



**2003 Edition**

**NCOPE**

**Accreditation Manual for Becoming  
an Accredited Residency**

**Manual**

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## Introduction

# NCOPE

# Manual

## Introduction

The National Commission on Orthotic and Prosthetic Education (NCOPE) carries out its accreditation mission by serving as the deliberative body through which standards for residency programs as well as procedures for accreditation are established.

NCOPE adopted and revised their mission in November 1997 and it is as follows:

Be the recognized authority for the development and accreditation of O&P education and residency standards leading to competent patient care in the changing healthcare environment.

This manual outlines the accreditation process, which includes information on the standards for accreditation, application, accreditation decisions, reconsideration/appeals, evaluation cycle, fees, forms, research information and information on the American Board for Certification in Orthotics and Prosthetics (ABC).

## History of O&P Residency Accreditation

The Educational Accreditation Commission (EAC) was created in August of 1972 by ABC to meet the O&P profession's need for an institutional accreditation program. That same year the EAC set out to establish criteria to assess and compare O&P curricula. These criteria (Standards) were developed and revised to meet the profession's needs in training orthotists and prosthetists.

In 1991, the EAC was reorganized and became an independent organization. It was renamed the National Commission on Orthotic and Prosthetic Education (NCOPE). NCOPE's primary mission and obligation is to ensure educational programs meet the minimum standards of quality to prepare individuals to enter the O&P profession.

With current changes in practice as well as educational programs, NCOPE developed Standards for post-baccalaureate clinical experience. During a two year span, extensive research and investigation into a "structured experience" was pursued. In July 1993, NCOPE formally adopted the initial set of Standards for residency programs. The commission revised and adopted changes to the Standards in July 1998. O&P is the first allied health profession to have established Standards for post-baccalaureate clinical experience.

The ABC board adopted NCOPE residency as a certification requirement for graduates from educational programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) in cooperation with NCOPE in 1995.

## Accreditation

Accreditation is a system of recognizing educational institutions and professional programs that meet the minimum standards in preparing students for practice. The process of accreditation is continuously evolving. The trend has been from quantitative to qualitative criteria, from the early days of simple checklists to an increasing interest and emphasis on measuring the outcomes of educational experiences.

The organized O&P profession works closely with NCOPE to ensure people entering O&P are receiving formal preparation related to current requirements for professional O&P practice.

The 10-member commission is comprised of representatives from the educational community, the O&P profession and the public. These members include ABC-certified practitioners, O&P educators, curriculum specialists and academic administrators.

## Benefits from Accreditation

NCOPE's accreditation process is a valuable service to students, the education and residency programs, the profession and the public. These benefits include:

- Students/Residents are able to identify those O&P educational and residency programs that meet their chosen profession's standards for a quality, relevant education. Graduation and completion from an accredited educational and residency program is required for ABC certification.
- Education programs benefit from the self-evaluation and self-directed improvement provided by the accreditation process. Accreditation status increases opportunities for public and private funding for both the institution and its students.
- Residency programs contribute to the continuing education of future O&P professionals. These programs provide students with a 12-month, structured experience by complying with the established standards and guidelines.

- The profession benefits from its members' vital input into the standards established for education of entry-level O&P professionals. A commitment to excellence in O&P practice is reinforced since the accreditation process unites practitioners, instructors and students in an activity directed toward continual improvement of O&P education.
- The public is assured that accredited O&P education and residency programs are evaluated extensively and conform to general expectations of the O&P profession. Through the accreditation process the public can be assured the educational quality of the programs remains current and reflects changes in O&P knowledge and practice. This assurance is important to the patients who use O&P services and their families.

## Becoming Accredited

O&P residency programs desiring accreditation status should apply to NCOPE. This manual contains an application section, which includes an application and information. The facility would submit the application along with the appropriate fee to initiate the process of accreditation. It is important to remember that the facility must either already be accredited by ABC or applied for accreditation by ABC within the past six months.

## The Application

In this section you will find a sample application as well as a blank application. Please fill the application out and return to NCOPE. Upon receipt of the application, the NCOPE staff will review and see if any specific areas are incomplete, if there are, staff will contact the facility and request further information. If the application is complete then it is forwarded to the Residency Review Committee. Upon committee review and approval the program is notified of an accreditation status. The process of reviewing typically takes no longer than eight weeks. There are occasions where the time frame may have to be expanded, but NCOPE will do its best to have every application reviewed in a timely manner.

## Accreditation Cycle

Initial accreditation (first time applicants) is for a period of three years. Continuing accreditation, after the first three year cycle is set at five-year intervals. To continue accreditation after the fifth year, a new application and fee is required.

## Accreditation Decisions

Following NCOPE's review of the information submitted by the facility, action is taken to grant Accreditation, Administrative Probationary Accreditation, Probationary Accreditation, Accreditation Withheld or Accreditation Withdrawn. Letters of notification are sent to the residency director. Copies of letters granting Administrative Probationary Accreditation, Probationary Accreditation, Accreditation Withheld or Accreditation Withdrawn are sent certified mail, return receipt requested. Any resident completing a program with anyone of the above listed accreditation status will be considered a resident of an accredited program. Residents in a program should be aware of the accreditation status of the program and must be notified of any change in the accreditation status. When an adverse action is taken, program directors must notify all current residents and applicants to the program in writing.

## Accreditation Descriptions

### A. Accreditation

Accreditation is granted to a facility by action of NCOPE prior to the completion of the first resident. The application is an integral part of the evaluation for accreditation. The accreditation review process confirms that the program is in substantial compliance with the standards.

It should be noted that at this point and time, NCOPE does not conduct on-site visits, due to a moratorium NCOPE placed on them in 1993. However, in 1999, NCOPE is investigating and proposing on-site visits be conducted incorporation with ABC's surveys. Residency programs will be informed when and if a change is made to site visits.

### B. Administrative Probationary Accreditation

The facility sponsoring the residency program will be advised that the program is on Administrative Probationary Accreditation when the program does not comply with one or more of the following administrative requirements for maintaining accreditation:

1. Paying NCOPE accreditation fees within 90 days after being notified of a past-due account.
2. Documenting within ninety days of a new appointment that the program has retained and/or changed key residency personnel (i.e., program director).
3. Assuring that the resident is registered within 30 days of the start of his/her residency.

### C. Probationary Accreditation

Probationary Accreditation is granted when the residency program is not in substantial compliance with the Standards:

- Because the deficiencies are so serious that the capability of the program to provide acceptable clinical experience for the resident is threatened, or
- Because the program has not corrected the deficiencies within a reasonable period of time. Probationary Accreditation is usually limited to one year. It may not extend beyond two years.

### D. Accreditation Withheld

A residency program seeking initial accreditation may have accreditation withheld if the accreditation review process confirms that the program is not in substantial compliance with the Standards that are vital to the program. The appropriate official is provided with a clear statement of each deficiency and is informed that a new application for accreditation may be made whenever the program is believed to be in substantial compliance with the Standards.

### E. Accreditation Withdrawn

A residency program may withdraw its application for accreditation anytime prior to NCOPE's consideration.

## Reconsideration and Appeal

In the case of adverse decisions, the program may challenge the decision through established procedures. NCOPE provides clearly delineated procedures for programs, which follow due process. An outline of the process is as follows:

1. Criteria for appeal
2. Initiation of an appeal
3. Criteria for selecting an appeals hearing panel
4. Process for selecting an appeals hearing panel
5. Appeals hearing date and participants
6. Panel preparation summary
7. Hearing format
8. Ground rules
9. Appeals hearing panel recommendation and final NCOPE action
10. Post-hearing procedure
11. Final decision and notification
12. Financial responsibility for an appeals hearing
13. Extension of time limits

For complete descriptions of the policies and procedures contact NCOPE.

## Annual Reports

NCOPE requires each accredited program to submit an Annual Report. Forms for completion of the report are mailed annually and are due within 60 days.

The purpose of the report is to facilitate ongoing monitoring of programs during the years between evaluations for accreditation.

Reports are reviewed by NCOPE. Actions, which may be taken by the commission, include:

1. Acceptance of the report with no further action required.
2. Acceptance of the report contingent upon receipt and approval of additional information. The letter will specify information to be submitted.
3. Receipt of the report with a request for clarification of one or more items if the information received indicates potential noncompliance with the Standards.
4. After receipt of the follow-up information, NCOPE will act upon the report a second time. If noncompliance continues, the appropriate officials will be notified that the program will be placed on probationary accreditation until such time that compliance can be obtained.

## Program Changes

It is the responsibility of the residency program to promptly notify NCOPE if the program or program director is changed within 30 days of any changes. If the position is vacant, written notification should include the plan for filling the position. If the position has been filled by an acting or permanent director, written notification should include the following documentation:

- The name, credentials, title and effective date of the appointment of the new program director.
- The program director's curriculum vitae.

## Fees

NCOPE is committed to administering a quality accreditation program in a cost-effective manner. The commission continually seeks opportunities to minimize costs to both the residency programs and to NCOPE.

### **Application Fee**                      **\$300**

*Application fees must be included with the application. This fee is non-refundable upon receipt and review by NCOPE.*

### **Annual Per Resident Fee**                      **\$1,200**

*Annual per resident fee must be received when a resident is registered with NCOPE. The program must register all residents within 30 days of a resident's start date in the residency program. If NCOPE does not receive a registration form and the fee within 30 days, then a resident's start date may be delayed. In the event that a resident changes a residency site, NCOPE reserves the right to prorate the annual resident fee.*

## Forms

NCOPE has created forms to assist those facilities establishing a residency program as well as to maintain continuity from site to site. You will find the following forms and information in the tab areas of this manual:

- Standards of Excellence for the Orthotic/Prosthetic Residency Program
- Sample of completed applications
- Resident daily log
- Quarterly performance evaluation of the resident
- Final performance evaluation of the resident
- Evaluation of the residency by the resident
- Affiliation agreement form
- Resident agreement form
- Registration form of the resident in an NCOPE residency program
- Research information and examples of previous research conducted



**Standards**

**NCOPE**

**Manual**



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# Standards of Excellence

*for the Orthotic/Prosthetic Residency Program*

# Section I: General Policies (GP)

## Standard GP 1

Residency programs for training prospective orthotists and prosthetists must be sponsored by facilities primarily engaged in providing orthotic and prosthetic (O&P) patient care.

GP 1.a These facilities must be accredited by the American Board for Certification in Orthotics & Prosthetics, Inc. (ABC) or have applied for accreditation within the past six months.

GP 1.b Before entering a residency program, candidates must first complete a baccalaureate degree and graduate from a practitioner program that is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP)/National Commission on Orthotic and Prosthetic Education (NCOPE).

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### Intent

This policy ensures a high-quality residency experience by requiring residents to obtain their primary education at a CAAHEP/NCOPE-accredited school and to complete their hands-on training in an ABC-accredited facility. NCOPE's accreditation system for educational and residency programs provides for public confidence in the integrity and quality of these programs by ensuring that education remains fundamentally sound, responsible, responsive and effective. Accreditation is a system of recognizing educational institutions and professional programs that meet minimum standards in preparing students and residents for practice.

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### Sources of Compliance

Documentation of facility accreditation by ABC or documentation of pending facility accreditation.

Evidence that the resident graduated from a CAAHEP-/NCOPE-accredited practitioner program

## Standard GP 2

Residents must provide direct patient care but only under the supervision of an ABC-certified practitioner.

GP 2.a The educational mission must not be compromised by an excessive reliance on residents to fulfill facility service obligations.

GP 2.b Patient care must not be compromised by the needs of the residency program.

GP 2.c The length of the residency program must be at least 12 months.

## Standard GP 2 (cont.)

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### Intent

The underlying foundation of quality orthotic and/or prosthetic care is the provision of care by qualified ABC-certified practitioners. During the course of residency training, students should progress from observing to actually providing direct patient care; however, such care must be delivered only under the direction of a qualified ABC-certified practitioner. For further information, please reference ABC's PC.3 standard.<sup>1</sup>

Sufficient amounts of lab and technical experience must accompany this educational/training experience.

The length of the program in one discipline shall not be less than a 12-month period. Therefore a program would last at least 24 months if both disciplines are taught.

For individuals extending ABC credential, a minimum of 50% clinical experience must be in the discipline in which you are extending your credential, provided it can be documented that all residency objectives and clinical experiences have been met.

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### Sources of Compliance

Resident's quarterly and final evaluations/Interview with Residency Director

Resident's evaluation of residency program

Documentation of resident's experience (e.g., resident's daily log)

## Standard GP 3

Sponsoring facilities shall assume responsibility for the quality of the resident's education.

GP3.a The residency staff must be actively involved in selecting candidates, planning and reviewing the program, and evaluating residents' performance.

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### Intent

The sponsoring facility is responsible for providing a relevant and meaningful orthotic and/or prosthetic experience for the resident.

It is the sponsoring facility's role to ensure that:

- The resident obtains broad-based experience to become a qualified practitioner and earn ABC certification.
- All educational experiences and locations are monitored by the sponsoring facility.
- Candidates are chosen by a fair process, based on specified qualifications.

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<sup>1</sup>ABC's PC.3 standard states "Orthotic and/or prosthetic care is the responsibility and is provided by or under the direction and appropriate level of supervision of a qualified ABC-certified practitioner staff member." For further clarification on the intent of ABC's standard, please reference page 34 of the *Orthotic & Prosthetic Patient Care Management and Facility Accreditation Program Standards of Performance Manual*."

## Standard GP 3 (cont.)

### Sources of Compliance

Approval letter from NCOPE accrediting the residency program

Residency policies and procedures manual

Resident job description

Samples of appropriate documentation

- Resident agreement
- Resident performance evaluations
- Patient care statistics (Facility)
- Resident's daily log

## Standard GP 4

Sponsoring facilities shall assume responsibility to impart expertise and promote competency of the resident in the management of O&P patients by requiring the resident to meet or exceed the following objectives:

### Clinical Assessment

Objective 1: Determine the orthotic or prosthetic needs of the patient by integrating the information obtained from history, examination, measurement and observation.

Objective 2: Develop a treatment protocol for the patient through review of patient data in order to formulate an orthotic or prosthetic recommendation and treatment plan.

### Patient Management

Objective 3: Apply a properly fitting prosthetic/orthotic device by using accepted prosthetic/orthotic techniques to achieve optimum outcomes.

Objective 4: Inform the patient of the various procedures to be performed by using appropriate communication skills.

Objective 5: Provide continuing patient care and periodic evaluation to ensure proper fit and function of the prosthetic/orthotic device.

### Professional Responsibility

Objective 6: Select the most appropriate course of action when faced with patient-related problems while adhering to the ABC Canons of Ethics.

### Practice Management

Objective 7: Demonstrate proper documentation of a patient's history and financial records by using established record-keeping techniques.

Objective 8: Demonstrate an understanding of the facility's financial and safety policies and procedures.

### Technical Implementation

Objective 9: Interpret patient data and modify a patient model to ensure optimal fit and function.

Objective 10: Demonstrate the ability to fabricate or repair a prescribed device, selecting appropriate materials and components based on patient criteria to ensure optimum strength, durability and function.

## Standard GP 4 (cont.)

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### Intent

The sponsoring facility is responsible for providing a relevant and meaningful orthotic and/or prosthetic experience for the resident.

It is the sponsoring facility's role to ensure that:

- The resident obtains broad-based experience to become a qualified practitioner and earn the ABC certification
- The resident has demonstrated proficiency in clinical assessment, patient management, technical implementation, practice management and professional responsibility
- Documentation of a residents' competency of the objectives is maintained

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### Sources of Compliance

Samples of appropriate documentation

- Resident agreement
- Patient care statistics (Facility)
- Resident performance evaluations
- Resident's daily log

## Standard GP 5

Sponsoring facility recognizes and demonstrates that resident education creates obligations beyond the provision of safe and timely O&P care.

GP 5.a Resources and time shall be provided for the proper discharge of additional obligations, such as direct supervision, teaching and review of individual patient cases.

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### Intent

The purpose of a residency is to educate and provide training and experience so that a resident becomes a qualified practitioner. Therefore, a resident is not just an employee but someone who requires training and mentoring within the context of O&P practice.

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### Sources of Compliance

Resident's evaluation of residency program

Residency policies and procedures manual

Resident job description

Samples of appropriate documentation

- Resident agreement
- Patient care statistics (Facility)
- Resident performance evaluations
- Resident's daily log

## Standard GP 6

The residency staff and facility management shall develop criteria for selecting and monitoring candidates.

- GP 6.a The program should follow objective methods for selecting residents.
- GP 6.b Instructors must develop methods for regularly evaluating both the residency program's effectiveness and residents' performance.
- GP 6.c Instructors must evaluate the competency of the resident(s) throughout the residency program.
- GP 6.d Instructors should establish specific objectives for residency training.
- GP 6.e Facilities and residency staff shall be appropriate and sufficient to effectively accomplish the educational mission.
- GP 6.e.1 If outside facilities or staff are needed to fulfill program needs, the primary sponsor still must maintain full responsibility for the quality of education provided.

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### Intent

An effective residency program requires a plan to impart knowledge and experience to the resident, consistent with section V (see page 18-21) Scope of Clinical Experience and the Residency Objectives outlined in section I (see page 3). The instructors should be qualified in the area in which the resident is gaining experience, even if the experience is learned in another location (such as in a hospital).

An effective residency requires that standards be set for the selection of residents and the evaluation of their performance during training. Each facility must use objective criteria for measuring patient care outcomes when evaluating the resident(s).

The residency program is intended to ensure a quality educational experience for resident and facility and to protect both parties from ineffective learning and performance.

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### Sources of Compliance

Residency policies and procedures manual

Resident job description

Samples of appropriate documentation

- Resident agreement
- Patient care statistics (Facility)
- Resident performance evaluations
- Resident's daily log

# Section II: Facility Responsibilities

## Standard FR 1

It is the responsibility of each facility to ensure its O&P residency program fully meets NCOPE's standards.

- FR 1.a Sponsoring facilities shall create an environment wherein both residency staff and the resident may improve their knowledge and skills.
- FR 1.b Sponsoring facilities shall incorporate residents into professional O&P staff programs, O&P education and patient care.
- FR 1.c Sponsoring facilities shall record and maintain evaluation forms on each resident's performance.
- FR 1.d Sponsoring facilities shall meet all federal and state laws concerning equal opportunity and nondiscriminatory employment practices in selecting and employing residents.

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### Intent

The overall residency objective is to provide prospective O&P practitioners with the postgraduate experience and education to provide adequate clinical exposure as defined in Section V: Scope of Clinical Experience (see page 18) and through the tasks defined in section I's discussion on Residency Objectives (see page 3).

FR 1.a. It is important for the resident to improve his or her knowledge and skills through multiple exposures to and experiences with common O&P procedures. The sponsoring facility shall provide these exposures, with full knowledge that the procedures must be closely supervised.

FR 1.b If residents are to assist with new or improved O&P patient care procedures, the sponsoring facility must include them in clinical and practice education programs.

FR 1.c The resident will benefit from, and has the right to know, the results of his or her quarterly (or more-frequent) evaluations. Evaluations track the resident's improvement in performance. Discussion of evaluations provides a forum for the resident and resident director to agree upon performance goals for the next period.

FR 1.d The sponsoring facility shall not discriminate in the selection or employment of any resident based upon race, gender, age, or disability status.

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### Sources of Compliance

Agreement to sponsor a residency

Written description of residency program

Resident's quarterly and final evaluations

## Standard FR 2

Facilities sponsoring a residency program must develop and document policies and procedures for the residency program. Policies must address:

- FR 2.a the appointment of residency staff
- FR 2.b the selection of residents
- FR 2.c the supervision of residents
- FR 2.d the evaluation of residents
- FR 2.e the dismissal of any resident(s) whose performance is unsatisfactory
- FR 2.f treating the resident(s) and residency staff in a fair, reasonable and nondiscriminatory manner

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### Intent

Written policies and procedures (including a description of the residency program) shall establish the structure of the residency in a particular facility.

FR 2.a The residency director and other residency staff shall be clearly named.

FR 2.b A resident selection process should be established; to ensure a fair process, selection should be based upon quantifiable criteria such as grades, recommendations, experience, performance in an interview, etc.

FR 2.c The resident's supervisor shall be clearly named.

FR 2.d A written policy should specify how and when the resident(s)'s performance will be evaluated. The resident(s) should be evaluated at least every quarter.

FR 2.e Facilities shall develop written procedures for counseling, warning and dismissing residents whose work is unsatisfactory. In cases of unsatisfactory performance, the resident must be informed of areas of weakness and be given ample time to correct or improve the deficiency. Ultimately, the resident is an employee, however, and is subject to that facility's disciplinary policies and may be dismissed for cause.

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### Sources of Compliance

Written agreement to sponsor a residency

Written description of residency program

Resident's quarterly and final evaluations

Policy and Procedures Manual

## Standard FR 3

If an individual facility is unable to provide the full scope of experience for the resident, then NCOPE encourages affiliations with multiple sites.

- FR 3.a When the resources of two or more institutions or facilities are used in conducting one or more residencies, each participating institution or facility shall demonstrate a commitment to resident O&P education as set forth in FR 1 and FR 2 of these standards.
- FR 3.b Documentary evidence of such agreements, as approved by the facilities, shall be made available to NCOPE at its request.
- FR 3.b.1 An affiliation agreement shall designate the program director.
  - FR 3.b.2 An affiliation agreement shall name the residency staff.
  - FR 3.b.3 An affiliation agreement shall describe the educational objective.
  - FR 3.b.4 An affiliation agreement shall describe the resident's schedule.
  - FR 3.b.5 An affiliation agreement shall name liability and malpractice coverage.

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### Intent

Sometimes a sponsoring facility cannot provide exposure to all of the residency-required O&P procedures. In such cases, the sponsoring facility shall seek out affiliations with other facilities in order to provide the resident with the required experience. The affiliation assignment may last several hours or several months, depending on the nature of the observed, and later performed, procedure. Although the affiliate facility may provide substantial exposure and experience, the ultimate responsibility for the resident's experience and education lies with the residency director of the sponsoring facility.

To ensure a well-rounded experience for each resident and allow as many facilities as possible to participate as accredited residency sites, NCOPE encourages cooperation among facilities or other sources to fill any voids or weaknesses a sponsoring facility may have. Such cooperation needs to be documented and explained.

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### Sources of Compliance

Sample affiliation agreements for the issues identified in FR 3.b.1-5 can be found in the appendices section of the Accreditation Manual for Sponsoring a Residency Program, which is available from NCOPE.

## Standard FR 4

Resources shall be adequate to provide the educational experiences and opportunities set forth in NCOPE's standards for the Scope of Clinical Experience (see page 24). These resources include, but are not limited to, the following:

- FR 4.a adequate on-site library providing access to standard reference texts and current and past O&P journals and periodicals
- FR 4.b access and availability to a medical and/or allied health library
- FR 4.c sufficient space for instruction
- FR 4.d adequate facilities for residents to fulfill their education and patient care requirements
- FR 4.e adequate facilities for the resident(s) to develop proficiency in laboratory skills in O&P fabrication

## Standard FR 4 (cont.)

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### Intent

A quality residency experience should include opportunities for the resident to reference texts and current journals and periodicals to study common O&P pathologies and current treatment modalities and materials. The residency should also be housed in adequate space to provide quality experiences in patient care and fabrication or adjustment.

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### Sources of Compliance

Documentation describing contents of on-site library or reference area

Document listing location of nearby medical or allied health library

Review of facility(s)

Review of laboratory/fabrication areas

## Standard FR 5

Residency programs must provide residents with a written description of the educational experience to be provided, including the scope and duration of any assignments that will occur at other facilities. The description shall address the following:

- FR 5.a the length of the residency
- FR 5.b compensation
- FR 5.c fringe benefits
- FR 5.d job description
- FR 5.e the usual call schedule and schedule of assignments
- FR 5.f liability and malpractice insurance

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### Intent

To provide a written outline to resident candidates about the residency program, which provides documentation to eliminate or help resolve any conflicts or misunderstandings. While a formal employment contract is not necessary, a written description of the residency should serve the same function as an employee job offer.

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### Sources of Compliance

Written description of the residency program

Residency policies and procedures manual

Resident job description

Samples of appropriate documentation

- Resident agreement
- Patient care statistics (Facility)
- Resident performance evaluations
- Resident's daily log

# Section III: Program Staff Qualifications/ Responsibilities (PS)

## Standard PS 1

The director and the residency staff of a program in resident O&P education are responsible for defining and implementing the program's goals and objectives.

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### Intent

The program's educational effectiveness depends largely on the quality of its supervision and organization. The responsibility for these important functions lies with the program director(s). The program director(s) shall have the qualifications and breadth of experience enabling him or her to provide an effective training program. Each program director accepts the responsibility of resident selection, evaluation and promotion within the framework of the policies of the sponsoring facility.

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### Sources of Compliance

#### **Documented responsibilities of the program director**

*Note:* The residency program director shall be responsible for the organization, administration, continuous review, planning, development and general effectiveness of the program. The director(s) duties/responsibilities shall include:

1. Mentoring resident(s) in a professional and fair manner
2. Supervising curriculum development (which—and how—procedures will be taught)
3. Maintaining documentation of resident agreements
4. Maintaining documentation of Patient care statistics (Facility)
5. Maintaining documentation of evaluations, including regular assessments of resident performance and meetings with the resident (in the same manner as records are kept for other facility employees)
6. Providing these documents to the NCOPE Residency Review Committee or site visitor upon request
7. Notifying NCOPE in writing of any change that might significantly alter the educational experience (e.g., a change in program director/ residency staff, an extension of the resident, dismissal of a resident, education period, a change in the number of residents, etc.)
8. Acting as a liaison to NCOPE, providing information as needed at the on-site visit and for the facility's annual residency program report to NCOPE

#### **Documented responsibilities of the residency staff**

*Note:* The residency staff(s) duties/responsibilities shall include:

1. Participating in development of curriculum
2. Supervising the resident(s) during patient care
3. Evaluating the resident(s)
4. Carrying out the goals and objectives of the curriculum
5. Acting as mentor and academic adviser to the resident(s) for the projects and other endeavors

## Standard PS 2

The program's educational effectiveness depends largely on the quality of its supervision and organization.

- PS 2.a The responsibility for these important functions lies with the program director(s).
- PS 2.b The program director(s) shall have the qualifications and breadth of experience enabling him or her to provide an effective training program.
- PS 2.c Each program director accepts the responsibility of resident selection, evaluation and privileging (as defined by ABC's Facility Accreditation Standards) within the framework of the policies of the sponsoring facility.
- PS 2.d The director and residency staff define experiences the resident(s) will be exposed to based on the facility practice.

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### Intent

Each sponsoring facility will ensure that its residency staff meets NCOPE's requirements for qualifications and competency. The director and residency staff shall be competent in both patient care and their ability to communicate effectively with the resident(s). The program's residency staff must have the authority and time needed to fulfill administrative and teaching responsibilities to achieve the educational goals of the program.

The residency staff should have a strong interest in teaching and be willing to contribute the necessary time and effort to the residency program.

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### Sources of Compliance

Document the qualifications of the program director (must be an ABC-certified practitioner in good standing, have at least five years' postcertification clinical experience and be actively involved in or directly supervise patient care. A bachelor's degree is preferred.)

Document the qualifications of the residency staff (identify each individual's expertise and experience, participation in continuing O&P education and delivery of any scientific presentations. If supervising clinical patient care, the instructor must be an ABC-certified practitioner in good standing.)

## Standard PS 3

The director shall have the authority and time needed to fulfill the administrative and teaching responsibilities of a residency program.

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### Intent

The success of the residency experience is contingent upon the depth and scope of the resident's orthotic and prosthetic education. Each resident will require an appropriate level of instruction, supervision and evaluation. The director must ensure that each resident receives the appropriate patient and practice management instruction and supervision and complies with ABC's patient care privileging standards.

*Standard PS 3 (cont.)*

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**Sources of Compliance**

Resident's daily log

Resident's quarterly written evaluation

Resident's patient documentation, reviewed and co-signed by residency staff

Documentation showing resident(s) had scheduled meetings with residency staff

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**Standard PS 4**

The director shall be an ABC-certified practitioner in good standing.

PS 4.a He or she must have obtained a minimum of five years of postcertification clinical experience.

PS 4.b He or she must be involved in or directly supervise patient care.

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**Intent**

Each director shall be an ABC-certified practitioner and have the authority and time needed to fulfill administrative and teaching responsibilities to achieve the educational goals of the program. The director's skills and experience should encompass all aspects of patient care and management, in addition to appropriate technical and clinical skills.

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**Sources of Compliance**

Director is ABC certified in the discipline he or she will be responsible for directing

Documents showing the director has a minimum of five years of postcertification clinical experience

Documents showing the director is involved in or directly supervise s patient care

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**Standard PS 5**

The residency program director shall be responsible for the organization, administration, continuous review, planning, development and general effectiveness of the program. The duties/responsibilities shall be the following:

PS 5.a establish learning objectives

PS 5.b maintain documentation of resident agreements

PS 5.c monitor documentation of resident's patient log

PS 5.d maintain documentation of evaluations, including regular assessments of resident performance

PS 5.e provide these documents to the NCOPE Residency Review Committee or site visitor upon request

PS 5.f notify NCOPE in writing of any changes that might significantly alter the educational experience

## Standard PS 5 (cont.)

---

### Intent

The residency director is responsible for all aspects of the residency program. The director will act as a liaison to NCOPE, providing information as needed at on-site visits and for the facility's annual residency program report to NCOPE. Further, he or she will develop resident curriculum, maintain resident assessments and records, and provide a supervised environment for resident learning as it relates to providing safe and effective patient care.

---

### Sources of Compliance

Residency policies and procedures manual

Resident job description

Samples of appropriate documentation

- Resident agreement
- Patient care statistics (Facility)
- Resident performance evaluations
- Resident's daily log

## Standard PS 6

The residency staff(s) shall have defined duties/responsibilities to include the following:

- PS 6.a participation in development of learning objectives
- PS 6.b supervise resident during patient care
- PS 6.c evaluate resident
- PS 6.d carry out the goals and objectives of the residency
- PS 6.e act as an academic adviser to residents for projects and other endeavors

---

### Intent

The residency staff should have a strong interest in teaching and be willing to contribute the necessary time and effort to the residency program. Individuals assisting and aiding in instructing/training the resident(s) must have the appropriate experience and expertise in the area they are teaching. The residency staff is responsible for each resident's clinical development and evaluation and, as such, should also provide input into the residency curriculum.

---

### Sources of Compliance

Documents showing the residency staff are ABC certified in the discipline(s) being taught

Residency policies and procedures manual

Document showing compliance with the resident job description

Samples of appropriate documentation

- Resident agreement
- Patient care statistics (Facility)
- Patient chart review
- Resident performance evaluations
- Resident's daily log

## Standard PS 7

O&P instructor-to-resident ratio shall not exceed one instructor to two residents.

---

### Intent

Limiting the instructor-to-resident ratio better provides residents with a complete education and training experience through the dedicated guidance and direction of a qualified staff. Resident O&P education requires that residents be directly involved in providing patient care under the direct supervision of an ABC-certified practitioner. An ABC-certified staff member shall be readily available to the resident at all times during his or her training in the residency. The educational mission must not be compromised by an excessive reliance on residents to fulfill facility service or patient care obligations without appropriate supervision.

---

### Sources of Compliance

Documents showing compliance with director/staff requirements for the residency program

Evaluation of the application for the sponsoring facility

Resident interview

## Standard PS 8

Orthotic and/or prosthetic care is the responsibility of the program and must be provided by or under the direct supervision of a qualified ABC-certified practitioner.<sup>2</sup>

---

### Intent

Quality patient care must be performed within a safe and supervised environment. This standard is of the utmost importance for both patients and residents at the residency site. It is the director's and residency staff's responsibility to ensure proper supervision is provided for the resident(s) during all phases of the residency-training program.

---

### Sources of Compliance

ABC Facility Accreditation Manual

Residency policies and procedures manual

Evaluation of patient charts (residency staff member must co-sign each patient documentation entered by resident)

Resident interviews

Incident reports

---

<sup>2</sup>ABC's PC.3 standard states "Orthotic and/or prosthetic care is the responsibility and is provided by or under the direction and appropriate level of supervision of a qualified ABC-certified practitioner staff member." For further clarification on the intent of ABC's standard, please reference page 34 of the *Orthotic & Prosthetic Patient Care Management and Facility Accreditation Program Standards of Performance Manual*."

## Standard PS 9

The resident's ability to assume increasing responsibility for patient care shall be evaluated periodically.

PS 9.a The program director in consultation with members of the staff shall determine if and when a resident's responsibility can be increased. The residency director and staff shall:

PS 9.a.1 evaluate the knowledge, skills and professional growth of the resident, at least quarterly

PS 9.a.2 give the resident a written assessment of his or her performance

PS 9.a.3 maintain written evaluations as part of the performance record for each resident. The performance record of each resident shall be available to that resident.

PS.9.a.4 evaluate the knowledge, skills and professional growth of the resident at the conclusion of the residency.

---

### Intent

The goals of a residency program are to impart expertise and promote competency of the resident in the management of patients requiring O&P care. These objectives are accomplished when a resident obtains a broad-based, supervised O&P educational experience and receives appropriate feedback from the residency staff concerning his or her clinical development and acquired proficiency. Performance evaluations should be conducted at least quarterly, properly documented and shared with the resident. The director must submit to NCOPE the final evaluation of the resident's performance and completion of the program.

---

### Sources of Compliance

NCOPE accreditation manual

Resident's quarterly and final evaluations

Resident's evaluation of residency program/residency staff

# Section IV: Resident Responsibility (RR)

## Standard RR 1

Residents have specific employment duties and learning objectives in a residency program. The resident must fulfill all employment obligations while at the same time balance service demands with the learning process.

---

### Intent

This standard seeks to ensure residents fulfill their commitment to the residency program and sponsoring facility as well as to ensure facilities properly assist residents.

The facility should clarify and document the resident's duties and responsibilities, possibly within its standardized employment manual.

---

### Sources of Compliance

Letter of commitment from resident once accepted for a program

Residency policies and procedures manual

Resident job description

Samples of appropriate documentation

- Resident agreements
- Patient care statistics (Facility)
- Resident performance evaluations
- Resident research project data
- Resident's daily log

## Standard RR 2

The resident's duties and responsibilities shall include:

- RR 2.a participate in patient care under supervision commensurate with his or her level of advancement and responsibility
- RR 2.b maintain a log of all cases in which he or she is involved
- RR 2.c ensure residency goals and objectives are met
- RR 2.d submit completed quarterly evaluation forms to NCOPE
- RR 2.e submit an evaluation form of the residency program to NCOPE within 60 days of the conclusion of the residency program
- RR 2.f submit the title and abstract of resident research project within six months of the start of your residency and the final project at the conclusion of the residency
- RR 2.g conform residency training to the policies and procedures of the facility where he or she is working
- RR 2.h read ABC's Canons of Ethics and gain an understanding of professional responsibility
- RR 2.i read informational brochures about professional organizations (AOPA, ABC, AAOP)
- RR 2.j register with NCOPE as a resident within 30 days of the start of the residency program

---

### Intent

This standard specifies the resident's duties and responsibilities.

---

### Sources of Compliance

Registration with NCOPE

Signature on checklist of responsibilities

Copies of daily logs

Residency policies and procedures manual

Resident job description

Samples of appropriate documentation

- Resident agreement
- Patient care statistics (Facility)
- Resident performance evaluations
- Resident research project data
- Resident's daily log

# Section V: Scope of Clinical Experience (SE)

## Standard SE 1

Clinical experiences shall be of sufficient variety and volume to afford the resident adequate exposure in orthotics and/or prosthetics in the following three primary areas:

- SE 1.a      pediatrics
- SE 1.b      adult
- SE 1.c      geriatrics

---

### Intent

Exposure to pediatric, adult and geriatric phases of care is necessary to provide qualified practitioner experience. It may be necessary for some of the exposure or experience to be provided in a setting outside of the sponsoring facility.

---

### Sources of Compliance

Patient logbooks demonstrating exposure to pediatric, adult and geriatric cases

Residency policies and procedures manual

Resident job description

Samples of appropriate documentation

- Resident agreement
- Patient care statistics (Facility)
- Resident performance evaluations
- Resident's daily log

## Standard SE 2

In orthotics, under each of the three primary areas, the resident will gain practical experience using common treatment modalities in upper-limb, lower-limb and spinal management.

SE 2.a Required experience in common orthotic treatment modalities shall include:

- |          |                          |           |                               |
|----------|--------------------------|-----------|-------------------------------|
| SE 2.a.1 | foot orthosis            | SE 2.a.7  | cervical orthosis             |
| SE 2.a.2 | ankle-foot orthosis      | SE 2.a.8  | thoraco-lumbo-sacral orthosis |
| SE 2.a.3 | knee-foot orthosis       | SE 2.a.9  | lumbo-sacral orthosis         |
| SE 2.a.4 | knee-ankle-foot orthosis | SE 2.a.10 | scoliosis orthosis            |
| SE 2.a.5 | hip orthosis             |           |                               |
| SE 2.a.6 | wrist-hand orthosis      |           |                               |

SE 2.b Recommended experience in common orthotic treatment modalities should include:

- |          |                              |          |  |
|----------|------------------------------|----------|--|
| SE 2.b.1 | hip-knee-ankle-foot orthosis | SE 2.b.6 | seating                                  |
| SE 2.b.2 | shoulder-elbow orthosis      | SE 2.b.7 | footwear modification                    |
| SE 2.b.3 | HALO - Procedures            | SE 2.b.8 | cervical-thoracic-lumbo -sacral orthosis |
| SE 2.b.4 | fracture management          |          |  |
| SE 2.b.5 | standing frames              |          |  |

---

### Intent

This standard provides for a full spectrum of exposure to common treatment modalities in these patient care areas. It is necessary for the resident to obtain experience in these areas even if some of this exposure must be provided in a setting outside of the sponsoring facility.

---

### Sources of Compliance

Resident daily logbooks demonstrating exposure to these areas

Residency policies and procedures manual

Resident job description

Samples of appropriate documentation

- Resident agreements
- Patient care statistics (Facility)
- Resident performance evaluations
- Resident's daily log

## Standard SE 3

In prosthetics, under each of the three primary areas, the resident will gain practical experience using common treatment modalities in upper-limb and lower-limb management.

SE 3.a Required experience in common prosthetic treatment modalities shall include:

- SE 3.a.1 postoperative care (may include shrinkers, immediate fit, early fit, preparatory prosthesis, instructions, etc.)
- SE 3.a.2 static and dynamic alignment of sockets related to various amputation levels.
- SE 3.a.3 transtibial (below-knee)
- SE 3.a.4 transfemoral (above-knee)
- SE 3.a.5 transradial (below-elbow)
- SE 3.a.6 transhumeral (above-elbow)
- SE 3.a.7 Syme

SE 3.b Recommended experience in common prosthetic treatment modalities should include:

- SE 3.b.1 external power
- SE 3.b.2 immediate postoperative prosthesis
- SE 3.b.3 various joint disarticulations
- SE 3.b.4 partial foot

---

### Intent

This standard provides a full spectrum of exposure to common treatment modalities in these patient care areas. It is necessary for the resident to obtain experience in these areas even if some of this exposure must be provided in a setting outside of the sponsoring facility.

---

### Sources of Compliance

Resident daily logbooks demonstrating exposure to these areas

Residency policies and procedures manual

Resident job description

Samples of appropriate documentation

- Resident agreements
- Patient care statistics (Facility)
- Resident performance evaluations
- Resident's daily log

## Standard SE 4

Objectives for the resident are identified in section I, GP 4 of these standards (see page 3). Residency programs shall integrate these objectives into their programs and promote the competency of the resident in the five areas of clinical assessment, patient management, technical implementation, practice management and professional responsibility prior to the completion of the program.

---

### Intent

It is essential that exposure and proof of competencies in these five areas be provided and substantiated. To properly provide O&P care, experience and competency in all these areas is necessary.

---

### Sources of Compliance

Resident's quarterly and final evaluation reports

## Standard SE 5

The resident will complete a research project during the residency program.

---

### Intent

The resident will use acceptable research methodology, and ideally the resulting project will be suitable for publication in the Journal of Prosthetics and Orthotics. Conducting a research project provides the resident with education and experience in planning, executing and presenting research information to the field.

---

### Sources of Compliance

Submission of abstract and title within six months of start of residency

The resident will present the findings of the project at an appropriate facility or industry meeting

Copy of research project

## Standard SE 6

To provide interdisciplinary educational/clinical experience, the resident shall have exposure and interaction with orthopedics, physical medicine and/or other relevant healthcare professions.

---

### Intent

A qualified practitioner must receive exposure to and gain understanding of these health-related disciplines.

---

### Sources of Compliance

Resident's logbook

Resident's quarterly and final evaluations



**Application**

**NCOPE**

**Manual**

# Application for Accreditation of Residency Program

Please complete this application in its entirety prior to submitting it to NCOPE.

Name of Facility:

Address

City

State

Zip

Phone

Fax

Email

## General Facility Information

The facility is a:

Private Practice

Hospital/clinics

Senior College/University

Medical School

Other

Which of the following disciplines is your organization applying for:

12-month residency in Orthotics

12-month residency in Prosthetics

Number of resident positions your facility will provide:

Orthotics: \_\_\_\_\_

Prosthetics: \_\_\_\_\_

## Identification of Prosthetic and/or Orthotic Procedures

Identify the range of the following procedures that your facility practice provided this past year and provide an estimate of procedures you will provide each resident: *(Please note, this information will be kept confidential)*

### Required Prosthetics

Estimate

Postoperative care	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Transtibial	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Transfemoral	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Transradial	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Transhumeral	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Syme	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Static and dynamic alignment of sockets related to various amputation levels	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____

# Application for Accreditation of Residency Program

If you answered zero to any of the above-required experiences, would you be able to provide the resident appropriate exposure via an assignment/affiliation?      Yes       No

Please provide an explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Recommended Prosthetics

					Estimate
External power	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Immediate postoperative Prosthesis	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Various joint disarticulations	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Partial foot	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____

## Required Orthotics

					Estimate
Foot Orthosis	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Ankle-foot orthosis	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Knee-foot orthosis	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Knee-ankle-foot orthosis	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Hip orthosis	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Wrist-hand orthosis	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Cervical orthosis	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Thoraco-lumbo-sacral Orthosis	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Lumbo-sacral orthosis	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Scoliosis orthosis	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____

If you answered zero to any of the above-required experiences, would you be able to provide the resident appropriate exposure via an assignment/affiliation?      Yes       No

Please provide an explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Application for Accreditation of Residency Program

## Recommended Orthotics

**Estimate**

Hip-knee-ankle-foot Orthosis	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Shoulder-elbow orthosis	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
HALO - Procedures	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Fracture Management	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Standing Frames	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Seating	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Footwear modification	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____
Cervical-thoracic-lumbo-Sacral orthosis	0 <input type="checkbox"/>	1 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	11+ <input type="checkbox"/>	_____

Does your practice include the following primary areas:

	Prosthetics		Orthotics	
Pediatrics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Adult	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Geriatrics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered no to any of the above, would you be able to get the resident appropriate exposure? Yes  No

Please provide an explanation \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Facility Affiliations/Assignments for Resident

Please list all facilities which you have established affiliation or assigned a resident:

1

---

Name of Facility: \_\_\_\_\_

---

Address \_\_\_\_\_

---

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

Phone \_\_\_\_\_ Miles between your facility and the affiliate \_\_\_\_\_

# Application for Accreditation of Residency Program

2

Name of Facility: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Miles between your facility and the affiliate \_\_\_\_\_

3

Name of Facility: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Miles between your facility and the affiliate \_\_\_\_\_

If any affiliation is needed, please explain which procedures will be covered by the affiliate: \_\_\_\_\_

\_\_\_\_\_

## Staff Information

### Director

Name \_\_\_\_\_

ABC Certified

Certification Number \_\_\_\_\_

Years of Post Certification Experience: 5 - 10

10 - 15

15+

### Staff

1. Name \_\_\_\_\_

ABC Certified Practitioner

ABC Registered Associate

ABC Registered Technician

Other

2. Name: \_\_\_\_\_

ABC Certified Practitioner

ABC Registered Associate

ABC Registered Technician

Other

3. Name: \_\_\_\_\_

ABC Certified Practitioner

ABC Registered Associate

ABC Registered Technician

Other

4. Name: \_\_\_\_\_

ABC Certified Practitioner

ABC Registered Associate

ABC Registered Technician

Other

## **Residency Director Biographical Sketch**

Name of Resident Director: \_\_\_\_\_

ABC Certification Number: \_\_\_\_\_ Date of Certification: Prosthetics \_\_\_\_\_ Orthotics \_\_\_\_\_

Years of experience:      1 - 5       6 - 10       11 - 15       16 - 20       20+

Education (including dates and degrees obtained):

Current professional appointments:

Current professional activities/committees:

## **Residency Staff Biographical Sketch**

Name of Resident Staff: \_\_\_\_\_

Present Position/Title: \_\_\_\_\_

ABC Certification Number: \_\_\_\_\_

Associate Registration Number: \_\_\_\_\_

Technician Registration Number: \_\_\_\_\_

Years of experience:      1 - 5       6 - 10       11 - 15       16 - 20       20+

Education (including dates and degrees obtained):

Identify your role in the residency training program:

Current professional appointments:

Current professional activities/committees:





**Evaluation Forms**

**NCOPE**

**Manual**

# Quarterly Evaluation of Orthotic/Prosthetic Resident

## Instructions

As part of its effort to monitor the educational progress of residents, NCOPE requires that you complete a quarterly evaluation (first, second and third quarter) on each O&P resident in your program. These reports become part of the resident's permanent file at the NCOPE Office. Quarterly evaluations are a requirement for completion of a residency program.

Please evaluate the performance of the resident within thirty (30) days of the completion of a quarter. Please compare the performance of this resident to your expectations of a resident with an equivalent period of training. **The completed form should be sent directly to NCOPE by the resident.**

Quarter:       First                       Second                       Third  
Discipline:    Orthotics                       Prosthetics                       Both

## Part I - Residency Objectives

---

**Objective 1:** Determine the orthotic or prosthetic needs of the patient by integrating the information obtained from history, examination, measurement and observation.  
(Excellent)      7      6      5      4      3      2      1      (Poor)

Comments:

---

**Objective 2:** Develop a treatment protocol for the patient through review of patient data in order to determine an orthotic or prosthetic device recommendation and plan.  
(Excellent)      7      6      5      4      3      2      1      (Poor)

Comments:

---

**Objective 3:** Apply a properly fitting prosthetic/orthotic device by utilizing accepted prosthetic/orthotic techniques to achieve optimum outcomes.  
(Excellent)      7      6      5      4      3      2      1      (Poor)

Comments:

## Quarterly Evaluation of Orthotic/Prosthetic Resident

**Objective 4:** Inform the patient of the various procedures you are about to perform by using appropriate communication skills.  
(Excellent)      7      6      5      4      3      2      1      (Poor)

Comments:

---

**Objective 5:** Provide continuing patient care and periodic evaluation to assure proper fit and function of the prosthetic/orthotic device.  
(Excellent)      7      6      5      4      3      2      1      (Poor)

Comments:

---

**Objective 6:** Select the most appropriate course of action when faced with patient-related problems, while adhering to the ABC Canons of Ethics.  
(Excellent)      7      6      5      4      3      2      1      (Poor)

Comments:

---

**Objective 7:** Demonstrate proper documentation of a patient's history and financial records by using established record-keeping techniques.  
(Excellent)      7      6      5      4      3      2      1      (Poor)

Comments:

---

**Objective 8:** Demonstrate an understanding of the facility's financial and safety policies and procedures.  
(Excellent)      7      6      5      4      3      2      1      (Poor)

Comments:

---

**Objective 9:** Interpret patient data and modify a patient model to ensure optimal fit and function.  
(Excellent)      7      6      5      4      3      2      1      (Poor)

Comments:

## Quarterly Evaluation of Orthotic/Prosthetic Resident

**Objective 10:** Demonstrate the ability to fabricate or repair a prescribed device, selecting appropriate materials and components based on patient criteria ensuring optimum strength, durability and function.

(Excellent)      7      6      5      4      3      2      1      (Poor)

Comments:

### Part II - Evaluation and Number of Procedures

Please provide a rating, based on the scale below, on the resident's performance on procedures/devices they performed this quarter.

(Excellent)      7      6      5      4      3      2      1      (Poor)

In addition, provide the number of procedures/devices the resident performed this quarter. Resident's should include procedures/devices in which they had a significant amount of time invested in the production/delivery of the device. Observation only should not be counted.

Prosthetic Procedures			Orthotic Procedures		
	Rating	Number		Rating	Number
Partial Foot			Foot Orthoses		
Symes			Ankle-Foot Orthoses		
Below Knee			Knee Orthoses		
Through Knee			Knee-Ankle-Foot Orthoses		
Above Knee			Hip Orthoses		
Hip Disarticulation			Hip-Knee-Ankle-Foot Orthoses		
Bilateral-Lower Limb			Reciprocal Gait Orthoses		
Bilateral-Upper Limb			Standing Frames		
Partial Hand			Wrist-Hand Orthoses		
Wrist Disarticulation			Shoulder-Elbow Orthoses		
Below Elbow			Cervical Orthoses		
Elbow Disarticulation			Cervico-Thoracic-Lumbo-Sacral Orthoses		
Above Elbow			Thoraco-Lumbo-Sacral Orthoses		
Shoulder Disarticulation			Lumbo-Sacral Orthoses		
Cosmetic/Passive			HALO Orthoses		
Electric-Below Elbow			Seating		
Electric-Above Elbow			Fracture Orthoses		
Immediate Postoperative Management Electric-					

# Quarterly Evaluation of Orthotic/Prosthetic Resident

## Part III - Resident Research Project

1. Has a research topic been selected?  Yes  No
2. How is progress on the research proceeding?  Satisfactorily  Unsatisfactorily
3. Has an abstract been written?  Yes  No
- 3a. If yes, has it been submitted to NCOPE?  Yes  No

## Part IV - Summary

Strengths this Quarter:

Areas resident will work on/address:

If the resident is not progressing satisfactorily, what is the improvement plan?

Comments:

Resident Name: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

Director/Supervising Practitioner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Final (12 Month) Evaluation of Resident's Performance

Discipline:     Orthotics                       Prosthetics                       Both

Quarter:         Final Evaluation

Report Period: From \_\_\_\_\_ to \_\_\_\_\_

Residency Site \_\_\_\_\_

Residency Name \_\_\_\_\_

## Instructions

As part of its effort to monitor the educational progress of residents, NCOPE requires that you complete a final evaluation (fourth quarter) on each O&P resident in your program. These reports become part of the resident's permanent file at the NCOPE Office. Completion of a residency program requires the final evaluation form from the program director.

Please evaluate the performance of the resident within thirty (30) days of the completion of the residency. Please compare the performance of this resident to your expectations of a resident with an equivalent period of training. **The completed form should be sent directly to NCOPE.**

## Residency Objectives

Scale:

---

(Excellent)      7      6      5      4      3      2      1      (Poor)

### I. Clinical Assessment

**Objective 1:** Determine the orthotic or prosthetic needs of the patient by integrating the information obtained from history, examination, measurement and observation.

(Excellent)      7      6      5      4      3      2      1      (Poor)

**Objective 2:** Develop a treatment protocol for the patient through review of patient data in order to determine an orthotic or prosthetic device recommendation and plan.

---

(Excellent)      7      6      5      4      3      2      1      (Poor)

### II. Patient Management

**Objective 3:** Apply a properly fitting prosthetic/orthotic device by utilizing accepted prosthetic/orthotic techniques to achieve optimum outcomes.

(Excellent)      7      6      5      4      3      2      1      (Poor)

## Final (12 Month) Evaluation of Resident's Performance

**Objective 4:** Inform the patient of the various procedures you are about to perform by using appropriate communication skills.

(Excellent)      7          6          5          4          3          2          1          (Poor)

**Objective 5:** Provide continuing patient care and periodic evaluation to assure proper fit and function of the prosthetic/orthotic device.

(Excellent)      7          6          5          4          3          2          1          (Poor)

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### III. Professional Responsibility

**Objective 6:** Select the most appropriate course of action when faced with patient-related problems, while adhering to the ABC Canons of Ethics.

(Excellent)      7          6          5          4          3          2          1          (Poor)

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### IV. Practice Management

**Objective 7:** Demonstrate proper documentation of a patient's history and financial records by using established record-keeping techniques.

(Excellent)      7          6          5          4          3          2          1          (Poor)

**Objective 8:** Demonstrate an understanding of the facility's financial and safety policies and procedures.

(Excellent)      7          6          5          4          3          2          1          (Poor)

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### V. Technical Implementation

**Objective 9:** Interpret patient data and modify a patient model to ensure optimal fit and function.

(Excellent)      7          6          5          4          3          2          1          (Poor)

**Objective 10:** Demonstrate the ability to fabricate or repair a prescribed device, selecting appropriate materials and components based on patient criteria ensuring optimum strength, durability and function.

(Excellent)      7          6          5          4          3          2          1          (Poor)

## O&P Procedures

### Prosthetic Procedures

#### Upper-Limb Management

Below-Elbow	(Excellent)	7	6	5	4	3	2	1	(Poor)
Above-Elbow	(Excellent)	7	6	5	4	3	2	1	(Poor)
External Power	(Excellent)	7	6	5	4	3	2	1	(Poor)

#### Lower-Limb Management

Partial/Symes	(Excellent)	7	6	5	4	3	2	1	(Poor)
Below Knee	(Excellent)	7	6	5	4	3	2	1	(Poor)
Above Knee	(Excellent)	7	6	5	4	3	2	1	(Poor)
Hip Disarticulations	(Excellent)	7	6	5	4	3	2	1	(Poor)

### Orthotic Procedures

<u>Upper-Limb Management</u>	(Excellent)	7	6	5	4	3	2	1	(Poor)
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#### Lower-Limb Management

Foot Orthoses	(Excellent)	7	6	5	4	3	2	1	(Poor)
Ankle-Foot Orthoses	(Excellent)	7	6	5	4	3	2	1	(Poor)
Knee-Ankle-Foot Orthoses	(Excellent)	7	6	5	4	3	2	1	(Poor)
Hip-Knee-Ankle-Foot	(Excellent)	7	6	5	4	3	2	1	(Poor)

Orthoses

#### Spinal Management

Trauma/post-surgery	(Excellent)	7	6	5	4	3	2	1	(Poor)
Scoliosis	(Excellent)	7	6	5	4	3	2	1	(Poor)

## Summary of Resident Performance

1. Have you reviewed and approved the resident's research project?  Yes  No

Comment: \_\_\_\_\_

\_\_\_\_\_

2. What is the title of the research project? \_\_\_\_\_

\_\_\_\_\_

3. Have you reviewed the results of this evaluation with the resident?  Yes  No

Comment: \_\_\_\_\_

\_\_\_\_\_

4. Has the resident successfully completed all the requirements of the residency program and completed the program?

Yes  No If no, provide an explanation and recommendation for completion of the residency.

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completion Date of Program: \_\_\_\_\_ Resident Name: \_\_\_\_\_

# Resident's Evaluation of the Residency Program

## Instructions:

One copy of this evaluation must be mailed to NCOPE, 330 John Carlyle St., Suite 200, Alexandria, VA 22314 within sixty (60) days of completion of the residency program. Failure to submit the evaluation will result in a delay in reporting to ABC your successful completion of a residency program.

Residency Program: \_\_\_\_\_

Residency Director: \_\_\_\_\_

Resident Name: \_\_\_\_\_ Training Period: From \_\_\_\_\_ to \_\_\_\_\_

Note to Resident: Please identify and evaluate your residency director and residency program in general. If some faculty deviated markedly (positive or negative) from your overall evaluation, please specify this instructor and describe the situation. Use the following scale:

1 = Always      2 = Often      3 = Occasionally      4 = Rarely      5 = Never      N.A. = Cannot Judge

Teaching Effectiveness	Rating	Attitude	Rating
Gave feedback on my performance		Exhibited supportive behavior	
Encouraged independent thinking		Encouraged and was available for interaction	
Discussed other points of view objectively		Exhibited enthusiasm in teaching and patient care	
Allowed responsibility in managing patients & procedures		Communicated well with me	
Was thorough enough		Communicated well with patients	
Uses documentation (data) to support decisions			

## Resident's Evaluation of the Residency Program

A. What were the strengths of your residency training?:

B. What were the weaknesses of your residency training?:

C. Was it a good experience?

D. What are your practice plans after completion of the residency?:

Resident Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Resident Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Resident Daily Log**

**NCOPE**

**Manual**

# Resident Daily Log

Resident Name \_\_\_\_\_

Date	Patient Name	Diagnosis	Age	Device	Services Rendered

# Resident Daily Log Instructions

The resident uses the Resident Daily Log to record his/her daily contacts with patients. It is the resident's means of tracking the type of orthoses and prostheses, the age of the patients and the phases of care.

By maintaining the Resident Daily Log, the resident will be able to monitor their clinical exposure and recognize areas where patient contact should be increased.

**Diagnosis** - The patient's diagnosis is recorded for educational purposes. By monitoring this, the resident helps insure that they are receiving a well-rounded education/clinical experience.

**Age** - The age of the patient is recorded to monitor the resident's exposure to the full spectrum of patients.

**Device** - The type of orthosis or prosthesis is recorded.

**Services Rendered** - Residents should record their level of involvement with the services being rendered. *Observed, Assisted, Cast/Measured, Fabricated, Fitted, Adjusted and/or Repaired*. Observed means the resident did not provide any care. Assisted means the resident only provided assistance to the staff. Cast/measured, fabricated, fitted, adjusted and repaired all means that the resident actually provided that care while the staff observed. By monitoring this, the resident will recognize his/her weaknesses and be able to address these with the staff.



**Research  
Information**

**NCOPE**

**Manual**

# Resident Research Project

## Introduction

Research can be defined as follows:

*A research project is the scientific or scholarly investigation, which leads to a greater understanding of the principles and historical perspectives of O&P. These projects may include but are not limited to the following: literature reviews, retrospective/prospective studies, outcome evaluations and experimental models.*

The goal for requiring research as part of the Residency Standards is to have research projects that benefit O&P as well as improve your facility and/or business. With the resident performing the research they are able to enhance their skills while meeting the requirement of the standards.

## Objectives of Research Projects

The objective of requiring a research project is to provide the resident with:

1. An understanding and appreciation of the nature of research and the scientific process.
2. The ability to locate and critically analyze published materials in the fields of orthotics/prosthetics.
3. The ability to define a problem, select a sample and design the appropriate research model.
4. The ability to generate a research proposal outline or report that is scholarly and scientifically founded.

## Research Project Requirements

The resident should perform the following:

1. Select and formulate a research problem
2. Develop objectives for study
3. Carry out study
4. Prepare report of findings

General examples of types of projects may include the following:

- New technical techniques
- Continuing education development
- Device development
- Clinical outcomes
- Multi-year studies
- Facility operation and design
- Literature review
- Business problems

In addition, we have also provided samples of previous published resident research projects including the title and abstract.



**Annual Report**

**NCOPE**

**Manual**

# Annual Report for Accredited Residency Program

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Name of Accredited Facility

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Address

---

City

State

Zip

1. Have there been any changes to your program?  Yes  No

If yes, has NCOPE been notified?  Yes  No

If no, please explain and identify the changes: \_\_\_\_\_

2. How many residents will complete your program this year? \_\_\_\_\_

List the residents with the month of completion for this year:

Name

O or P

Month

3. Comment (if desired) on any special accomplishments or positive events of the past year.

4. Additional comments and/or information regarding the program.

5. Have there been any changes in staff this past year?

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Resident Director's Name: \_\_\_\_\_ Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this annual report yearly by January 31st to:

NCOPE  
330 John Carlyle St., Suite 200  
Alexandria, VA 22314  
E-mail: [info@ncope.org](mailto:info@ncope.org)



**Registration Form**

**NCOPE**

**Manual**

# Registration Form For Resident

Fill Out A Form for Every Resident/\$1,200 per resident fee submitted with this form

Resident Name: \_\_\_\_\_

Resident Date of Birth (MM/DD/YY) \_\_\_\_\_

Resident SS #: \_\_\_\_\_

Gender: Male  Female

Discipline: Orthotics

Prosthetics

---

**Education Level:**  Bachelors non O&P  Bachelors in O&P  Certificate in O&P  Other

O&P Education Program: Date Graduated: \_\_\_\_\_

Non O&P Education Program: Date Graduated: \_\_\_\_\_ Name of Institution: \_\_\_\_\_

## Program Attended

- California State University
- FIU
- Rancho Los Amigos
- Shelby State Community College
- Newington Certificate Program
- Century College
- Northwestern
- Rutgers University
- University of Texas
- University of Washington
- Other \_\_\_\_\_

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Start Date of Residency Program: \_\_\_\_\_ End Date of Residency Program: \_\_\_\_\_

---

Residency Program \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_



**Sample Forms**

**NCOPE**

**Manual**

# SAMPLE

## Facility Affiliation Agreement Form

This Agreement entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by and between \_\_\_\_\_ herein known as the "Sponsoring Facility" and \_\_\_\_\_ herein known as the "Affiliate".  
(Affiliate Address) \_\_\_\_\_

Whereas, the Sponsoring Facility and Affiliate desire to associate in a Clinical Education Program for the purpose of educating orthotic and/or prosthetic residents.

Now, therefore, the parties hereto agree as follows:

1. This Agreement will be effective as of \_\_\_\_\_
2. This Agreement will be automatically renewed annually unless either party wishes to review the document. All changes in the Program will be communicated by both parties.

### 3. Malpractice Insurance

The Sponsoring Facility will insure that all residents participating in the Affiliate's program are covered under the Sponsoring Facility's malpractice insurance program.

4. The number of residents assigned and the inclusive dates of the assignment period will be reached by mutual agreement.
5. Residents will comply with Affiliate policies, rules and regulations while participating in the educational program of that Affiliate; and any resident who violates these will be withdrawn by the Sponsoring Facility upon request of and after consultation with the Affiliate's Director.
6. The Affiliate is responsible for insuring that there is timely written documentation of the evaluation of the residents.
7. The Affiliate will provide whatever educational facilities, equipment and materials they deem feasible for the clinical education of residents with mutual agreement with the Sponsoring Facility.
8. The Affiliate will provide supervision of the resident in accordance with the NCOPE "Standards for Residency Programs In Orthotics and Prosthetics."
9. The Affiliate and Sponsoring Facility will mutually agree on the clinical exposure and experience the resident is to receive while at the Affiliate.
10. The ultimate responsibility for the care of all patients, for the direct supervision of all residents while at the Affiliate and for the assignment of duties or responsibilities for any residents rests with the Affiliate.
11. This Agreement contains the entire agreement of the parties. There are no promises, terms, conditions or obligations other than contained herein. No modification of this Agreement shall be binding unless agreed to in writing and executed by both parties.

IN WITNESS WHEREOF, the parties hereto have set their hands and seals by their fully authorized representatives.

FOR THE SPONSORING FACILITY:

\_\_\_\_\_  
Facility Manager/Director

\_\_\_\_\_  
Date

FOR THE AFFILIATE:

\_\_\_\_\_  
Facility Manager/Director

\_\_\_\_\_  
Date

# SAMPLE

## Resident Agreement Form When Hiring A Resident

Residencies are *distinguished by their emphasis on the learning activity's relevancy and applicability. Further, residents need to be actively involved in the content, design and evaluation of learning activities.*

Written description of the educational/residency experience:

Scope and Duration of Assignments to other institutions/facilities:

Term of Residency:

Salary:

Benefits:

### Liability/Malpractice Insurance:

Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Agreed Upon on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

Director of Residency Program: \_\_\_\_\_ Resident Signature: \_\_\_\_\_



**Residency  
Reference Materials**

**NCOPE**

**Manual**

# Suggested Library List

## Orthotics

Atlas of Orthotics and Assistive Devices, 3rd Ed., C.V. Mosby

Biomechanical Basis of Orthotic Management, P. Bowker, Butterworth-Heinemann

Clinical Aspects of Lower Extremity Orthotics, Elgan Enterprises in conjunction with the Canadian Association of Prosthetists and Orthotists

Clinical Kinesiology, 3rd Ed., Brunnstrom, M.S., F.A. Davis Company

The Extremities, J. Warfel, Thomas

Foot and Ankle Pain, 2nd Ed., Rene Calliet, M.S., *Pain Series*; F.A. Davis

The Foot and Its Disorders, 2nd Ed., L. Klenerman, Blackwell Scientific Publications

Gait Analysis: Normal Pathological Function, J. Perry, SLACK

Gray's Anatomy, H. Gray, F.R.S.

Kinesiology and Applied Anatomy, 7th Ed., J.Rasch and R. Burke, Lea & Febiger

The Milwaukee Brace, 2nd Ed., W. Blount, Williams & Wilkins

MUSCLES Testing and Function, 3rd Ed., F.P. Kendall and E. McCreary, Williams & Wilkins

Muscle Testing: Techniques of Manual Examination, 4th Ed., Daniels and Worthingham, W.B. Sound

Report of a Consensus Conference on the Lower Limb Orthotic Management of Cerebral Palsy, ISPO, Edited by Candie and Meadows

Strength of Materials in Orthotic and Prosthetic Design, T. Lunsford, Kendall/Hunt

Textbook of Disorders and Injuries of the Musculoskeletal System, 2nd Ed., R.Salter, MD, Williams & Wilkins

## PROSTHETICS

Atlas of Limb Prosthetics, 2nd Ed., C.V. Mosby

Clinical Aspects of Lower Extremity Prosthetics, Elgan Enterprises in conjunction with the Canadian Association of Prosthetists and Orthotists

Clinical Kinesiology, 3rd Ed., Brunnstrom, M.S., F.A. Davis Company

Coping with Limb Loss, Winchell, Avery Publishing

The Diabetic Foot, 5th Ed., M. Levine, L. O'Neal and J. Bowker

Gray's Anatomy, H. Gray, F.R.S.

Human Walking, 2nd Ed., v. Inman, H. Ralston and F. Todd, Williams&Wilkins

Kinesiology and Applied Anatomy, 7th Ed., J.Rasch and R. Burke, Lea & Febiger

The Limb Deficient Child, B. Blakeslee, University of California Press

Lower Extremity Amputation, Moore and Malone, W. Saunders

Lower Extremity Amputation, 2nd Ed., Karacoloff, Aspen Publication

## **Research**

Foundations of Clinical Research: Applications to Practice, LG Portney and MP Watkins, Appleton & Lange, Norwalk, CT, 1993

Statistical Methods for Health Care Research, 3rd Ed., BH Munroe, Lippincott, Philadelphia, 1995

Physical Therapy Research: Principles and Applications, E. Domholdt, W.B. Saunders, Philadelphia, 1993

Nursing Research: Principles and Methods, 5th Ed., DF Polit and BP Hungler, Lippincott, Philadelphia, 1995

## **Other Resource References**

### **O&P National Organization Information**

National Commission on Orthotic and Prosthetic Education (NCOPE): [www.ncope.org](http://www.ncope.org)

American Board for Certification in Orthotics and Prosthetics (ABC): [www.abcop.org](http://www.abcop.org)

American Academy of Orthotists and Prosthetists (the Academy): [www.oandp.org](http://www.oandp.org)

American Orthotic and Prosthetic Association (AOPA): [www.aopa.net](http://www.aopa.net)

### **Research/Library References**

State of Minnesota library reference: [www.pals.msus.edu](http://www.pals.msus.edu)

National Institute of Health: [www.search.info.nih.gov](http://www.search.info.nih.gov)

Biomednet: [www.biomednet.com](http://www.biomednet.com)

# Glossary of Terms for O&P Residency Standards

**ABC Accredited Facility** —a facility or institution that has satisfied the American Board for Certification's accreditation requirements and has been assigned a current accreditation number.

**ABC Canon of Ethics**—the systematic collection of rules of conduct or procedure for the profession of orthotics and prosthetics. It outlines the specific responsibilities of the certified orthotist and/or prosthetist to the physician or other licensed health care prescriber, the patient, the public, associates, and to the profession itself.

**ABC Certified Practitioner**—an individual that has successfully completed the American Board for Certification examination process and has been awarded the designation CP, CO, or CPO and is in current good standing.

**Accreditation**—the granting of approval to an institution or facility of learning by an official review board after having met specific requirements.

**Administration** —pertains to hospital or institutional management personnel who implements policies and procedures.

**Adult**—the O&P management pertaining to the population generally between the ages of 18 through 65.

**Adult Learner**—adult learners are distinguished by their emphasis on the learning activity's relevancy and applicability. Further, adults need to be actively involved in the content, design and evaluation of learning activities.

**Affiliates or Affiliations**—to associate your institution or facility with other institutions or facilities providing relevant services.

**Affiliation Agreement** —the formal documentation of establishing a relationship between institutions or facilities.

**Annual per Resident Fee**—the amount paid by the sponsoring institution/facility to NCOPE for every resident currently enrolled in their residency. This fee is paid annually if a resident is enrolled.

**Application Fee**—the amount paid when application is made to NCOPE to become accredited.

**Assessment**—is the written or verbal feedback provided to a resident based upon his/her performance evaluation.

**Competent**—individuals who are qualified to render appropriate O&P services without endangering the patient.

**Consortia**—an association or partnership between an institution, facility, medical school, or university to provide a whole educational experience that the individual members could not solely provide.

**Curriculum**—all the courses of study offered by the residency program.

**Direct Supervision**-continuous observation of the resident's activities by qualified individuals. Reference ABC's PC3 standard for further guidance.

**Standards**—the minimum standards of quality used in accrediting programs that prepare individuals to enter an allied health profession. The extent to which a program complies with these standards determines its accreditation status; the Standards therefore constitute the minimum requirements to which an accredited program is held accountable. Standards are expressed in terms requiring mandatory conditions or actions, i.e., must, will, shall, require.

**Evaluation Methods**—any technique used to determine the quality of a residency program or the proficiency of a resident by objective appraisal and study.

**Faculty**—the director and certified practitioners involved in the development and implementation of the residency curriculum.

**Geriatric**—the O&P management pertaining to the aged population generally 65 years and older.

**Governing Boards**—pertains to those boards which establish policies for institutions or organizations.

**Interdisciplinary**—pertaining to the relationship of O&P to other health care professions.

**Library**—a collection of O&P or allied health reference materials such as books, periodicals, videos and slides.

**Management**—pertains to the direction and supervision of patient care facilities.

**NCOPE**—is the accrediting agency for residency programs and primary level education in O&P. The letters represent the National Commission on Orthotic and Prosthetic Education.

**Pediatric**—the O&P management pertaining to children from the ages of birth through 18.

**Research Project**—the scientific or scholarly investigation which leads to a greater understanding of the principles and historical perspectives of O&P. These projects may include but are not limited to the following: literature reviews, retrospective, prospective studies, outcome evaluations, and experimental models.

**Resident**—a graduate of an O&P accredited program, receiving skill-based training in orthotics and/or prosthetics in an institution or facility.

**Supervision**—the monitoring of the resident's clinical and technical activity.

**Teaching Staff**—is comprised of the director, practitioners, and technical instructors as well as other medical and allied health professionals.