What Requirements Exist for Resident Experiences with Specific Orthoses or Prostheses?

Director / Mentor Frequently Asked Questions · https://ncope.org/index.php/docs/required-prostheses-orthoses/

The 2025 NCOPE Residency Standards define Minimum Activity Volumes (MAVs) for office visits and specific orthoses/prostheses. It is important to recognize that a **single office visit counts as 1 activity.** An episode of care for a person requiring a new transtibial prosthesis will account for multiple MAVs relative to transtibial prosthetic management. For example:

A person with a unilateral transtibial amputation 1) is seen for an initial evaluation at week one, 2) is cast for a definitive prosthesis at week two, 3) is fit with a test socket at week three, 4) accepts delivery of the definitive prosthesis at week four, and 5) is seen for an initial follow-up visit at week five. This episode of care required five separate visits and therefore would count as five transtibial activities.

Assessing Sites Seeking Accreditation for the First Time

Sites will be prompted to provide an EMR or office visit report with the patient name and DOB redacted to demonstrate the ability to offer residents adequate patient volumes and variety.

Assessing Sites Renewing Accreditation

Residency sites renewing accreditation on or after July 1, 2025 will be assessed for patient access and volumes by the NCOPE staff by reviewing the case logs provided by former residents. Sites that feel that the former residents' case logs are not reflective of the sites ability to offer adequate variety and patient volume may also submit supplemental documentation such as an EMR report with patient name and DOB redacted to demonstrate compliance.

Required Procedures / Visits

Residents require a well-rounded exposure to all domains of practice including Evaluation, Casting/Shape Capture, Diagnostic Fittings, Deliveries, Adjustments/Follow-up/Maintenance.

Procedure/Visit Type	Orthotic	Prosthetic
Evaluations	50	35
Casting/Digital Shape Capture	45	35
Diagnostic Fittings	0	35
Delivery Visits	65	35
Adjustment/Follow-Up/ Maintenance Visits	35	45

Required Orthoses

Orthosis	Observe	Assist	Independent	Total**
Foot Orthoses	0	0	15	25
Ankle Foot Orthoses	0	0	25	50
Knee Ankle Foot Orthoses	0	5	0	10
Lumbosacral Orthoses*	0	0	5	10
Thoracolumbosacral Orthoses	0	0	5	10
Wrist Hand Orthoses*	0	0	5	10

* Custom fabricated or custom fit are acceptable for these orthoses.

** The total listed may include activities documented at the observe, assist, and perform levels. Any

totals listed in the Assist or Independent column must also be met.

Elective Lower Limb Orthoses

Orthosis	Observe	Assist	Independent	Total
Diabetic Shoes and Inserts*	There is no minimum number of cases the resident must observe. Observing counts toward the total number of activities.	There is no minimum number of cases the resident must assist with. Assisting counts toward the total number of activities.	At least 5 visits where the critical components of care are performed independently for at least 3 of the orthoses listed.	The total listed in the bottom row may include activities documented at the observe, assist, and perform levels. Any totals listed in the Independent column must also be met.
Supramalleolar Orthoses				
Knee Orthoses*				
Tibial Fracture Orthoses*				
Shoe Modifications				
Clubfoot Orthoses*				
Total across at Least 3 of the orthoses listed above			25	30

* Custom fabricated or custom fit are acceptable for these orthoses.

Other Elective Orthoses

Orthosis	Observe	Assist	Independent	Total
Scoliosis Orthoses	There is no minimum number of cases the resident must observe. Observing counts toward the total number of activities.	There is no minimum number of cases the resident must assist with. Assisting counts toward the total number of activities.	At least 3 visits where the critical components of care are performed independently for at least 3 of the orthoses listed.	The total listed in the bottom row may include activities documented at the observe, assist, and perform levels. Any totals listed in the Independent column must also be met.
Cranial Remolding Orthoses				
Cervical Orthoses/ Cervicothoracic Orthoses				
Pectus Deformity Orthoses				
Shoulder Elbow Wrist Hand Orthoses				
Humeral Fracture Orthoses				
Total across at Least 3 of the orthoses listed above			15	25

Required Prostheses

Prosthesis	Observe	Assist	Independent	Total*
Transtibial	0	0	40	60
Transfemoral	0	0	25	45

* The total listed may include activities documented at the observe, assist, and perform levels. Any totals listed in the Assist or Independent column must also be met.

Elective Lower Limb Prostheses

Prosthesis	Observe	Assist	Independent	Total
Partial Foot Symes Knee Disarticulation Hip Disarticulation Proximal Femoral Focal Deficiency/Rotationplasty	There is no minimum number of cases the resident must observe. Observing counts toward the total number of activities.	There is no minimum number of cases the resident must assist with. Assisting counts toward the total number of activities.	At least 3 visits where the critical components of care are performed independently for at least 3 of the prostheses listed.	The total listed in the bottom row may include activities documented at the observe, assist, and perform levels. Any totals listed in the Independent column must also be met.
Total across at Least 3 of the prostheses listed above			10	25

Elective Postoperative Prostheses

Prosthesis	Observe	Assist	Independent	Total
Rigid Removable Dressings Shrinkers/Gradient Compression Immediate Postoperative Prosthesis	There is no minimum number of cases the resident must observe. Observing counts toward the total number of activities.	There is no minimum number of cases the resident must assist with. Assisting counts toward the total number of activities.	At least 3 visits where the critical components of care are performed independently for at least 1 of the prostheses listed.	The total listed in the bottom row may include activities documented at the observe, assist, and perform levels. Any totals listed in the Independent column must also be met.
Total across at Least 1 of the services listed above			5	10

Elective Upper Limb Prostheses

Prosthesis	Observe	Assist	Independent	Total
Partial Hand	There is no minimum number of cases the resident must observe. Observing counts toward the total number of activities.	At least 3 visits where the critical components of care are performed at the assist level for at least 2 of the prostheses listed.	There is no minimum number of cases the resident must perform independently. Independent performance may be applied to the total defined for Assist.	The total listed in the bottom row may include activities documented at the observe, assist, and perform levels. Any totals listed in the Assist columns must also be met.
Wrist Disarticulation/ Transradial				
Elbow Disarticulation/ Transhumeral				
Shoulder Disarticulation				
Interscapulothoracic				
Total across at Least 2 of the prostheses listed above		10		20

Residents are not required to provide independent upper limb prosthetic care, but the resident must assist or independently provide the majority of care for a minimum of 10 visits for a patient with upper limb deficiency or acquired limb loss.

PHI-Redacted Report

First-time applications are required to submit a PHI-redacted report to demonstrate that the residency site meets the MAV requirements. To assist with what NCOPE is looking for in this report, sites are welcome to use the document below as a reference.

Sample MAV Report