

Competency Listing for Individual Tasks of Clinical Practice

The NCOPE/*Typhon* structure allows the resident to identify specific O&P tasks (and education specific tasks that are explicit to residency training) as well as delineate the orthoses/prostheses encountered in a manner that is more detailed than the current NCOPE paper based system. Below is the complete breakdown of competencies residents will use when entering patient cases in *Typhon*. Some competencies will appear abbreviated or shortened in the database. Residents and residency faculty can refer to this list for a full description.

A. Assessment

- A1) Reviewed RX/Conferred with Medical Team
- A2) Patient History/Subject Information Collection
- A3) Patient Height and Weight Obtained
- A4) Physical Exam: Observation/Palpation/Sensation/Vascular
- A6) Musculoskeletal Exam: ROM/MMT/Orthopedic Special Tests
- A7) Functional Measures (IE Timed Up and Go, 6MWT, etc)
- A8) Gait Assessment

B. Plan of Care Formulation

- B1) Conferred with Health Care team
- B2) Determined Appropriate Orthotic/Prosthetic Intervention
- B3) Determined Appropriate Materials
- B4) Established Treatment Timeline
- B5) Identified Additional Treatment beyond O&P

C. Patient Interaction

- C1) Provided Patient Education about Orthotic/Prosthetic Intervention
- C2) Anatomical Shape Captured/Measured
- C3) Patient Provided With Follow-up Appointment for Fitting
- C4) Provided Patient with Written Education (Wear Schedule, Volume Management, Cleaning, etc)

D. Technical Fabrication

- D1) Adjusted alignment of impression
- D2) Sealed/Filled Impression
- D3) Modified Positive Model
- D4) Carved CAD/CAM Positive Model
- D5) Thermoformed Device
- D6) Laminated Device
- D7) Trimmed Device
- D8) Bench Alignment Performed on Device
- D9) Other Fabrication: See Notes

E. Fitting/Delivery

- E1) Pre-fitting Quality Check Performed – including wt/activity level checked
- E2) Device fit/function evaluated statically and dynamically
- E3) Dynamic Alignment Performed
- E4) Volume Accommodated with Socks/Padding
- E5) Assessment of patient's skin/anatomical segment performed (Pre/Post)
- E6) Appropriate Modifications Performed to Optimize Fit/Function
- E7) Performed Clinically Relevant Outcome Measure (TUG, 6MWT, OPUS)
- E8) Answered All of Patients Questions/Concerns
- E9) Created communication to referring physician
- E10) Created communication to other health team members

F. Follow-Up

- F1) Re-evaluated overall device function/fit
- F2) Patient Height and Weight Obtained (verify with componentry)
- F3) Obtained patient (family) feedback to evaluate possible concerns
- F4) Verified overall structural integrity of the device
- F5) Performed Appropriate Device Modifications
- F6) Performed Clinically Relevant Outcome Measure (TUG, 6MWT, OPUS)
- F7) Established Appropriate Follow-up Interval

G. Practice Management (Documentation/Billing/Coding)

- G1) Documented Components of Assessment
- G2) Documented Orthotic/Prosthetic Treatment Plan Documented Communication with other health care providers
- G3) Documented Communication with Patient
- G4) Documented Shape Capture Technique
- G5) Document Patient Education
- G6) Documented outcomes of Fitting
- G7) Document Device Delivery
- G8) Generated Letter of Medical Necessity
- G9) Generated Billing Statement (L-code selection)

H. Lower Limb Orthoses

- H1) Diabetic Footwear – Prefabricated
- H2) Orthopedic Footwear – Prefabricated
- H3) Custom Footwear
- H4) Dennis Brown Bar and Shoes
- H5) Foot Orthoses – Prefabricated
- H6) Foot Orthoses – Custom
- H7) UCBL
- H8) SMO – Prefabricated
- H9) SMO – Custom
- H10) CROW - Custom
- H11) AFO (Thermoplastic) – Prefabricated
- H12) AFO (Thermoplastic) – Custom/MTPM
- H13) AFO (Carbon) – Prefabricated
- H14) AFO (Carbon) – Custom
- H15) AFO (Metal) – Prefabricated
- H16) AFO (Metal) – Custom
- H17) Knee Orthosis – Prefabricated
- H18) Knee Orthosis – Custom
- H19) KAFO – Prefabricated
- H20) KAFO – Custom
- H21) Stance Control KAFO - Custom
- H22) HKAFO – Prefabricated
- H23) HKAFO – Custom
- H24) Hip Abduction Orthosis - Prefabricated
- H25) Hip Abduction Orthosis - Custom
- H26) Pavlik Harness/Freika Pillow
- H27) Fracture Orthosis – Lower Limb
- H28) Compression Garment – Lower Limb
- H29) Functional Electrical Stimulation (NESS/WalkAide)
- H30) Other (Face Mask, Protective Helmet, Truss, etc) → Specify in NOTES section

I. Spinal Orthoses

- I1) Sacro-Iliac Belt
- I2) Lumbosacral Corset
- I3) Dorsal-Lumbar Corset
- I4) LSO (Polymer) – Prefabricated
- I5) LSO (Polymer) – Custom
- I6) TLSO (Polymer) – Prefabricated
- I7) TLSO (Polymer) – Custom
- I8) LSO/TLSO (Conventional/Metal)
- I9) TLSO Anterior Control (Jewett/CASH)
- I10) HALO
- I11) Cervical Orthosis
- I12) Cervical Thoracic Orthosis
- I13) Scoliosis Orthosis - Prefabricated
- I14) Scoliosis Orthosis - Custom
- I15) Cranial Remolding Orthosis
- I16) Other (Face Mask, Protective Helmet, Truss, etc) → Specify in NOTES section

J. Upper Limb Orthoses

- J1) Finger Orthosis – Prefabricated
- J2) Finger Orthosis – Custom
- J3) Hand Orthosis – Prefabricated
- J4) Hand Orthosis – Custom
- J5) Wrist Hand Orthosis – Prefabricated
- J6) Wrist Hand Orthosis – Custom
- J7) Wrist Hand Finger Orthosis – Prefabricated
- J8) Wrist Hand Finger Orthosis – Custom
- J9) Elbow Orthosis – Prefabricated
- J10) Elbow Orthosis – Custom
- J11) Elbow Wrist Hand Orthosis – Prefabricated
- J12) Elbow Wrist Hand Orthosis - Custom
- J13) Shoulder Orthosis– Prefabricated
- J14) Shoulder Orthosis– Custom
- J15) Shoulder Elbow Wrist Hand Orthosis – Prefabricated
- J16) Shoulder Elbow Wrist Hand Orthosis – Custom
- J17) Fracture Orthosis – Upper Limb
- J18) Compression Garment – Upper Limb
- J19) Other (Face Mask, Protective Helmet, Truss, etc) → Specify in NOTES section

K. Lower Limb Prostheses

- K1) Shrinkers - Transtibial/Symes
- K2) Shrinkers - Transfemoral/Knee Disarticulation
- K4) Immediate Post-op Prosthesis - Transtibial/Symes
- K5) Immediate Post-op Prosthesis - Transfemoral/Knee Disarticulation
- K6) Partial Foot Prosthesis
- K7) Symes Prosthesis
- K8) Transtibial Prosthesis – Total Surface Bearing
- K9) Transtibial Prosthesis – PTB
- K10) Transtibial Prosthesis – Joint & Corset
- K11) Transfemoral Prosthesis – Quadrilateral
- K12) Transfemoral Prosthesis – Ischial Containment/MAS
- K13) Transfemoral Prosthesis – Sub-Ischial/ $\frac{3}{4}$
- K14) Hip Disarticulation Prosthesis
- K15) Hemipelvectomy Prosthesis
- K16) Corpectomy Prosthesis
- K17) Aesthetic Restoration Lower Limb Prosthesis
- K18) LL Component: P-Lite Liner
- K19) LL Component: Cushioned Liner (TPE/Silicone/Urethane)
- K20) LL Component: Pin Locking Liner (TPE/Silicone/Urethane)
- K21) LL Component: Elevated Vacuum Suspension
- K22) LL Component: Suspension Sleeve
- K23) LL Component: Axial Rotator
- K24) LL Component: Auxiliary Suspension (TES belt, SC Cuff)
- K25) LL Component: Cosmetic Foam Cover & Skin
- K26) LL Knee: Single Axis
- K27) LL Knee: Polycentric
- K28) LL Knee: Microprocessor
- K29) LL Knee: Hydraulic/Pneumatic Control
- K30) LL Knee: Stance Phase Control
- K31) LL Knee: Swing Phase Control
- K32) LL Knee: Swing & Stance Phase Control
- K33) LL Knee: Stance Flexion Feature
- K34) LL Knee: Extension Assist
- K35) LL Foot: SACH
- K36) LL Foot: Single Axis
- K37) LL Foot: Mutliaxis
- K38) LL Foot: Dynamic Response

- K39) LL Foot: Energy Storing
- K40) LL Foot: Microprocessor
- K41) LL Foot: Activity Specific
- K42) Other → Specify in NOTES section

L. Upper Limb Prostheses

- L1) Shrinker – Upper limb prosthesis
- L2) Partial Hand Prosthesis
- L3) Transradial Prosthesis Body Powered – Flex Hinges
- L4) Transradial Prosthesis Body Powered – Rigid Hinges (Single Pivot/Polycentric)
- L5) Transradial Prosthesis Body Powered – Self Suspending (Munster/NU/Otto Bock/TRAC)
- L6) Transhumeral Body Powered Prosthesis
- L7) Shoulder Disarticulation Prosthesis Body Powered
- L8) Interscapulothoracic Prosthesis Body Powered
- L9) Transradial Prosthesis Externally Powered
- L10) Transradial Prosthesis Hybrid
- L11) Transhumeral Prosthesis Externally Powered
- L12) Transhumeral prosthesis Hybrid Powered
- L13) Shoulder Disarticulation Prosthesis Externally Powered
- L14) Shoulder Disarticulation Prosthesis Hybrid Powered
- L15) Interscapulothoracic Prosthesis Externally powered
- L16) Interscapulothoracic Prosthesis Hybrid powered
- L17) Aesthetic Restoration Upper Limb Prosthesis
- L18) UL Component: Hook Type TD
- L19) UL Component: Mechanical Hand TD
- L20) UL Component: Externally Powered TD
- L21) UL Component: Sport/Activity Specific TD
- L22) UL Component: Wrist Rotator/5 in 1 Wrist
- L23) UL Component: Mechanical Elbow
- L24) UL Component: Externally Powered Elbow
- L25) UL Component: Mechanical Shoulder
- L26) UL Component: Externally Powered Shoulder
- L27) UL Component: Suspension Sleeve
- L28) UL Component: Figure of 8 Harness
- L29) UL Component: Figure of 9 Harness
- L30) UL Component: Bump/Nudge Switch
- L31) Other → Specify in NOTES section

M. Resident Education

- M1) Independent Research (Scholarly Literature/Textbook)
- M2) Educational Community Service/In-Service Project
- M3) Case Presentation

