PRESCRIPTION FOOTWEAR

Standards of Practice for Members of the College of Chiropodists of Ontario

Approved by Council: September 29, 2006

Amended: October 29, 2021

College of Chiropodists of Ontario

180 Dundas St. West, Suite 1901
Toronto, ON M5G 1Z8
T: 416.542.1333 F: 416.542.1666
Toll-Free: 1.877.232.7653 www.cocoo.on.ca

INDEX

Introduction

The provision of prescription footwear is an integral part of patient care for the management of lower extremity pathology and to alleviate pain and dysfunction caused by foot deformities. The College of Chiropodists of Ontario has developed the Orthopaedic Footwear Standard to meet the needs of the profession and to provide the public of Ontario with safe and effective foot care. The assessment, prescription, casting, manufacturing, dispensing and modification of footwear are an integral part of the comprehensive provision of foot care that is unique to the chiropody and podiatry profession.

Medical Necessity and Justification

Members of the College have the knowledge to assess the medical need for footwear. Justification for recommending or prescribing footwear shall be a responsibility of the Member, shall be documented in the patient file, and be based on the Members' expertise, knowledge, and assessment of the patient. Medical necessity for the footwear may include any of the following:

- Therapeutic support and/or offloading of areas of abnormality, pressure, open wounds
- Protection of foot abnormalities to relieve pain and prevent further destruction
- Modify, improve or accommodate functional gait
- Accommodate for trauma, disease process, boney deformity, patho-mechanical abnormality
- Relief from chronic pain
- To enhance and/or appropriately function with Prescription Custom Foot Orthoses (PCFOs), prosthetics, or other foot devices
- To protect the foot from environmental conditions to which the patient is subjected
- Medical or pedal conditions, of various etiologies, causing difficulty with shoe fitting
- Impairments of gait that cannot be accommodated by mass-produced shoes

Orthopaedic Footwear

The term “orthopaedic footwear” broadly encompasses both shoes and sandals. Orthopaedic Footwear is footwear that serves to permit optimal functioning with gait or to protect the foot. In some applications, they are to be worn with PCFOs, ankle foot orthoses (AFOs), or other lower extremity braces.

Orthopaedic Shoe

Footwear having the following common features: a closed-toe box, an upper, a heel counter, an outer sole (with or without a separate heel), a midsole, a tongue, insole (fixed or removable), and some form of fastening.

Orthopaedic Sandal

Footwear having the following common features: absence of upper and/or toe box and/or heel counter, outer sole, insole (fixed or removable), fastening by straps, if at all.

Categories of Orthopaedic Footwear

Non-Custom Orthopaedic Footwear

I. Non-Modified Footwear (formerly “off-the-shelf” or prefabricated footwear)

The Member shall ensure that the footwear meets **all** of the following requirements:

- Footwear that has been deemed medically necessary by examination by the Member and must have orthopedic features consistent with the patient’s needs, as determined by the Member
- Footwear made from standard or specialized lasts but not for a specific individual
- Footwear that has features that enhance the effectiveness of orthotics or, on their own, improve biomechanical function or accommodation
- There must be clear identification of the clinical process and methodology necessary to justify recommending the footwear documented in the patient record

Features of this type of footwear **must include at least one** of the following features:

- Firm/supportive heel counter – broad enough for stability or elongated/flared for stability
- Last shape matching and supportive of treatment plan
- Padded rear topline reducing irritation to retro-calcaneal area

- No prominent or irritating internal seams
- Wide/extra wide/narrow and/or deep toe box
- Retaining medium (laces, buckles, straps)
- Deep heel seat/cup
- Increased toe spring or rocker sole to reduce forefoot plantar pressures and support gait
- Alternative lacing or flexible closures for ease of access and use
- Removable insole/foot-bed
- Sole that accommodates for foot size, stability and non-slip features reflective of patient needs or prescription

The above list does not apply to non-custom orthopedic sandals.

II. Modified Footwear

In addition to the features of Non-Modified Footwear, features of Modified Footwear shall include:

- Prefabricated footwear that has undergone specific, permanent modification to one or both shoes to accommodate a patient's unique anatomic or functional needs, as determined by the Member
- There must be a clear identification of the clinical process and methodology necessary to justify recommending the modified footwear documented in the patient record

Accepted Modifications for Modified Footwear:

- Except as itemized below, any modification that permanently changes the anatomy of the footwear and is medically indicated for the patient's care.

Other Modifications:

Though routinely added to footwear for patient management, the following are **not accepted** modifications that meet the requirements for or definition of Modified Footwear:

- Modifications listed in Appendix A
- Addition of over-the-counter liners
- Addition of a PCFO as the sole modification
- Elastic laces

- Removable materials such as:
    - Semi-compressed felt padding, moleskin
    - Stick on velcro patches
    - Blister prevention patches
    - Modifications with adhesive backing that can be removed from the shoe
- Removal of laces
- Footwear anatomy modifications which can be reversed by the patient

Custom-Made Orthopaedic Footwear

Custom-made orthopaedic footwear ("**Custom-Made Footwear**") is prescribed by the Member to address complex and unique anatomic or functional needs that are not adequately addressed by non-custom orthopaedic footwear. This footwear is fabricated and designed to uniquely address a specific patient case. Footwear **must** be constructed as per the prescription requirements and fabricated from appropriate materials in consideration of the patient's diagnosis, deformity, activities, and environmental conditions.

Custom-Made Footwear must be made from measurements and a mould (custom-last) of the patient's feet to accommodate or control a deformity, abnormality, or dysfunction of the foot or lower limb.

Methodology

Non-Custom Orthopaedic Footwear

To prescribe Modified Footwear, the Member shall:

- Take a medical history including the recording of the condition/diagnosis that necessitates the modified footwear.
- Perform a biomechanical examination.
- Perform a gait analysis where appropriate and possible.
- Perform an assessment and recording of the activities and environmental requirements of use.
- Record *any required* orthopaedic modifications indicated for the patient's care.
- Record any pertinent measurements of the foot required for modification purposes.

Custom-Made Orthopaedic Footwear

To prescribe Custom-Made Footwear, the Member shall:

- Take a medical history including the recording of the condition/diagnosis that necessitates the custom-made orthopaedic footwear
- Take a cast of the patient's lower limb (below knee) with plaster, fiberglass cast sock or 3D digital video imaging/ scanning
- Ensure that a unique last is created for the patient
- Perform a biomechanical examination
- Perform a gait analysis where possible and appropriate
- Perform an assessment and recording of the activities and environmental requirements of use
- Record the specification of the type of footwear created, materials used and specialized corrective/ accommodative features
- Complete a laboratory requisition providing the Member's instruction of manufacturing details of footwear construction

Documentation and Appropriate Charting

It is recognized that each presenting case is unique, and as such, this Standard can in no way encompass all possible scenarios and outcomes. For this reason, it is essential that all

recommendations, assessments, and modifications relating to the prescription of footwear are justified and thoroughly documented by the Member in the patient's records. The patient records are required to provide full transparency and Members are required to adhere to the Records Standard, including the requirements with respect to patient health records and financial records. As with all medical treatments, Members shall obtain the patient's informed consent in all cases.

Records and prescriptions concerning Non-Modified, Modified, and Custom-Made Footwear shall include information that is specific to the patient and their medical needs. The Member shall document the assessments performed to determine the patient's needs in the health record. The Member is required to clearly document the following information in the patient health record:

- A medical history of the pertinent conditions of the patient
- The condition/diagnosis that justifies the prescription of footwear and the treatment plan
- Full biomechanical examination and gait analysis where appropriate
- Gait, function, and mobility of the patient
- The therapeutic goal of the device in the overall management of the specific patient
- Features of the footwear device that deem it medically necessary by the Member
- How the efficacy of this intervention will be assessed
- Appropriate dispensing
- Offer of follow up
- Management plan in the case of any dissatisfaction experienced by the patient

Documentation of Modified Footwear must additionally include:

- Recording of all modifications made
- Justify need for modifications that were made
- Whether the modification is permanent or made on an interim basis
- Justify need for an interim modification (e.g. progressive heel lift change for leg length discrepancy)

Documentation of Custom-Made Footwear shall additionally include:

- Specification of materials used for upper, sole, lining, and any special features
- Specification of type of footwear prescribed

- Denoting that a cast of the patient's foot and ankle with plaster, fiberglass cast sock, or 3D digital scan/image was taken
- A record of the laboratory requisition of the Custom-Made Footwear.

Appropriate Dispensing and Follow Up

Dispensing Obligations

Member Obligations

When the Member prescribes Custom-Made Footwear or Modified Footwear for a patient, the Member, or another member of the College, is responsible to dispense in all circumstances. The prescribing Member, or an alternate Member arranged by the prescribing Member to see the patient, must dispense, even in the case of a repeat prescription as modifications require professional assessment for correct function and/or further modifications/fine-tuning.

The universal rule is that Members always dispense any prescribed footwear. The exception to the rule is that a trained assistant is permitted to dispense Non-Modified Footwear (except when orthotics are also being dispensed) so long as the assistant performs all of the requirements that the Member is required to do as part of their dispensing obligations. It is the responsibility of the Member to ensure that the assistant has training deemed by the Member to be sufficient to dispense Non-Modified Footwear. The assistant must also record that they dispensed the Non-Modified Footwear in the patient's record. All dispensing is still the full responsibility of the Member and the Member shall ensure that the dispensing is properly documented and performed.

The dispensing obligations require:

- The patient be seen in person
- Ensure footwear is fitted/donned by patient, and this is documented in the patient's record
- Provide the following information:
    - Patient and/or primary caregiver education on break-in process, how to use, and to inform Member of pain/discomfort
    - Patient and/or primary caregiver education on features of the footwear that will help the patient's conditions
    - Offer of a 3-6 week follow up appointment for review of use with the Member and/or any issues seen with regular use of the footwear as required in order to work toward achieving optimal functioning
    - Ensure that any prescription custom foot orthoses that has been prescribed simultaneously by the Member is fitted appropriately into the footwear during donning process

- Advise the patient regarding the need for periodic long-term check-ups based on the individual case
- Patient is informed about office policy for dissatisfaction

In appropriate circumstances, the Member may re-dispense footwear to a patient within one year of the original prescription without the requirement for a full patient assessment.

Appropriate Follow Up

- Advice of periodic long-term follow up, required refurbishing, assessments to adjust footwear, and ensure the product is working as intended
- Those patients who require periodic follow up (for example: shoe lift modifications that require gradual changes) are notified that they require a follow up
- Offer of appointment must be documented in the health record
- Follow up for footwear must be offered within a reasonable amount of time (ie. between 3-6 weeks). An earlier follow up may be offered given the circumstances of the modifications made by the Member

Dissatisfaction Policy

The Member shall address what the patient may expect regarding the outcomes from treatment. Although the Member cannot guarantee the success of any treatment, a reasonable level of patient satisfaction should be achieved. The Member shall explain these expectations in advance, at the time of obtaining consent to treatment (prior to casting/measurements for the orthopaedic footwear), and at the time of dispensing of the orthopaedic footwear.

This Standard also requires:

- The office in which the Member works shall have a dissatisfaction policy
- The policy must include reasonable terms
- The Member is responsible to notify the patient of this policy during the in-person dispensing appointment or at any time during the process
- The Member must record that they did offer alternative options in the ealth record in the event of any patient dissatisfaction

Circumstances of Inappropriate Practice

In view of the College's public protection mandate, the College believes that inappropriate, unethical, and/or fraudulent practices must be mentioned. Circumstances that do not necessitate medically recommended footwear are strongly condemned. Therefore, the following instances are explicitly laid out as constituting contravention of the *Chiropody Act, 1991*, S.O. 1991, c. 20 and its regulations, the College's Conflict of Interest Policy, and the College's Code of Ethics.

A Member will prescribe footwear, where appropriate, in good faith, based on the patient's needs and the Member's opinion. When prescribing footwear, it is incumbent upon the Member to abide by the College's Conflict of Interest Policy, and in particular section I 2(g)(i):

> 2. A Member shall be deemed to be practicing the profession while the Member is in a conflict of interest where a Member, or a related person or related corporation, directly or indirectly,
>
> g. Sells or supplies a product to a patient unless,
>
> i. The product is medically necessary and is required for the prevention, treatment or management of a disease, disorder or dysfunction of the foot;

Among others, the College confirms that the following circumstances do not meet the requirements of this Standard and/or constitute a conflict of interest:

- Any recommendation by the Member for footwear that is not medically necessary
- Recommending, ordering, prescribing, dispensing, or effecting footwear modifications to any shoe that is not justifiable for a given patient's medical condition, pedal structure or functional condition, and would therefore constitute modifications that are medically unnecessary.
- Recommending, ordering, prescribing or dispensing any footwear that is not medically necessary for a given patient, and/or not appropriately documented in the patient health record evidencing medical necessity, constitutes overprescribing.
- Effecting modifications to any shoe that are not medically necessary for a given patient, and/or not appropriately documented in the patient health record evidencing medical necessity, constitutes over-prescribing.
- Charging an excessive examination fee for recommending non-modified footwear.

Members are required to conduct and document an appropriate examination in order to recommend non-modified footwear. As a biomechanical assessment is not required to only recommend non-modified footwear, Members should not subject patients to unnecessary examinations and/or charge unnecessary fees to patients or their insurers to do so. To do otherwise is unprofessional and contrary to this Standard.

In addition, there is zero tolerance for any inappropriate business practices by Members and the College confirms the following:

- The term “Orthotic Shoes” is not a term recognized as a category of orthopaedic footwear by the College
- The offering, provision, and/or dispensing of free and/or discounted footwear with the prescription of orthotics is a breach of this Standard and other standards of the College
- Non-Modified and Modified Footwear cannot be charted and/or billed and/or represented in any manner as Custom-Made Footwear. To do so constitutes a breach of this Standard and other standards of the College.
- When a Member is recommending, prescribing, and/or dispensing Modified Footwear that might be eligible for insurance reimbursement, the modifications to the footwear shall meet the definition of Modified Footwear under this Standard. For clarity, Members shall not chart, bill, and/or represent in any manner footwear with temporary modifications and/or modifications not accepted by this Standard as Modified Footwear. To do so constitutes a breach of this Standard and is regarded by the College as tantamount to insurance fraud.

Glossary of Terms

Term	Definition
Last	The mould on which the shoe is made and determines the shape and fit of the shoe
PCFO	Prescription custom foot orthosis created specifically to address the patho-mechanical features of a foot condition that may be structural or functional in nature by providing support or stability
AFO	Ankle Foot Orthosis also known as a brace or splint commonly used to control foot and ankle position and improve mobility
Member	A registered Member of the College in either the chiropodist class or the podiatrist class (plural, “Members”)

Appendix A

Other Modifications

The following non-permanent modifications **do not** meet the definition of accepted modifications required for Modified Footwear:

- Removable heel lifts
- Adhesive padding for bunions, corns, and/or calluses
- Removable liners
- Altered method of fastening that does not permanently change footwear anatomy:
    - Elastic laces
    - Adhesive velcro patches
- Adhesive backed and removable accommodation pieces:
    - Ball-of-foot cushions
    - Metatarsal pads/domes
    - Dancer's pads
    - Metatarsal bars
    - Arch supports/scaphoid pads
    - Bunion pads
    - Any removable padding
- Heel cushions
- Taping
- Excavations of footwear not medically indicated for the patient's care
- Modifications not medically indicated for the patient's care