WHAT'S CHANGED?

PRESCRIPTION CUSTOM FOOT ORTHOSES STANDARD

Here's what you need to know about the revised PCFO Standard. In addition to having a more organized and streamlined layout, there have been some important updates made. So, what's changed?

PCFO + Footwear ≠ Prescription/Custom Footwear

Language has been added to the PCFO Standard specifying that adding a PCFO into a shoe does not make the shoe a prescription/custom-made shoe. Refer to the College's Prescription Footwear Standard for more information about footwear modifications.

Revised Definitions

The list of definitions within the PCFO Standard has been expanded. The most notable changes have been adding and redefining the term "dispensing", and adding the term "orthotic prescription". Dispensing a PCFO is now defined as: inspecting the PCFO to ensure it meets the prescription, fitting the PCFO on the patient, and educating the patient on the proper use of the PCFO. The previous Standard defined dispensing as fitting and educating, so the important change to be aware of here is the addition of inspecting the PCFO to ensure it meets the prescription. An orthotic prescription is now defined as: a set of instructions intended for the orthotic laboratory that very specifically outlines the parameters of design, composition and fabrication of the orthotic.

New Casting Requirements

Casting/scanning is still able to be performed by the Prescribing Member, designated Member, or designated trained assistant. However, the cast or laser scan must be reviewed and assessed by the Prescribing Member and compared against the patient's feet to ensure accuracy on the same day that they were obtained and before the patient is discharged from the office. This means the Prescribing Member must be present at the time the patient is casted. The previous Standard required that all casts/scans be evaluated by the Member before being sent to the lab, but did not specify requirements for the timing of those evaluations or the presence of the patient in order to do so.

If You Prescribe It, You Dispense It

Best practice now requires that the PCFO is both prescribed and dispensed by the same Member. Should the Prescribing Member be unable to dispense the PCFO to the patient, the Prescribing Member may request that another Member dispense to the patient. To be clear, in all circumstances, the PCFO must be dispensed by a Member of the College of Chiropodists of Ontario. The Prescribing Member is responsible for ensuring that the PCFO is dispensed to the patient by a Member. This change expands on the previous Standard, to make clearer the Prescribing Member's responsibilities as they relate to the dispensing of PCFO.

Enhanced Documentation Requirements

Documentation requirements for assessments and examinations performed by a Prescribing Member to determine the patient's prescription have changed. The Prescribing Member must now clearly document all necessary assessments in the patient's health record, and those assessments must include: thorough physical, biomechanical, stance and gait examinations, with appropriate measurements taken.

In addition, the following information must now be documented in the patient's health record:
- the need for the PCFO prescription (why is the PCFO required?)
- the therapeutic goal of the PCFO (what do you want the PCFO to achieve for the patient?)
- how the efficacy of this intervention will be assessed (how will you know the PCFO is working?)

The language within this section of the Standard has made clearer that all documentation for a PCFO needs to be maintained within the patient's health record, and what is required to be documented.

New Follow-Up Requirements

The Standard now requires that at least one follow-up appointment with the Prescribing Member be offered to the patient within a reasonable period of time after dispensing the PCFO (such as 3 to 6 weeks). Additional follow-up appointments should be offered as required to work toward achieving optimal functioning with the PCFO and to review and/or amend the management plan as needed. The option of a telephone follow-up if the patient does not require a follow-up appointment has been removed from the Standard, since it is now required that all patients be offered a follow-up appointment.

Requirements for Expectations of Treatment and Patient Dissatisfaction

The language within the Standard is now more definitive regarding the responsibility of the Prescribing Member regarding expectations and patient dissatisfaction. Prescribing Members are now required to explain treatment outcome expectations in advance, both at the time of obtaining consent (prior to casting/scanning) and at the time of dispensing. In addition, Prescribing Members are now required to have an office policy to deal with patient dissatisfaction, which should be communicated to the patient before initiating treatment.

Defined Timeline Parameters for Re-Dispensing

The Standard now defines a timeline within which a patient may have a PCFO re-dispensed without the need for a full reassessment. In appropriate circumstances (i.e. in the event there have been no injuries or major changes to the patient's health), a Prescribing Member may re-dispense a PCFO to a patient within one year of the original orthotic prescription without the requirement for a full patient assessment.