Health Canada Santé Canada

Non-Insured Health Benefits

Medical Supplies and Equipment Bulletin

Orthotic, Custom Footwear and Prosthetic Benefits **May 2004**

The Non-Insured Health Benefits (NIHB) Program provides supplementary health benefits, including medical supplies and equipment, for registered First Nations and recognized Inuit throughout Canada.
Visit our Web site at: http://www.hc-sc.gc.ca/fnihb/nihb

The purpose of this bulletin is to clarify questions from providers on the provision of custom-made foot orthotics and shoes under the NIHB Program.

* PLEASE NOTE THAT THE DESCRIPTION OF BENEFIT CODE **99400167** IS CUSTOM-MADE FOOTWEAR WHICH MEANS **"CUSTOM-MADE SHOES".**

CASTING TECHNIQUES RECOGNIZED BY THE NIHB PROGRAM FOR THE PROVISION OF CUSTOM-MADE FOOT ORTHOSIS (CUSTOM - MADE INTERNAL FOOTWEAR DEVICES)

Following a comprehensive review of scientific literature, NIHB policies regarding the provision of custom-made foot orthosis were developed in consultation with clinical experts in the field of biomechanics and the provision of foot orthosis.

At the time of the implementation of the NIHB policies and guidelines, the technical and scientific evidence regarding assessments, impression (casting) techniques and materials were reviewed as were the newer computerized techniques. The result of this review was confirmed by a study in 2002 (J AM Podiatr Med Assoc 92 (5): 261-268, 2002) which compared four methods currently available for taking a negative impression of the foot for the purpose of fabricating a foot orthotic device. Those four methods are:

1. Non-weight bearing plaster casting
2. Partial-weight bearing foam impressions
3. Partial-weight bearing laser scanning
4. Non-weight bearing laser scanning

The study compared the reliability and accuracy of these methods. The study found that foot measures are significantly influenced by the method used to obtain a negative foot impression. The study concluded that the methods differed in reliability and plaster casting may be preferable to the other three methods when it is important to capture the forefoot-to-rearfoot relationship, as in fabricating a functional orthosis.

The accuracy of each casting technique and its ability to capture forefoot to rearfoot positions were the main criteria used to determine that only the following two methods of casting are accepted by the NIHB Program in dispensing a functional device:

- **plaster of Paris bandage wrap / slipper cast**
- **contact digitizing method**

The NIHB Program does not accept the use of a foam box, laser or optical scanning devices for the dispensing of functional foot orthosis. These methods demonstrate a significant reduction in accuracy and reliability in obtaining the positional relationships regardless of the experience of the practitioner.

FUNCTIONAL AND ACCOMMODATIVE FOOT ORTHOSIS

Functional Foot orthosis: A device intended to maintain or promote foot function around a neutral/congruous sub talar joint, utilising various biomechanical theoretical principals. This device allows for pronation and supination to occur within the accepted normal functional, anatomical and temporal range of motions of the joints of the foot therefore preventing pathological compensatory motions and limiting excessive end range of motion.

Accommodative Foot Orthosis: A device intended to transfer pressure away from a painful area and redistribute this pressure to the rest of the foot. No attempt is made to control motion around a joint but

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rather to control ground reaction forces around a specific anatomical location. Accommodative devices are indicated in the presence of a rigid deformity, arthritic joint or painful chronic skin lesion. This device is also for high risk patients with peripheral vascular disease and/or neuropathy who are prone to ulceration.

Please note that for those high risk patients, where joint range of motion are within normal limits, a functional / semi functional device will be expected to be used with accommodation for specific lesions. For these patients a plaster of Paris bandage wrap / slipper cast MUST be used.

APPROVED PROVIDER QUALIFICATIONS

After reviewing the educational and training standards of various educational institutions, as well as the licensing procedures and the ability of regulatory bodies to monitor health professional practice in Canada, the following are the only providers accepted by the NIHB Program for the provision of custom-made shoes, custom-made foot orthotics and modifications to stock footwear:

- Orthotists certified (CO©) by the Canadian Board for the Certification of Prosthetists and Orthotists (CBCPO);
- Prosthetist Orthotist (CPO©) certified by the CBCPO;
- Doctor of Podiatric Medicine registered with provincial and territorial regulatory bodies
- Podiatrist and Chiropodist registered with provincial and territorial regulatory bodies,
- Canadian certified Pedorthist Clinicians (CPed ©) holding registration with the Canadian College of Pedorthists

SUBMITTING PRIOR APPROVALS FOR CUSTOM-MADE SHOES

When requesting a prior approval for custom-made shoes, you MUST include templates / drawing / tracing of the contour of the feet and/or photographs with the prior approval form. Please understand that it is very difficult to assess suitability of custom-made shoes with templates alone. Where possible, photographs are preferred.

IMPORTANT INFORMATION REGARDING THE PROCESSING OF PRIOR APPROVAL REQUESTS

The following information is often missing on a prior approval form. To ensure approvals are processed promptly, please complete all sections before submitting the form.

SECTION 2: PRESCRIBER INFORMATION

Doctors Name

For custom-made shoes you MUST also indicate the medical specialty of the physician after his name.

While it is recognized that access to a medical specialist may be an issue in some areas, a prescription from a specialist is required for the first issue of custom-made shoes.

Please note that a prescription from a general practitioner is accepted for custom-made internal footwear devices (99400169, 99400170, 99400624) and modifications to stock footwear (99400171).

Licence number, Telephone and Fax numbers

Please ensure this information is clearly indicated.

Item being requested

Please identify the item that is being requested. (e.g.: custom-made shoes or custom-made foot orthosis).

SECTION 3: CLIENT HEALTH INFORMATION

Diagnosis

The diagnosis and the client's "SYMPTOMS" must be listed. (e.g.: heel pain / arch pain, metatarsalgia, tendinitis, pain - indicate location).

This information MUST be indicated by the provider on the prior approval form. This is required by NIHB consultants when assessing the device and the related biomechanical assessment.

Explanation of benefit requirement based on clinical assessment

This must include basic biomechanical / medical assessment information. From your assessment, what is causing the clients symptoms? (e.g.: excessive pronation - pronation syndrome - pes planus (flat feet) - bunions - hallux valgus - claw toes / hammer toes, etc.).

SECTION 4: EQUIPMENT OR SUPPLIES REQUESTED

Please ensure the following information is indicated when applicable:

- imprint technique
- manufacturing technique
- material to be used
- design of shoes (e.g.: rocker soles, shanks, flares, etc.)
- side of the body
- itemized replacement parts if it is a repair
- warranty details