

Standard of Practice S-012
Quality Assurance Committee
Approved by Council: November 28, 2003
Amended by Council: September 24, 2009

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

Introduction

Orthotics can 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 and treatment of patients by advising members of their obligations when prescribing, manufacturing, selling or dispensing orthotics.

Objectives

- To facilitate appropriate care and treatment of patients who may benefit from orthotics.
- To inform members of their obligations for prescribing, manufacturing, selling or 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 is required to have appropriate training, skill and competence if he/she prescribes, manufactures, sells or dispenses orthotics, 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;

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

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

Protocol

Members 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.

Members shall adhere to the following protocols prior to prescribing, manufacturing, selling or dispensing orthotics:

1. Diagnosis

- case history relevant to orthotics;
- 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. Members shall explain the benefits and risks of the orthotics as compared to other treatments or no treatment;
- voluntarily given;
- related to the patient's condition and circumstances; and
- evidenced in a written form signed by the patient or otherwise documented in the patient record, which may be part of the general consent.

Members shall otherwise comply with Standard of Practice S-013: Consent.

3. Follow-up

Members shall advise patients to seek timely follow-up and re-assessment from the health care provider who originally recommended and/or prescribed the orthotics.

Billing

Members shall comply with:

- the business practices provisions in the Professional Misconduct Regulation under the *Chiropractic Act, 1991*, including the requirement to disclose to a patient the fee for a service before the service is provided, including a fee not payable by the patient, and to itemize an account; and
- Policy P-036: Billing 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.

The cost of the orthotics must reasonably relate to the time and expertise of, and cost to, the member.

Members shall not issue a receipt for orthotics until full payment is received from the patient.

Conflict of Interest

For the purpose of this standard, a conflict of interest may arise when a member refers patients 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 he/she:

- discloses to the patient that he/she or his/her immediate family member has an interest or gains a benefit from the referral;
- assures his/her patient that his/her choice of services or suppliers will not affect the quality of health care services provided by the member;
- informs his/her patients that he/she has an option of using alternative facilities, services or suppliers; and
- upon request, advises CCO of any conflict of interest referral.

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 competency among 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-012: Consent, and Policy P-036: Billing Practices.