

Mobility – Lower Limb Orthoses

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	1 x item in this category per affected limb. Spare orthoses not provided. Requests for replacement orthoses may be submitted for reasons of wear and tear, growth or change in clinical condition. Replacement orthoses will not be funded less than 12 months after previous provision unless clinical and/or functional needs have changed significantly.	
Included equipment	Clinical Criteria	Request Process
<p>Group 1 Prefabricated Orthoses</p> <ul style="list-style-type: none"> - Ankle Foot Orthoses (AFO) including associated footwear modifications - Foot Orthoses - Knee Orthoses <p>Orthoses may include various materials and designs.</p>	<p>The person has a permanent or indefinite disability requiring functional support or correction provided to the lower-limbs by an orthosis;</p> <p>AND one of the following:</p> <ol style="list-style-type: none"> 1. The orthosis will allow functional capacity in a core Activity of Daily Living (ADL) that is not provided without the orthosis (eg. there is a functional ADL that the person will be able to complete with the orthosis that they cannot complete otherwise); <p>Or</p> <ol style="list-style-type: none"> 2. The person can demonstrate one or more of the following while using the device: <ul style="list-style-type: none"> • Increased independence in mobility/transfers (eg increased distance/time, reduction in assistance required) • Increased safety in mobility/transfers (eg reduction in falls) • Increased competence in completion of an ADL (eg time to complete a task, level of assistance required, improved accuracy) 	<p>Eligible Prescribers Group 1: Appropriately skilled Medical Specialist, Physiotherapist, Orthotist, LMO, Podiatrist, Pedorthist</p> <p>Complete Orthotic & Footwear Equipment Request Form, attach a quote.</p> <p><i>Tips for writing request:</i> Include/provide the person’s measurable goals both with and without the orthosis. If requesting first provision of orthosis estimate the likely measured improvement with orthosis.</p>

<p>Group 2 Custom-made or Customised Orthoses: below knee</p> <ul style="list-style-type: none"> - Ankle Foot Orthoses (AFO) including associated footwear modifications - Foot Orthoses for adults - Ground Reaction AFOs - PTB Weight-bearing AFOs - Knee Orthoses <p>Orthoses may include various materials and designs.</p>	<p>Criteria as for Group 1 orthoses (page 1) AND Evidence provided for why more cost-effective option of prefabricated orthoses are not suitable for the person.</p>	<p>Eligible Prescribers Group 2: Rehabilitation Physician, Orthopaedic Surgeon, Rheumatologist, Vascular Surgeon, Endocrinologist, Paediatrician, Orthotist, Podorthist, Physiotherapist, or Podiatrist 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.</p> <p><i>Tips for writing request:</i> Include/provide the person's measurable goals both with and without the orthosis. If requesting first provision of orthosis estimate the likely measured improvement with orthosis.</p>
<p>Group 2 Foot Orthoses for children under 16 years of age</p> <ul style="list-style-type: none"> - also known as insoles, arch supports, orthotics 	<p>The child has a permanent or indefinite disability requiring functional support or correction provided to the lower-limbs by a foot orthosis; AND</p> <ul style="list-style-type: none"> • The child's foot condition is pathological, related to the primary diagnosis, and symptomatic resulting in restrictions in normal activities; AND • Symptoms are clearly described in the request and accompanied by a measurable functional goal. 	<p>Eligible Prescribers as for Group 2 (above)</p> <p>Complete Orthotic & Footwear Equipment Request Form, attach a quote.</p> <p><i>Tips for writing request:</i> Measure the child's goals (eg. in time, distance, assistance level, falls, etc) without orthosis and with orthosis. If requesting first provision of orthosis, estimate the likely measured improvement with orthosis.</p>
<p>Group 2 Lycra Garments</p> <ul style="list-style-type: none"> - also known as structural garments, flexible orthoses. Not compression garments for oedema management) 	<p>Criteria as for Group 1 orthoses (page 1) PLUS</p> <ul style="list-style-type: none"> • Don/doff ability has been demonstrated by consumer/carer through previous use or simulation with pre-fabricated garment or neoprene facsimile; AND • Compliance to wearing regime has been demonstrated over a six (6) month period with previous garment use OR other forms of dynamic splinting; AND 	<p>Eligible Prescribers as for Group 2 (above)</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 the garment and with the garment.</p>

	<ul style="list-style-type: none"> • More cost-effective options such as thermoplastic or carbon fibre orthoses have been considered and ruled out for clinical reasons. Reasoning must be provided in the Equipment Request Form. 	
<p>Group 3 Custom-made Orthoses: above knee</p> <ul style="list-style-type: none"> - Knee Ankle Foot Orthoses (KAFO) - Reciprocal Gait Orthoses <p>Orthoses may include various materials and designs.</p>	<p>Criteria as for Group 1 orthoses (see page 1) AND Evidence provided for why more cost-effective option of prefabricated orthoses are not suitable for the person.</p>	<p>Eligible Prescribers Group 3: Specialist multi-professional team including one or more of: Rehabilitation Physician, Orthopaedic Surgeon, Rheumatologist, Vascular Surgeon, Endocrinologist, Paediatrician, Orthotist, Pedorthist, Physiotherapist, or Podiatrist</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. Evaluation is required for all Group 3 orthoses. Complete the Equipment Evaluation Form after fitting of the orthosis.</p> <p><i>Tips for writing request:</i> Include/provide the person's measurable goals both with and without the orthosis. If requesting first provision of orthosis estimate the likely measured improvement with orthosis.</p>
<p>Group 3 Stance-Control Knee Ankle Foot Orthoses (SCKAFOs)</p> <p>Orthoses may include various materials and designs.</p>	<ul style="list-style-type: none"> • More cost-effective options such as locked-knee joint KAFOs (bale lock, drop lock, etc) and polycentric-offset knee joint KAFOs have been considered and ruled out for clinical reasons. Reasoning must be provided in the Equipment Request Form; and • The consumer has the following clinical presentation: <ul style="list-style-type: none"> • quadriceps weakness and knee instability • less than 10 degree knee flexion contracture or 	<p>Eligible Prescribers as for Group 3 (above)</p> <p>Complete Orthotic & Footwear Equipment Request Form, specify team members in the Prescriber Declaration, attach a quote. Evaluation is required for all Group 3 orthoses. Complete the Equipment Evaluation Form after fitting of the orthosis.</p> <p><i>Tips for writing request:</i> Include/provide the person's measurable goals both with and without the orthosis. If requesting first</p>

	<p>valgus/varus</p> <ul style="list-style-type: none"> • hips strength at least Grade 3 (refer to manufacturers' instructions for each brand of joint) • absence of spasticity • absence of significant ankle/foot abnormality • motivation to attend gait training • The request includes a detailed gait training plan to ensure that appropriate follow-up and training is provided. Contact details for training physiotherapist must be included 	<p>provision of orthosis estimate the likely measured improvement with orthosis.</p>
<p>Excluded equipment</p>	<ul style="list-style-type: none"> • Orthoses to support or linked with a clinical intervention eg. as part of a serial splinting or stretching program, night splints, post-operative treatment, or immediately post-botulinum toxin treatment • Orthoses exclusively for treatment of medical conditions or short-term use (less than 12 months) • Items costing less than \$100 • Footwear- see separate Footwear Clinical Criteria • Footwear modifications not associated with an accompanying orthosis • Equipment primarily for use in sport, recreation, educational or employment purposes • Orthoses including functional electrical stimulation (FES) 	

*Previous prescriptions may have been for alternative funding sources.