

Madigan Army Medical Center Referral Guidelines

Orthotics & Assistive Devices (Adult & Pediatric)

Diagnosis/Definition

Orthotics and assistive devices are required for those conditions that have caused weakness or paralysis of a limb (or part of a limb), or that cause significant pain, such that (in all three cases) activities of daily living and/or specific functions are performed at less than optimal levels by the patient. Examples of conditions would be: Cerebrovascular Accident (CVA), brain injury, spinal cord dysfunction, Multiple Sclerosis (MS), Rheumatoid Arthritis (RA), isolated nerve palsies, developmental abnormalities, and others.

Initial Diagnosis and Management

Develop understanding and identify need for orthotic and/or device by taking a functional history (e.g. level of independence in activities of daily living, architectural, environmental and social barriers to performance) and perform PE specific to physical problems and activities of daily living. If a needed device is simple and familiar to provider and patient, then a request can be made directly to the Orthotics & Prosthesis Lab (MAMC form 120-S).

Ongoing Management and Objectives

For simple orthotics and assistive devices, primary care physicians should follow-up for the fit and function of the orthosis/device. Check skin integrity, patient's understanding of use (to include duration and frequency of wear, and problem reporting) as well as reiterating specific, achievable functional goals. Ensure further training in the use of the device if necessary. See below for more complicated orthotics and assistive devices.

Indications for Specialty Care Referral

Pediatric patients with orthotic/device needs should be referred to Pediatric Orthopedics or Developmental Pediatrics Physical Therapists. Complicated adult patients (e.g. MS, traumatic brain injury, spinal cord injury, etc.) may be referred to PM&R for Rehab/orthotic and device evaluation. In addition, Rheumatology Clinic evaluates and prescribes orthotics and assistive devices for rheumatologic disorders, as do the Orthopedics and Podiatry Clinics, for those problems within their areas of expertise. Most of the neurologic patients with identified needs for orthosis(es) may be referred to PM&R. Recommend contact with clinics prior to referring a patient in order to ensure that the appropriate clinic is consulted for the requested assessment and orthotic/assistive device application.

Criteria for Return to Primary Care

Fit and function of orthosis/device has met reasonable goals for functional independence, rest and/or pain relief.

References

Based on clinic past practices

Last Review for this Guideline: **May 2012**
Referral Guidelines require review every three years.

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Clinical Practice and Referral Guidelines Administrator