

Mobility – Medical Grade Footwear & Custom Footwear

(Also known as Pedorthic Footwear, Orthopaedic Footwear, Surgical Footwear)

This list is not exhaustive and may be changed without notice. EnableNSW will make the final decision regarding the provision of equipment that is not specifically included or excluded in the guidelines.

Eligible prescribers are not required to register with or be approved by EnableNSW. Eligible prescribers may request equipment for residents of NSW, regardless of the location of the clinical service.

NOTE: A clinician cannot both prescribe and supply assistive technology for EnableNSW consumers. NSW Health requires that the prescription and supply of equipment are appropriately separated in order to guard against any actual or perceived conflict of interest.

ALLOCATION	<p>Maximum 1 pair of footwear per year.</p> <p>Maximum 1 request for footwear modifications to person’s own footwear per year (excluding repairs and maintenance).</p> <p>Requests for replacement footwear may be submitted for reasons of wear and tear, growth or change in clinical condition.</p> <p>Replacement footwear will not be funded less than 12 months after previous provision unless clinical and/or functional needs have changed significantly.</p>
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Included equipment	Clinical Criteria	Request Process
<p>Group 1</p> <p>Footwear modifications to person’s own footwear (retail or pedorthic)</p> <ul style="list-style-type: none"> - Significant modification including build-ups greater than 25mm, or - Multiple modifications totalling more than \$100 <p>Prefabricated above-ankle stability boots</p>	<p>The person has a clinical need for footwear modifications or prefabricated above-ankle stability boots to promote less restricted mobility.</p> <p>E.G. In case of Limb Length Discrepancy a shoe raise is required to enable even gait for completion of a specific activity of daily living (ADL).</p>	<p>Eligible Prescribers Group 1:</p> <p>Appropriately skilled Medical Specialist, Podiatrist, Orthotist/Prosthetist, Pedorthist, or Physiotherapist.</p> <p>Complete Orthotic & Footwear Equipment Request Form, attach a quote.</p> <p><i>Tips for writing request:</i> Measure the person’s goals (eg. time, distance, assistance level, falls, etc) without footwear modifications and with footwear modifications. If requesting first provision of modifications, estimate the likely measured improvement with modifications.</p>

<p>Group 2 Pedorthic footwear</p> <ul style="list-style-type: none"> - Prefabricated extra depth/width - Customised extra depth/width 	<p>The person has a permanent or indefinite disability requiring functional support or correction provided to the feet by pedorthic footwear AND the footwear will allow one of the following functional improvements:</p> <ul style="list-style-type: none"> • Increased independence in mobility/transfers (eg reduction in assistance required, increased distance/time) • Increased safety in mobility/transfers (eg reduction in falls, prevention of further ulceration, prevent symptoms associated with the person’s condition) • Increased competence in completion of an Activity of Daily Living (ADL) (eg time to complete a task, level of assistance required, improved accuracy) • Improved participation in core ADLs through reduced clinical visits (eg. change in frequency of clinical visits) 	<p>Eligible Prescribers Group 2: Appropriately skilled Medical Specialist, Podiatrist, Orthotist/Prosthetist, Pedorthist, or Physiotherapist. with > 1 year experience; plus 3 previous prescriptions for Group 2 equipment in this document*</p> <p>Complete Orthotic & Footwear Equipment Request Form, attach a quote. <i>Tips for writing request:</i> ensure you measure the person’s goals (eg. time, distance, assistance level, falls, etc) without pedorthic footwear (eg in regular footwear) and with pedorthic footwear. If requesting first provision of footwear, estimate the likely measured improvement in these goals.</p>		
<p>Four categories of clinical reasoning are available on the request form:</p>				
<p>Category 1: The person has an abnormal foot shape or disability preventing them from fitting one or both feet into regular footwear AND one of:</p> <ol style="list-style-type: none"> 1. Increased risk of amputation as a result of ischaemia (impalpable pulses, ABI<0.8, or vascular study), loss of protective sensation (cannot feel 10g monofilament), or previous ulceration; 2. Gross Oedema which cannot be controlled by medication or pressure management 3. Ability to perform activities of daily living is severely limited, resulting in decreased independence due to inability to fit regular footwear. 	<p>Category 2: The person uses a custom-made lower-limb orthosis (and meets the EnableNSW lower-limb orthoses criteria), AND the orthosis has a design that requires extra depth/width shoe last, AND the person has a risk of serious foot injury caused by using the orthosis in regular footwear.</p>	<p>Category 3: The person has a clinical need for footwear modifications to promote less restricted mobility and the modifications required are beyond what is practical with regular footwear last shape- eg. heel/sole raise greater than 50mm.</p>	<p>Category 4: The person has permanent or indefinite disability requiring functional support or correction provided to the lower-limbs by an ankle foot orthosis (AFO) but footwear is requested to meet the same functional goal AND Evidence is provided of why the more cost-effective option of an AFO is not suitable.</p>	

<p>Group 3 Pedorthic footwear - Custom made</p>	<p>Criteria and categories as for Group 2 footwear (see previous page) AND Evidence provided for why more cost-effective option of prefabricated pedorthic footwear is not suitable for the person.</p>	<p>Eligible Prescribers Group 3: Appropriately skilled Medical Specialist, Podiatrist, Orthotist/Prosthetist, Senior Physiotherapist or Pedorthist with input from one or more members of the specialist multi-professional team (note team members on Prescriber Declaration)</p> <p>with > 3 years experience; plus 5 previous prescriptions for Group 3 equipment in this document*</p> <p>Complete Orthotic & Footwear Equipment Request Form, specify team members in the Prescriber Declaration, attach a quote.</p> <p>Evaluation is required for all Group 3 footwear. Complete the Equipment Evaluation Form after fitting of the footwear.</p>
<p>Excluded equipment</p>	<ul style="list-style-type: none"> • Temporary footwear for clinical treatment- eg. intended to treat a wound, or post-operative treatment. • Post-operative or cast shoes, Wound-healing shoes, or prefabricated walking braces. • Regular footwear (off-the-shelf, readily available, retail footwear made from standard shape lasts, normal depth toe box). • Build-ups less than 25mm • Single rocker soles, wedge/flare, Thomas heels, etc, unless as part of medical grade footwear prescription or orthosis prescription (see Lower Limb Orthosis criteria). • Items costing less than \$100. • Equipment primarily for use in sport, recreation, educational or employment purposes. 	

*Previous prescriptions may have been for alternative funding sources.