency discipline. NCOPE, at its discretion, may require verification of the time spent in the residency discipline by the resident. The verification could include, but is not limited to, patient logs, appointment schedules, or payroll documentation.

2.1.3 Residency may be completed part-time, which is considered greater than or equal to 20 hours but less than 37.50 hours a week. However, the residency program must be completed within 36 months for a dual discipline program and 24 months for a single discipline program.

2.1.4 Alternate residency structure will be considered after review of written request and as deemed appropriate by the NCOPE.

Residency Conditions

2.2 The resident's involvement in patient care must be sufficient to enable the mission and objectives of the program to be fulfilled.

2.2.1 Patient care provided by the resident and the mentor must be consistent with current clinical care guidelines and accepted standards of practice which are established through accreditation of the practice.

Required Documentation:

-Patient log utilizing the electronic residency tracking program

2.3 The resident must be supervised in the delivery of patient care services by a resident mentor (resident mentor is defined in section 4.2).

2.3.1 The resident must be given progressively increasing responsibility in the delivery of patient care services based upon demonstrated clinical competence.

2.3.2 Supervision of the resident must initially be direct supervision and may transition to indirect supervision once clinical competence has been demonstrated.

2.3.2.1 Direct supervision requires the supervising credentialed individual to be available in real time for consultation throughout the patient care process and to be able to assess the care being provided by visual means (i.e., physically presence, live video, or by other means of live visual technology). The supervisor must review the results of care and the documentation of the services rendered by the supervised individual and is responsible for countersigning within 15 days all entries by the caregiver in the patient's clinical record.

2.3.2.2 Indirect supervision does not require the supervising credentialed practitioner to be physically onsite however they must be available for consultation throughout the patient care process. The supervisors must review the results of care and the documentation of the services rendered by the supervised individual and is responsible for countersigning within 15 days all entries in the patient's clinical record.

2.3.3 Residency programs that offer a portion of their program in a non-traditional format (i.e., mobile office) which requires residents to drive/commute to offsite patient care locations (i.e., affiliate locations, home visit to patients and clinics), the daily mileage should not exceed 120 miles.

Required Documentation:

- Documented privileging policy that complies with the program's facility accreditation and state licensure.

Competencies and Experiences

2.4 The resident must obtain competence, through clinical experiences, in order to provide independent patient care. Competence is defined as having sufficient knowledge, judgment and skill to provide appropriate treatment interventions.

2.4.1 Residents must receive exposure to the following patient populations: pediatrics, adult and geriatric. They must also receive exposure in managing congenital, acute and chronic pathologies.

2.4.2 Resident orthotists must receive clinical experience managing patients with treatment modalities including upper-limb, lower-limb and spinal orthoses.

2.4.2.1 In order to successfully complete a residency, resident orthotists are **required** to attain **competency** in managing patients who require the following orthoses:

- Custom foot orthosis
- Custom ankle-foot orthosis
- Knee orthosis
- Custom knee-ankle-foot orthosis
- Custom thoraco-lumbo-sacral orthosis
- Custom scoliosis orthosis
- Upper limb orthosis

Required documentation:

- Resident Clinical Competency Evaluation Form for each orthosis as entered into the electronic residency tracking system.

2.4.2.2 Resident orthotists are required to attain orthotic **experience** managing patients who require the following orthoses:

Foot orthosis	Hip orthosis
Ankle-foot orthosis	Cervical orthosis
Knee orthosis	Thoraco-lumbo-sacral orthosis
Knee-ankle-foot orthosis	Lumbo-sacral orthosis
Scoliosis orthosis	Wrist-hand orthosis

Required documentation:

- Patient log utilizing the electronic residency tracking system.

2.4.2.3 It is **recommended** that resident orthotists attain orthotic **experience** in managing patients who require the following:

Hip-knee-ankle-foot orthosis	Seating systems
Shoulder-elbow orthosis	Footwear modifications
HALO	Cervical-thoracic-lumbo-sacral orthosis
Fracture management	Wound care management
Standing frames	

2.4.3 Resident prosthetists must receive clinical experience managing patients with treatment modalities in upper-limb and lower-limb prostheses.

2.4.3.1 In order to successfully complete a residency, resident prosthetists are **required** to attain **competency** in managing patients who require the following prostheses or care:

- Transtibial prosthesis
- Transfemoral prosthesis
- Upper limb prosthesis
- Symes and/or partial feet prosthesis
- Post-operative care

Required documentation:

- Resident Clinical Competency Evaluation Form for each prosthesis as entered into the electronic residency tracking system.

2.4.3.2 It is **recommended** that resident prosthetists attain prosthetic **experience** in managing patients who require the following prostheses:

Externally powered prosthesis	Various joint disarticulations
Immediate postoperative	

2.5 Technical Competencies

The resident must obtain competence through technical experiences in order to assure the orthoses/prostheses associated with the treatment plan are fabricated and assembled appropriately. This must include knowledge regarding warranty, maintenance and repair of orthoses/prostheses. Competence is defined as having sufficient knowledge and skill to perform or direct fabrication and assembly of appropriate orthoses/prostheses.

Required documentation:

- Technical Skills and Safety Competency Form

2.6 The resident must complete professional activities that include the following:

2.6.1 Either give an O&P Awareness presentation or volunteer for an O&P organization (humanitarian or professional)

AND

2.6.2 Complete **one** of the following:

Clinical Track

2.6.2.1 Every quarter (total of four for 12 month and total of six for 18 month programs) one of the following activities must be completed:

- Critically Assessed Topic (CAT)
- Journal club presentation
- Case presentation
- Professional in-service
- Presentation at grand rounds, state, regional, national or international meeting

-Required Documentation

Director's Quarterly Evaluation of the Resident entered into the electronic residency tracking system

OR

Research & Development Track

2.6.2.2 A directed study spanning the course of their residency which will include quarterly updates.

-Required Documentation

- Director's Quarterly Evaluation of the Resident entered into the electronic residency tracking system
- Directed Study Cover Sheet and Statement Forms
- Submission of completed project

Standard III: Administration and Resources of the Residency Program

3.1 An O&P facility and any affiliate location(s) must be accredited by an organization that accredits Comprehensive Orthotic and Prosthetic Patient Care Services and requires a Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited orthotic and prosthetic education for orthotists and prosthetists, in order to participate in the residency training program.

Potential residency training sites outside the United States or in a unique setting will be assessed on an individual basis. NCOPE, at its sole discretion, will determine if the site is appropriate to house part or all of a residency. One of the criteria used will be the education of the professional staff. ISPO category I level education will be the benchmark used for this determination

Required Documentation

- A copy of the accreditation certificate

3.2 The program must have a written selection procedure including admission eligibility criteria which must be provided to the applicants.

3.2.1 Admissions eligibility criteria must include the requirement that prior to admission, applicants have graduated with a master's level from an orthotic and prosthetic education accredited by CAAHEP/National Commission on Orthotic and Prosthetic Education (NCOPE)

3.2.1.1 An alternative pathway may be available, upon petition to NCOPE by an educational program, where by the residency is integrated within the master's level program.

3.2.2 For applicants who received their education outside the United States and do not have a CAAHEP degree, their education has to be translated by the World Education Service (www.wes.org) and the equivalency must equal a master's degree in orthotics and/or prosthetics at a program in the United States.

3.2.3 Non-discrimination policies must be followed in selecting residents.

3.2.4 Residency programs shall comply with all local, state and federal labor laws.

3.2.5 The program's publications, advertising and student recruitment materials and activities must present an accurate representation of the program.

3.2.6 The program must utilize the Orthotic/Prosthetic Residency Centralized Application Service (OPRECAS) or an alternative method for collecting and reporting data to NCOPE about the applicants to their program (i.e., gender, ethnicity, degree expected, degree awarded, etc.)

Required Documentation:

- Selection procedure/admission to residency program
- Demographic data sets report generated by centralized application service. If not using OPRECAS, an alternative method for reporting demographic data sets to NCOPE. NCOPE will provide the program with the list of needed data sets required.

3.3 Applicants to the residency program must be provided the program's policies regarding the duties and obligations of the resident, including:

3.3.1 Duration of the resident's training program

3.3.2 Expected weekly hours of resident's attendance including on-call duties

3.3.3 Resident's compensation, which cannot be contingent upon productivity of the resident

3.3.4 Resident's health, professional and leave benefits

3.3.5 Resident's professional liability protection for both internal and external clinical settings

3.3.6 Requirements for residency completion and awarding of certificate

3.3.7 NCOPE's philosophical position continues to be non-supportive of orthotist/prosthetist resident practitioners being obligated to sign non-competition agreements as a condition of employment. However, NCOPE recognizes residents are employees of, and receive salary and benefits from, their residency program. As employees, in most states they can be asked to sign valid non-compete agreements. Programs must provide full disclosure of non-compete if required of resident prior to admission.

Required Documentation:

- Resident Agreement

3.4 The resident's orientation to the program must include information on:

- 3.4.1 Clinical practice protocols
- 3.4.2 Infection control
- 3.4.3 Facility safety policies
- 3.4.4 Counseling, remediation, and dismissal of the resident
- 3.4.5 Receiving, adjudicating, and resolving resident complaints
- 3.4.6 Due process provided to the resident on adverse decisions
- 3.4.7 The program's calendar, including the program's start date, end date and significant deadlines for program requirements
- 3.4.8 Criteria used to assess resident performance

Required Documentation:

- Orientation procedures
- Documents and/or policies addressing the above items provided to resident
- Written policy regarding (and, if applicable, records of) receiving, adjudicating and resolving resident complaints.

3.5 The resident must receive both quarterly and competency evaluations.

Required Documentation:

- 6 quarterly evaluations for dual discipline
- 4 quarterly evaluations for single discipline
- 7 orthotic clinical competency evaluations
- 5 prosthetic clinical competency evaluations
- Technical skill and safety competency evaluation
- Final evaluation form

3.6 The physical facilities, equipment, and support from ancillary staff must enable the mission, goals and objectives of the program to be fulfilled.

Required Documentation:

- Description of facilities, equipment and ancillary staff
 - o Include confirmation that residents will have daily and/or weekly access to a computer with internet access or the ability for the resident to bring personal laptop into the office and be provided internet access

3.6.1 If an individual facility is unable to provide the full scope of experience for the resident, the program must establish an affiliation with an additional site/location.

3.6.1.1 Affiliation sites and mentors must meet the standards for a residency program

3.6.2 A program must have in their affiliation agreement the following:

- Name of the affiliated site
- Names and qualifications of the mentor(s) involved in the residency program at the affiliated site
- Description of the experience the affiliated site will provide the resident
- The resident schedule at the affiliated site
- Identification that the resident is covered for liability and malpractice at the affiliated site.

Required documentation:
-A formally executed affiliation agreement

3.7 The resident must have access to current educational and informational resources.

Required Documentation:
- Description of current educational and informational resources

3.8 In the event a residency is terminated prematurely or placed on hold, the residency director must submit appropriate documentation.

Required Documentation:
-Residency Director's Notification of Incomplete Residency

Standard IV: Faculty, Roles and Responsibilities

4.1 The program must have a director whose qualifications and time dedicated to the program are adequate to provide educational guidance to the program. The director is responsible for the organization, administration, continuous review, planning, development and general effectiveness of the program.

Qualifications for Residency Director

4.1.1 Must possess a minimum of a bachelor's degree in O&P, post baccalaureate certificate in orthotics and/or prosthetics or a master's in O&P or be equivalent to ISPO category I.

4.1.1.1 For residency directors who were active on or before March 15, 2011, the director is exempt from the educational standard in 4.1.1.

4.1.2 Be credentialed in the profession of Orthotics & Prosthetics through a certification program accredited by the National Commission for Certifying Agencies (NCCA) or hold a professional license as is required by the state in which he/she is employed

4.1.3 Must have five years post certification or licensure experience

4.1.4 Must have completed the NCOPE Residency Director Online training course (to the extent that it is available) or the Approved Clinical Mentor Course

4.1.5 Cannot be a currently registered resident

Responsibilities

4.1.6 Establish learning objectives

4.1.7 Maintain documentation of resident agreements

4.1.8 Monitor and approve documentation of resident's procedure log

4.1.9 Maintain printable documentation of evaluations, including regular assessments of resident performance

4.1.10 Provide these documents of the NCOPE Residency Review Committee or site visitors upon request

4.1.11 Notify NCOPE in writing of any changes that might significantly alter the educational experiences

4.1.12 Act as an adviser to residents for professional activities

4.1.13 Maintain and adhere to the residency accreditation standards

Required Documentation

- Director's Quarterly Evaluation of the Resident
- Final Evaluation of the Resident

- 4.2 The resident mentor(s) of the program must have the qualifications to educate and train the resident in accordance with the mission, goals and objectives of the program.

Qualifications for Resident Mentor

4.2.1 Must possess a state license, national certification or international recognition in the subject area being taught

4.2.1.1 When a resident's direct patient care is being assessed for competence, the resident mentor must be a state licensed or nationally certified Orthotist and/or Prosthetist with a CAAHEP accredited education or be equivalent to ISPO category I.

4.2.2 Must have three years post certification or licensure experience

4.2.3 Must be principally located at the residency training site

4.2.4 Must have completed the required modules of the NCOPE Residency Online Training Course or the Approved Clinical Mentor Course

4.2.5 Cannot be a currently registered resident

Required Documentation:

- Abbreviated biographical sketch for each resident mentor with whom the resident interacts daily.
- Certificate of completion of Training Modules

Responsibilities

4.2.5 Participation in development of learning objectives

4.2.6 Supervise the resident during patient care

4.2.7 Evaluate resident on an ongoing process

4.2.8 Carry out the goals and objectives of the residency

4.2.9 Act as an adviser to residents for professional activities

4.2.10 The mentors must have sufficient time dedicated to the program to educate and train the resident

Required Documentation:

- Mentor Quarterly Evaluation of the Resident Form (every three months)
- Residency Clinical Competency Forms (as competency is attained)
- Technical Skills & Safety Competency Form

- 4.3 The mentor-to-resident ratio must not exceed one mentor to two residents.

Standard V: Residents

5.1 The resident must be registered with NCOPE before the start of residency program.

5.2 The resident must participate in patient care, under supervision, commensurate with his/her level of advancement and responsibility and adhere to policies and procedures of the residency site.

5.3 The resident must maintain their procedure log online.

5.4 The program must be evaluated by the resident quarterly Required Documentation:

- Resident's Quarterly Evaluation of Residency

5.5 Must adhere to ABC's Code of Professional Responsibility.

5.6 In the event a residency is terminated prematurely or placed on hold, the resident must submit appropriate documentation.

Required Documentation:

- Patient log utilizing the electronic residency tracking system
- Resident's Evaluation of Residency Form
- Resident Notification of Incomplete Residency Form

5.7 At the conclusion of the residency, the resident must submit the appropriate documentation.

Required Documentation:

- Resident's Final Evaluation of Residency
- Submission of directed study for the Research & Development Track in 2.6.2.2

Revision of the Residency Standards

NCOPE is committed to conducting a valid and reliable accrediting process. Review and revision of the orthotic and prosthetic residency program standards is a regular part of NCOPE's activities. Programs or individuals who wish to suggest changes to the standards are invited to submit their suggestions in writing. The procedure for revision of the standards is as follows:

1. NCOPE will review the standards at least every five years.
2. As part of the standard review process and when significant curriculum content changes are being made, NCOPE will circulate contemplated changes to accredited programs, O&P schools, O&P sister organizations and other communities of interest. The comment period will be a minimum of 30 days.
3. Following review of comments on the standards, NCOPE may elect to recirculate a revised draft for additional comments. The comment period will be a minimum of 30 days.
4. When the comment solicitation and review process is complete, NCOPE will take action to adopt the standards.

NCOPE may review, revise, delete or add individual standards at any time it deems appropriate. When a comprehensive review and significant curriculum content change is made to the standards, NCOPE will follow the process identified. If, through its system of review, NCOPE determines that it needs to change the standards as a whole, NCOPE will initiate the revision process within 12 months of determining that a change is necessary. NCOPE will complete the revision process in a reasonable period of time. Before finalizing any changes to the standards, NCOPE will provide notice to its constituency and other communities of interest and provide a response time of a minimum of 30 days to comment on the proposed changes. NCOPE will consider comments received from interested parties in the revision process.

Glossary of Terms

ABC Code of Professional Responsibilities - The ABC [Code of Professional Responsibility](#) is a set of principles which govern the professional, ethical and moral integrity of individuals and organizations engaged in the delivery of orthotic, prosthetic and pedorthic care. The Code applies to all ABC credentialed individuals and accredited facilities.

Affiliated Site – An O & P patient care facility that is not a part of the Host Residency site’s organization. The affiliated site plays a critical role in filling experiential gaps in the mandatory clinical, technical or administrative areas of the residency training.

BOC Code of Ethics – The BOC [Code of Ethics](#) establishes the ethical standards and obligations required of all certificants in order to maintain certification status with BOC.

Case Presentation – A case study presentation given to colleagues within the residency program. A case study involves a particular method of research. Rather than using large samples and following a rigid protocol to examine a limited number of variables, case study methods involve an in-depth, longitudinal examination of a single instance or event. Case studies lend themselves especially to generating (rather than testing) hypotheses.

Commission on Accreditation of Allied Health Education Programs (CAAHEP) – CAAHEP is the largest programmatic accreditor in the health sciences field. In collaboration with its Committees on Accreditation, CAAHEP reviews and accredits over 2000 educational programs in twenty-three (23) health science professions. NCOPE is a Committee on Accreditation within the CAAHEP system and the orthotist/prosthetist education level programs are accredited by CAAHEP.

Note: For orthotists and prosthetists practitioners that received their formal O&P education prior to the existence of CAAHEP, the education must have been attained under a program accredited by the Educational Accreditation Commission (EAC), the predecessor to CAAHEP’s accreditation.

Competency(ies) - A specific range of skill, knowledge and ability to do something, especially measured against a standard.

Comprehensive Orthotics and Prosthetics Patient Care Services- O&P patient care that includes custom fabricated and custom fit prefabricated orthoses and/or custom fabricated limb prostheses.

Critically Assessed (Appraised) Topic (CAT) – A CAT is a brief summary of the most currently published research that is used to answer a specific clinical question. The author defines the scope of the CAT based on his/her knowledge of the topic and research at hand. The CAT is a brief critical appraisal of the literature. It may be used to inform clinical practice as a secondary knowledge source.

Directed Study –A detailed project that utilizes research methods and is supervised throughout the residency program. Types of projects for the directed study can be accessed at: [R&D Guidelines](#)

Resource by American Academy of Orthotists & Prosthetists Research Glossary for research definitions: [Research Glossary](#)

Goals – Focus on the general aims of the residency program that describe future expected outcomes or states. They focus on ends rather than means.

- **Goals** focus on the general aims of the program and curriculum

- **Objectives** focus on what you expect students to do/know at the end of instruction
- **Outcomes** focus on what students are able to do/know at the end of instruction (and for which you have supporting evidence)

Independent Patient Care –A resident will never provide completely independent patient care during their residency. The resident’s independence is determined by the level of supervision the resident requires based on their competence and the patient care service(s) being provided. Once a level of competence has been obtained, the resident may move from direct supervision to indirect supervision. NCOPE would prefer indirect supervision be provided by an appropriately credentialed supervisor or mentor in the facility the resident is providing their patient care, but does not require the supervising credentialed individual to be on-site. The supervisor must be available for consultation throughout the patient care process. The supervisor must review the results of care and the documentation of the services rendered by the resident. The supervisor is responsible for countersigning all resident entries in the patient’s clinical record within 15 days.

In-service – A presentation on a topic related to O&P given to a group of professionals at a local hospital, nursing facility, physical therapy office, or similar, with the intention of increasing the knowledge level of the attendees on the specific O&P topic.

ISPO Category I - The International Society for Prosthetics and Orthotics (ISPO) is a global Non-Governmental Organization that contributes throughout the world in all aspects of science and practices associated with the provision of prosthetic and orthotic care, rehabilitation engineering and related areas. ISPO developed a professional profile and a categorization system that is based on levels of education and training the individual gains and avoids dependence on titles. To be recognized as a Category I Prosthetist/Orthotist, the following must be met:

- Entry requirement is a university entry-level (or equivalent, 12-13 years schooling) and
- 3-4 years of formal, structured training leading to University Degree (or equivalent.)

Resource reference for the organization of ISPO: [ISPO](#)

Resource reference for Category I Information Package: [Cat I Information](#)

Mission – A brief statement of the primary intentions of the program. The mission should broadly define what the program is aiming to achieve.

NCOPE – National Commission on Orthotic and Prosthetic Education. NCOPE is the educational accreditation body for the O&P profession, and works in cooperation with CAAHEP for certain levels of practice within O&P. NCOPE develops, applies and assures standards for orthotic and prosthetic education through accreditation and approval to promote exemplary patient care.

O&P Awareness Presentation – A presentation given to a group of students (middle school, high school or college) or other potential entrants into the field, with the intention of increasing their knowledge of the O&P profession.

Resource link for the presentation <http://www.opcareers.org/>

Objectives - Focus on what you expect residents to do/know at the end of the residency program

Outcomes - Focus on what residents are able to do/know at the end of the residency program (and for which you have supporting evidence)

Patient Procedure Log- The electronic recording (via Typhon software) of all patient encounters, the services and devices provided and the level of resident involvement in this patient care.

Professional Activity – Activities that are related to the O&P profession but do not involve direct patient care or fabrication. NCOPE believes that involvement in these types of activities enhances a resident’s education.

Principally located - Meaning the person is located at the given residency training site at least 60% of the time (or 60% of the time that the resident is at that particular site/facility). For example, if the resident spends two months of the residency at a particular office, a qualified resident mentor would need to be at that location at least 60% of that time.

Residency Director- The individual ultimately responsible for the residency program development, the coordination of learning experiences, and the guidance of the residents’ progress from initiation to completion of the program.

Resident Mentor – A resident mentor is a certified or licensed O&P professional who is given the task of teaching the resident in his/he area(s) of expertise. A resident mentor should have not only the knowledge and skills necessary to teach a resident effectively, but he/she should also have the interest, energy and time to teach. A resident mentor is a somewhat broad term that could apply to several of the staff at the residency program. For example, a Certified Pedorthist can be a resident mentor if he/she meets the qualifications defined in section 4.2. **However**, there are *specific* resident mentors who are allowed to supervise and assess a resident when his/her patient care abilities are being assessed for competence. It is only these specific resident mentors who are given access to NCOPE’s online tracking system. These mentors must meet the qualifications defined in 4.2.1.1.

World Education Service (WES) – an organization that provides the service of reviewing a student’s transcripts and prepares an evaluation report for NCOPE. The WES evaluation report compares your education from any country in the world to the U.S. system. The evaluation must show equivalence to a master’s degree in O&P for an individual to enter residency. If the evaluation reports less than a master’s degree, the individual will need to attend an accredited O&P program in the U.S. Information on WES and their services can be found at www.wes.org. The expense of the evaluation report is to be paid by the individual, not NCOPE.