

**VA ORTHOTIC, PROSTHETIC, AND PEDORTHIC CLINICAL SERVICE:  
CREDENTIALING, FACILITY ACCREDITATION, AND CLINICAL OVERSIGHT**

**1. SUMMARY OF MAJOR CHANGES:** Major changes are as follows:

a. Updates the “Policy” in paragraph 1.

b. Adds new and updates current responsibilities for the Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer; Executive Director, Rehabilitation and Prosthetics Services; National Director, Orthotic, Prosthetic & Pedorthic Clinical Service; National Data Management Analyst, Orthotic, Prosthetic, & Pedorthic Clinical Service; Veterans Integrated Services Network Prosthetic Representative; Veterans Integrated Services Network Chief Medical Officer; VA medical facility Director; VA medical facility Chief of Staff; VA medical facility Service Chief or VISN Service Line Manager (Orthotic, Prosthetic and Pedorthic Clinical Service Manager); VA Medical Facility Orthotic, Prosthetic, and Pedorthic Clinic Chief, Supervisor, or Designated Lead in paragraph 2.

c. Adds a new paragraph, “Clinical Oversight”, in paragraph 3.

d. Adds a new paragraph, “Personnel Credentialing”, in paragraph 4.

e. Adds a new paragraph, “Accreditation Documentation”, in paragraph 6.

f. Adds a new paragraph, “Oversight and Accountability”, in paragraph 7.

g. Removes recommended training from “Training”, in paragraph 8.

h. Adds a new paragraph, “Definitions”, in paragraph 9.

**2. RELATED ISSUES:** None.

**3. RESPONSIBLE OFFICE:** The Executive Director for Rehabilitation and Prosthetic Services within the Office of Patient Care Services is responsible for the contents of this directive. Questions may be referred to the National Director of Orthotic, Prosthetic, and Pedorthic Clinical Services (OPPCS) at [VHA12RPS4OPPSAction@va.gov](mailto:VHA12RPS4OPPSAction@va.gov).

**4. LOCAL DOCUMENT REQUIREMENTS:** There are no local document requirements in this directive.

**5. RESCISSIONS:** VHA Directive 1936(1), Accreditation of VA Orthotic, Prosthetic, and Pedorthic Facilities and Personnel Credentialing, dated September 16, 2019, is rescinded.

**6. RECERTIFICATIONS:** This VHA directive is scheduled for recertification on or before the last working day of April 2030. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**7. IMPLEMENTATION SCHEDULE:**

a. VA medical facilities which currently do not offer OPPCS but aim to expand options for Veterans to receive such care on site, may hire appropriately credentialed Orthotic, Prosthetic and Pedorthic (OP&P) clinical staff to provide OPPCS related care while working toward accreditation. The VA medical facility must become fully compliant with facility accreditation within 18 months upon hiring the first credentialed OP&P clinician.

b. VA medical facilities which have credentialed OP&P clinical staff and have been delivering OPPCS custom devices and related services for at least 18 months on the date of this publication must implement this directive immediately upon publication.

c. VA medical facilities which currently provide OPPCS, but lack local clinical supervision and oversight, must become fully compliant with the clinical oversight provisions of this directive within 12 months of its publication.

**BY DIRECTION OF THE OFFICE OF  
THE UNDER SECRETARY FOR HEALTH:**

/s/ M. Christopher Saslo, DNS, ARNP-BC,  
FAANP  
Assistant Under Secretary for Health for  
Patient Care Services / CNO

**NOTE:** All references herein to Department of Veterans Affairs (VA) and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List on April 18, 2025.

**CONTENTS**

**VA ORTHOTIC, PROSTHETIC, & PEDORTHIC CLINICAL SERVICE:  
CREDENTIALING, FACILITY ACCREDITATION, AND CLINICAL OVERSIGHT**

1. POLICY ..... 1

2. RESPONSIBILITIES ..... 1

3. CLINICAL OVERSIGHT ..... 6

4. CREDENTIALING ..... 7

5. ACCREDITATION ..... 7

6. ACCREDITATION DOCUMENTATION ..... 8

7. OVERSIGHT AND ACCOUNTABILITY ..... 8

8. TRAINING ..... 9

9. DEFINITIONS ..... 9

10. RECORDS MANAGEMENT ..... 11

11. REFERENCES ..... 11

## VA ORTHOTIC, PROSTHETIC, & PEDORTHIC CLINICAL SERVICE: CREDENTIALING, FACILITY ACCREDITATION, AND CLINICAL OVERSIGHT

### 1. POLICY

It is Veterans Health Administration (VHA) policy that only credentialed orthotists, prosthetists, or pedorthists practicing in an accredited facility, with clinical oversight as described in this directive, may independently fabricate, fit, adjust, repair, align, service, program, provide or otherwise maintain prostheses and custom orthoses appropriate to their scope of practice. This policy does not restrict other VHA clinical professionals who are not board-certified orthotists, prosthetists, or pedorthists working within their own professional scope of practice as licensed and credentialed to work within the Department of Veterans Affairs (VA). **NOTE:** For the purposes of this directive, Orthotic, Prosthetic & Pedorthic Clinical Services (OPPCS) staff refers to American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABCOPP) or Board for Orthotist/Prosthetist Certification (BOC) credentialed VA providers of Orthotic, Prosthetic, Pedorthic Devices (OPPD) and related services who work under the GS-0667 and 0640 occupational series. It also includes non-credentialed 0640 support staff delegated with certain tasks for the provision of OPPD as defined in the VA OPPCS Scope of Practice Extensions: Standard Operating Procedures <https://dvagov.sharepoint.com/sites/VHARPSSTAGE/OPClinical/Pages/ScopeOfPractice.aspx>. This is an internal VA website that is not available to the public. **AUTHORITY:** 38 U.S.C § 7301(b).

### 2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISN).

(2) Ensuring that each VISN Director has the sufficient resources to fulfill the terms of this directive in all VA medical facilities within that VISN.

(3) Overseeing VISNs to ensure compliance with this directive, relevant standards, and applicable regulations.

c. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer is responsible for:

(1) Supporting the Office of Rehabilitation and Prosthetics Services (RPS) with implementation and oversight of this directive.

(2) Supporting the development of mitigation or corrective actions to address noncompliance with this directive.

(3) Supporting RPS and OPPCS with the necessary resources to oversee this policy.

d. **Executive Director, Rehabilitation and Prosthetics Services.** The Executive Director of RPS is responsible for:

(1) Supporting the National Director of OPPCS for the implementation and oversight of this directive and ensuring that corrective action is taken when noncompliance is identified across VHA.

(2) Ensuring that policy, procedures, and programmatic standards are developed and maintained for the OPPCS national program.

e. **National Director, Orthotic, Prosthetic & Pedorthic Clinical Service.** The National Director, OPPCS is responsible for:

(1) Developing and maintaining policy, procedures, and programmatic standards for the OPPCS national program.

(2) Providing operational consultation and guidance upon request to VISNs and VA medical facilities for the development and operation of OPPCS.

f. **National Data Management Analyst, Orthotic, Prosthetic & Pedorthic Clinical Services.** The National Data Management Analyst, OPPCS is responsible for:

(1) Ensuring functionality of the VA medical facility Accreditation Reporting System (Stoplight Report), forecasting tools, Data Management portal, and Workflow Management software and processes (e.g., FLOW).

(2) Ensuring functionality and validity of OPPCS data sets used for patient care, workload tracking, and forecasting.

g. **National Program Manager, Orthotic, Prosthetic & Pedorthic Clinical Services.** The National Program Manager, OPPCS, is responsible for:

(1) Providing analysis, interpretation, and reporting of the VA medical Facility Accreditation Reporting System (Stoplight Report), forecasting tools, Data Management portal, and workflow processes to the National Director OPPCS, RPS and field leadership.

(2) Communicating to field leadership regarding non-compliance and site-developed action plans to restore compliance with the directive.

h. **Executive Director, Prosthetics and Sensory Aids Service.** The Executive Director, Prosthetics and Sensory Aids Service (PSAS) is responsible for ensuring

support and resources for implementation of both administrative and clinical support components associated with this directive.

i. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing Assistant Under Secretary for Patient Care Services/CNO and the Assistant Under Secretary for Health for Operations when barriers to compliance are identified.

(2) Overseeing corrective actions to address noncompliance with this directive at the VISN or VA medical facilities within the VISN.

(3) Ensuring that the VISN Prosthetic Representative (VPR) and each VA medical facility Director implements and complies with this directive.

j. **Veterans Integrated Services Network Prosthetic Representative.** The VPR is responsible for:

(1) Ensuring use of VHA workflow management and reporting systems that collect, manage and monitor outcomes and performance (e.g., FLOW), at all sites.

(2) Coordinating PSAS support to each VA medical facility Director for implementation of both the administrative and clinical components associated with this directive, where OPPCS is aligned under PSAS.

k. **Veterans Integrated Services Network Chief Medical Officer.** The VISN Chief Medical Officer (CMO) is responsible for the following in cases where a VISN level OPPCS manager reports directly to the CMO.

(1) Coordinating VISN support and resources to the VISN OPPCS Manager to implement and comply with this directive.

(2) Implementing and maintaining the appropriate staffing and clinical expertise at facilities to provide Veterans access to OPPCS care. The entire continuum of OPPCS may not be present in a single VA medical facility but must be available to all Veterans treated within a VISN.

l. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and that appropriate corrective action is taken if non-compliance is identified.

(2) Ensuring that Veterans have timely access to OPPCS care.

(3) Having final authority over, and responsibility for, the accountability of the OPPCS program within the facility's organizational structure.

m. **VA Medical Facility Chief of Staff**. The VA medical facility Chief of Staff (COS) is responsible for:

(1) Ensuring clinical oversight of OPPCS.

(2) Ensuring, in partnership with the designated clinical service chief, that all non-certified orthotists, prosthetists, or pedorthists perform only delegated duties under the direct supervision of their certified counterparts. **NOTE:** *The OPPCS SOPE Guidelines and resources can be accessed at:*

*<https://dvagov.sharepoint.com/sites/VHARPSSTAGE/OPClinical/Pages/ScopeOfPractice.aspx>. This is an internal VA website that is not available to the public.*

n. **VA Medical Facility Service Chief or applicable VISN Manager**. The VA medical facility Service Chief, when OPPCS is aligned under a local medical facility, or VISN Manager, when OPPCS is managed at the VISN level, is responsible for:

(1) Ensuring that the Orthotic, Prosthetic, and Pedorthic Clinic Chief, Supervisor, or Designated Lead has the support to comply with and performs all actions necessary to obtain and maintain OPPCS facility accreditation.

(2) Ensuring that the Orthotic, Prosthetic, and Pedorthic Clinic Chief, Supervisor, or Designated Lead uploads the required documentation outlined in paragraph 6 of this directive.

(3) Designating a VA medical facility OPPCS Clinic Chief or Supervisor to lead and maintain the accreditation process, to document OPPCS clinical staff scopes of practice and to oversee OPPCS operations and staff when more than one OPPCS staff member is stationed at the facility. This Chief or supervisor must be a credentialed OPPCS clinician and the subject matter expert for that discipline in areas such as: recruitment, performance evaluation, training, competencies, scope of practice and other professional discipline issues.

(4) Designating a lead or senior clinician in cases where there is no local OPPCS Clinic Chief or Supervisor. This lead or senior clinician must be a credentialed OPPCS clinician and the subject matter expert for that discipline in areas such as: recruitment, training, competencies, and scope of practice.

(5) Providing projected staffing needs, equipment and supply management, and other operational aspects of administering and managing the OPPCS program to the VA medical facility Director, Chief of Staff, or other designee. **NOTE:** *Any such recommendations are based on information and data OPPCS facility staff has collected and analyzed.*

(6) Ensuring protected time and appropriate participation for OPPCS clinicians to serve VA medical facility-wide and national committees, councils or workgroups.

(7) Ensuring use of VHA and OPPCS workflow management and reporting systems to collect, manage and monitor OPPCS outcomes (e.g., Veteran access, operations,

quality indicators, workload, staff productivity, clinic capacity and utilization) and performance (e.g., FLOW, timeliness, coding, V-Signals).

(8) Maintaining regular contact with and disseminating information (e.g., national guidance, policy changes, treatment modalities) from the National OPPCS Program Office to all local OPPCS personnel at their VA medical facility or VISN, as information is released.

(9) Providing accreditation related documentation (e.g., proof of payment, site visit results, clinical oversight plan) to the OPPCS SharePoint site (e.g., Orthotic, Prosthetic Information Repository [OPIR]).

**o. VA Medical Facility Orthotic, Prosthetic, and Pedorthic Clinic Chief, Supervisor, or Designated Lead.** The VA medical facility's OPPCS Clinic Chief, Supervisor, or Designated Lead is responsible for:

(1) Overseeing the care rendered by OPPCS clinical and technical staff, as defined by the individual's discipline-specific scope of practice, individual staff clinical competency and competency standards assessment, and VA medical facility-level procedures. **NOTE:** *There are standards for all Hybrid Title 38 professions which include GS-0667 occupation series professions such as prosthetists, orthotists, prosthetist/orthotists. These standards must be considered when hiring or promoting a professional in these occupations. See VA Handbook 5005, Staffing, Part II, Appendix G37, dated March 21, 2017.*

(2) Ensuring that only credentialed orthotists, prosthetists, or pedorthists, independently fabricate, fit, adjust, repair, align, service, program, provide, or otherwise maintain prostheses and custom orthoses, appropriate to their credentialed scope of practice. See paragraph 4, Personnel Credentialing.

(3) Providing projected staffing needs, equipment and supply management, and other operational aspects of administering and managing the OPPCS program to the VA medical facility Clinical Service Chief or VISN Service Line Manager. **NOTE:** *Any such recommendations are based on information and data OPPCS facility staff has collected and analyzed.*

(4) Ensuring OPPCS clinical and technical staff is appropriately utilizing VA health record systems and tools for documenting the provision of OPPCS care and related services into the Veteran's record, in accordance with accreditation standards, VHA Directive 1082(1), Patient Care Data Capture and Close out, dated March 9, 2023 and VHA Directive 1907.01(1), VHA Health Information Management and Health Records, dated April 5, 2021 and VA OPPCS practice standards and guidelines available here, <https://dvagov.sharepoint.com/sites/VHARPSSTAGE/OPClinical/SitePages/OPPCS-Practice-Management.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(5) Obtaining and maintaining the VA medical facility's orthotic, prosthetic, and pedorthic services facility accreditation. Enforcing and applying the processes,

timelines, and personnel related to orthotic, prosthetic, and pedorthic facility accreditation, including an awareness of key points of contact. **NOTE:** Key points of contact may include finance personnel to process payments and liaisons with accreditors and with the VA Central Office (VACO) OPPCS program office. For additional information see the OPPCS site at:

<https://dvagov.sharepoint.com/sites/VHARPSSTAGE/OPClinical/SitePages/Default.aspx>  
 x This is an internal VA website that is not available to the public.

(6) Coordinating the accreditation site visit with the accrediting body ensuring the site review team has an appropriate workspace and has necessary access to Human Resources and Veteran records to the extent permitted by VHA Directive 1605.01, Privacy and Release of Information, dated July 24, 2023.

(7) Creating or securing key accreditation documents (i.e., application for accreditation, proof of payment for accreditation, accreditation site visit(s) results, certificate of accreditation) and uploading these documents onto the Orthotic and Prosthetic Information Repository (OPIR) Facility Accreditation Reporting System. **NOTE:** The Orthotic and Prosthetic Information Repository (OPIR) Facility Accreditation Reporting System can be accessed at:

<https://dvagov.sharepoint.com/sites/VHARPSSTAGE/OPClinical/SitePages/Accreditation.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

(8) Educating staff (i.e., orthotic, prosthetic, and pedorthic clinicians, practitioner assistants, fitters, technical, administrative and support staff) with the steps, timelines, reporting requirements and additional personnel necessary to obtain and maintain accreditation.

(9) Ensuring credentialed OPPCS staff have adequate support to participate in continuing professional education sufficient to maintain their credential.

### 3. CLINICAL OVERSIGHT

To meet The Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF), and the ABCOPP or the BOC facility accreditation standards, the clinical supervisor or designated clinical lead must provide clinical supervision and quality oversight of staff performing clinical OP&P services directly to patients. When that is not possible, to meet The Joint Commission, CARF and ABCOPP or BOC standards, a qualified clinician should provide quality oversight through a standardized review process. This standardized review process includes but is not limited to:

- a. Individualized and documented scope of practice.
- b. Periodic medical record review to ensure appropriate patient care and work within scope of practice.
  - (1) Documented history and systems review.
  - (2) Integration of provider's diagnostic assessment into treatment plan.

- (3) Interpretation of clinical data to modify treatment.
  - (4) Appropriate education of Veteran and family/caregiver.
  - (5) Demonstrated evidenced-based practice.
  - (6) Adherence to national practice guidelines and directives.
- c. Medical or other record review to ensure appropriate coding.
  - d. Documentation and recurring assessment of clinical competency.

#### 4. CREDENTIALING

Pursuant to this directive, only ABCOPP or BOC certified orthotists, prosthetists or pedorthists, as verified annually, may independently fabricate, fit, adjust, repair, align, service, program, provide or otherwise maintain prostheses and custom OPPD, appropriate to their scope of practice, after being credentialed in accordance with VHA Directive 1100.20(2), Credentialing of Health Care Providers, dated September 15, 2021. Board-certified orthotists, prosthetists or pedorthists may supervise, oversee, and delegate authority to appropriately credentialed, trained or experienced orthotic, prosthetic, and pedorthic support staff to provide care and services in alignment with provisions and procedures outlined in the Scope of Practice Extension (SOPE) Guidelines and Staff Written Objective Criteria Record available at:

<https://dvagov.sharepoint.com/sites/VHARPSSTAGE/OPClinical/Pages/ScopeOfPractice.aspx> as well as the Clinical Competency Standards Recommendations available at: [https://dvagov.sharepoint.com/sites/VHARPSSTAGE/OPClinical/Pages/Clinical\\_Competency\\_Resources.aspx](https://dvagov.sharepoint.com/sites/VHARPSSTAGE/OPClinical/Pages/Clinical_Competency_Resources.aspx). **NOTE:** *These are internal VA websites that are not available to the public. The intent of this policy is not to restrict other VHA clinical professionals who are not board-certified orthotists, prosthetists or pedorthists working within their own professional scope of practice as licensed and credentialed to work within VA. Off-The-Shelf (OTS) items can be provided by any staff member, no certification or SOPE is required. Any orthotic or pedorthic related item that has "off-the-shelf" within the associated definition of the applicable Medicare HCPC L-code for the device is considered an OTS device. The exception is off-the-shelf footwear intended to treat diabetic conditions (e.g., A5500), which must be provided by appropriately credentialed staff, whenever provided in an OPPCS clinic.*

#### 5. ACCREDITATION

a. Only facilities accredited by ABCOPP or BOC can fabricate, fit, adjust, repair, align, service, program, provide, or otherwise maintain custom orthoses, prostheses, and pedorthics for Veterans in accordance with the implementation schedule of this directive.

b. VA Community Based Outpatient Clinics (CBOCs) who are associated with a VA medical facility accredited by ABCOPP or BOC and are supported on a full-time basis by certified orthotists, prosthetists, or pedorthists stationed at the CBOC, to provide

custom OPPD, are required to have or attain facility accreditation in accordance with the implementation schedule of this directive.

c. Any VA medical facility designated as a Mobile Prosthetic & Orthotic Care (MoPOC) anchor site is required to have ABCOPP or BOC facility accreditation in accordance with the implementation schedule of this directive.

d. Accreditation improves Veteran care by creating standards for VA orthotic, prosthetic, and pedorthic facility organization, function, and physical environment. Compliance with accreditation standards is initially determined by a review of facility application materials and an onsite survey. The accreditation renewal cycle requires additional subsequent onsite surveys with subsequent renewals. The onsite survey is conducted by qualified site surveyors (ABCOPP or BOC) and results are reported to the OPPCS Supervisor or Designated Lead. Payment to the accrediting body and the generation, maintenance and storage of documents are also key elements of the accreditation process. Practice is then conducted in accordance with the approved standards. Renewal of accreditation must be timely so that accreditation is maintained.

**NOTE:** For additional information on the accreditation process see the ABCOPP website at: <https://www.abcop.org/facility-accreditation/why-get-accredited/patient-care> and the BOC website at: <https://www.bocusa.org/accreditation/>.

## 6. ACCREDITATION DOCUMENTATION

Original accreditation documents (i.e., proof of application, proof of payment, accreditation site visit results, certificate of accreditation) must be maintained and accessed according to accreditor requirements and the Federal records management requirements stated in paragraph 10. Copies of the required documents (i.e., application for accreditation, proof of payment, accreditation site visit results, certificate of accreditation) must be uploaded to the OPIR's Facility Accreditation Reporting System at time of initial or renewed accreditation. See paragraph 2.o.7.

## 7. OVERSIGHT AND ACCOUNTABILITY

a. **Internal Controls.** The internal controls for this directive are oversight responsibilities as outlined in the Responsibilities paragraph of this directive for the Executive Director, Rehabilitation and Prosthetic Services, National Director, Prosthetics and Sensory Aids Service, VPR, VISN Chief Medical Officer, VA medical facility Director, VA medical facility COS, VA medical facility Service Chief or VISN Service Line Manager (OPPCS Manager), and the VA medical facility Orthotic, Prosthetic, and Pedorthic Clinic Chief, Supervisor, or Designated Lead, resulting in systematic data collection and reporting for facility accreditation, status, and clinical oversight plans.

b. **Metrics.** The metrics to monitor and assess quality of performance for this directive are:

(1) The analysis, interpretation and reporting of the VA medical facility Accreditation Reporting System (Stoplight Report), forecasting tools, Data Management portal, and

workflow processes to the National Director OPPCS, RPS and field leadership in paragraph 2.g.(1).

(2) The timely and accurate reporting to the Facility Accreditation Reporting System as documented in paragraph 2.n.7.

(3) The attestation of a clinical oversight plan as indicated by self-report in facility entry in the Facility Accreditation Reporting System as documented in paragraph 2.n.9. by site leadership at:

<https://dvagov.sharepoint.com/sites/VHARPSSTAGE/OPClinical/SitePages/OPPCS-Practice-Management.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

## 8. TRAINING

There are no formal training requirements associated with this directive.

## 9. DEFINITIONS

a. **Clinical Competency Standards Assessment.** Clinical competency standard assessment refers to a supplemental assessment used to measure knowledge, skills, abilities, behaviors, and other characteristics that individual staff need to perform work roles or occupational functions successfully.

b. **Clinical Oversight.** For the purposes of this directive, clinical oversight refers to clinical supervision and accountability at the VA medical facility level through facility executive leadership.

c. **Custom Orthoses.** Custom orthoses refer to custom designed, custom fabricated orthoses or braces, provided to treat a neuromusculoskeletal disorder or acquired condition of a specific patient.

d. **Direct Supervision.** For the purposes of this directive, direct supervision refers to the level of supervision which requires the supervising credentialed OPPCS clinician to be available for consultation throughout the patient care process. The supervisor must be physically on site while the care is being provided. The supervisor must review the results of care and the documentation of the services rendered by the supervised OPPCS staff and is responsible for cosigning all entries by the supervised staff in the patient's clinical record. **NOTE:** For information relating to supervision of HPTs, please refer to VHA Handbook 1400.04(1), *Supervision of Associated Health Trainees*, dated March 19, 2015.

e. **Indirect Supervision.** For the purposes of this directive, indirect supervision refers to a level of supervision which does not require the supervising credentialed OPPCS individual to be on site; however, they must be available for consultation throughout the patient care process. The supervisor must review the results of care and the documentation of the services rendered by the supervised OPPCS staff and is responsible for cosigning all entries by the supervised staff in the patient's clinical

record. **NOTE:** For information relating to supervision of HPTs, please refer to VHA Handbook 1400.04(1).

f. **Mobile Prosthetic & Orthotic Care.** MoPOC refers to the VA enterprise-wide initiative to increase access to orthotic and prosthetic services for Veterans living in rural communities through the addition of orthotists and prosthetists equipped with specialized vehicles to travel to a community-based outpatient clinic on a weekly rotation with the capability to perform Veteran home visits for delivery of clinical prosthetic services in select circumstances.

g. **Off-The-Shelf Device.** An off-the-shelf (OTS) device refers to a prefabricated orthosis that is sized or modified for interim, evaluative, or short-term use by the patient, in accordance with a prescription and which does not require clinical judgment nor substantive alteration for appropriate use.

h. **Orthopedic Footwear.** Orthopedic footwear refers to shoes and inserts designed and intended to support, correct, or accommodate the mechanics and structure of the foot, ankle, and leg.

i. **Orthosis.** Orthosis refers to a device fitted externally to an anatomical portion of the body for protection and/or to assist, resist, block, specific body motions. An orthosis may be used to correct deformity, compensate for weakness, or protect a body segment. Types of orthoses include off-the-shelf, prefabricated, and custom devices.

j. **Orthotist.** An orthotist is a credentialed health care professional who is specifically educated and trained to manage comprehensive orthotic patient care. This includes patient evaluation, formulation of a treatment plan, implementation of the treatment plan, continuation of the treatment plan and practice management.

k. **Orthotic, Prosthetic, Pedorthic Devices.** OPPD are products and services related to orthoses, prostheses and pedorthics.

l. **Pedorthic Device.** A pedorthic device refers to therapeutic shoes, shoe modifications made for therapeutic purposes, prefabricated below the knee orthoses, partial foot prostheses for transmetatarsal and distal amputations, and foot orthoses.

m. **Pedorthist.** A pedorthist is a credentialed health care professional who is specifically educated and trained to manage comprehensive pedorthic patient care. A pedorthist fits, fabricates, adjusts, or modifies devices which reflect their education and training.

n. **Prefabricated Orthosis.** A prefabricated orthosis is one which is manufactured in quantity, limited sizing, and non-custom to the patient. The device may or may not require tailored fitting and adjustment.

o. **Prosthesis.** For the purposes of this directive, a prosthesis refers to an artificial limb, a custom designed, fabricated, fitted and/or modified device to treat partial or

complete acquired limb loss, provided by a clinician certified in Prosthetics, for purposes of restoring physiological function and/or cosmesis.

p. **Prosthetist.** A prosthetist is a credentialed health care professional who is specifically educated and trained to manage comprehensive prosthetic patient care. This includes patient evaluation, formulation of a treatment plan, implementation of the treatment plan, continuation of the treatment plan and practice management.

q. **Scope of Practice Extension.** Scope of practice extension (SOPE) refers to the process of granting an OPPCS staff member permission or privileges, based on written objective criteria, to provide items and services, under supervision, outside of their scope of practice.

r. **Therapeutic Footwear.** Therapeutic footwear refers to shoes and inserts designed and intended to address a medical condition, diagnosed by a prescribing medical professional.

## 10. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management can be addressed to the appropriate Records Officer.

## 11. REFERENCES

- a. 38 U.S.C. § 7301(b).
- b. VHA Directive 1082(1), Patient Care Data Capture and Closeout, dated March 9, 2023.
- c. VHA Directive 1100.20(2), Credentialing of Health Care Providers, dated September 15, 2021.
- d. VHA Directive 1900(5), VA National Standards of Practice, dated August 30, 2023.
- e. VHA Directive 1907.01(1), VHA Health Information Management and Health Records, dated April 5, 2021.
- f. VHA Handbook 1400.04(1), Supervision of Associated Health Trainees, dated March 19, 2015.
- g. The Orthotic and Prosthetic Information Repository (OPIR) Facility Accreditation Reporting System, available at: <https://dvagov.sharepoint.com/sites/VHARPSSTAGE/OPClinical/Pages/Accreditation.aspx> . **NOTE:** This is an internal VA website that is not available to the public.

h. American Board for Certification in Orthotics, Prosthetics and Pedorthics (ABCOPP), Facility Accreditation, General Info, available at: <https://www.abcop.org/facility-accreditation/why-get-accredited/patient-care>. **NOTE:** *This website is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

i. American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABCOPP), Orthotic, Prosthetic, and Pedorthic Scope of Practice, available at: <https://www.abcop.org/publication/scope-of-practice>. **NOTE:** *This website is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

j. The Board of Orthotist and/or Prosthetist Certification (BOC), Facility Accreditation Website, available at: <https://www.bocusa.org/accreditation/apply/op/>. **NOTE:** *This website is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

k. The Board for Orthotist and/or Prosthetist Certification (BOC), Accreditation Standards Guide, available at: <https://www.bocusa.org/accreditation/downloads-for-accreditation/>. **NOTE:** *This website is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*