

Mobility – Medical Grade Footwear & Custom Footwear
(also known as Pedorthic, Orthopaedic, or Surgical Footwear)

EnableNSW funds the following footwear. This list is not exhaustive and EnableNSW reserves the right to make the final decision regarding the provision of equipment that is not specifically included or excluded. Prescribers should check their eligibility to prescribe specific equipment in this category as identified in the table below*. Junior prescribers may be supervised by an eligible prescriber (co-sign the request form) until they reach the level of experience required.

NOTE: A clinician cannot both prescribe and supply assistive technology for an individual EnableNSW applicant. NSW Health requires that the prescription of equipment must be removed from the supply/provision of the equipment, in order to eliminate and prevent any perceived or actual conflict of interest. This does not prevent a supplier liaising with a prescriber to determine the best item for the person’s needs and indeed this interaction is encouraged.

| | | |
|--|---|--|
| ALLOCATION | Maximum 1 pair of footwear per year. Maximum 1 request for footwear modifications to person’s own footwear per year (excluding repairs and maintenance). Requests for replacement footwear may be submitted for reasons of wear and tear, growth or change in clinical condition. Replacement footwear will not be funded less than 12 months after previous provision unless clinical and/or functional needs have changed significantly. | |
| Included equipment | Funding Criteria | Eligible Prescribers |
| Group 1 Footwear modifications to person’s own footwear (retail or pedorthic) <ul style="list-style-type: none"> - Significant modification including build-ups greater than 25mm, or - Multiple modifications totalling more than \$100 | The person has a clinical need for footwear modifications to improve mobility. e.g. In case of Limb Length Discrepancy a shoe raise is required to normalise gait for completion of a specific activity of daily living (ADL). | Eligible Prescribers Group 1: Medical Specialist, Podiatrist, Orthotist/Prosthetist, Pedorthist, or Physiotherapist. Complete Orthotic & Footwear Equipment Request Form , attach a quote. <i>Tips for writing request:</i> Select all goals that apply to the footwear modifications. |

| | | | | | | | |
|---|---|--|--|--|---|--|--|
| <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 significant functional impairment or limitation that requires functional support or correction provided to the feet by pedorthic footwear;</p> <p>AND the footwear will allow one of the following functional improvements:</p> <ul style="list-style-type: none"> • Increased independence in mobility/transfers in the home and local community (e.g. reduction in assistance required, increased distance/time) • Increased safety in mobility/transfers in the home and local community (e.g. 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) in the home and local community (e.g. time to complete a task, level of assistance required, improved accuracy) • Improved participation in core ADLs through reduced clinical visits (e.g. change in frequency of clinical visits). | | <p>Eligible Prescribers Group 2: Medical Specialist, Podiatrist, Orthotist/Prosthetist, Pedorthist, or Physiotherapist;</p> <p>with > 1 year experience in footwear prescription/provision;</p> <p>plus 3 previous prescriptions for Group 2 equipment in this document*.</p> <p>Complete an Orthotic & Footwear Equipment Request Form, attach a quote.</p> <p><i>Tips for writing request:</i> Select all goals that apply to the footwear. MUST include description of foot deformity on ERF for category 1</p> | | | | |
| | <p>Four categories of clinical reasoning are available on the request form:</p> <table border="1"> <tr> <td> <p>Category 1: The person has an abnormal foot shape or disability preventing them from fitting one or both feet into regular footwear AND at least one of:</p> <ol style="list-style-type: none"> 1. Increased or high risk of amputation as a result of, <ul style="list-style-type: none"> - Peripheral neuropathy and loss of protective sensation (failed 10g monofilament), and/or - Ischaemia evidenced by impalpable pulses, ABI<0.8, or vascular study) or - Previous foot ulceration/amputation </td> <td> <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 (i.e. does not fit into regular Footwear including split sizing), AND the person has a risk of serious foot injury caused by using the orthosis in regular footwear.</p> </td> <td> <p>Category 3: The person has a clinical need for footwear modifications to promote improved mobility and the modifications required are beyond what is practical with regular footwear – e.g. heel/sole raise greater than 50mm.</p> </td> <td> <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> </td> </tr> </table> | | | | <p>Category 1: The person has an abnormal foot shape or disability preventing them from fitting one or both feet into regular footwear AND at least one of:</p> <ol style="list-style-type: none"> 1. Increased or high risk of amputation as a result of, <ul style="list-style-type: none"> - Peripheral neuropathy and loss of protective sensation (failed 10g monofilament), and/or - Ischaemia evidenced by impalpable pulses, ABI<0.8, or vascular study) or - Previous foot ulceration/amputation | <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 (i.e. does not fit into regular Footwear including split sizing), 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 improved mobility and the modifications required are beyond what is practical with regular footwear – e.g. heel/sole raise greater than 50mm.</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 at least one of:</p> <ol style="list-style-type: none"> 1. Increased or high risk of amputation as a result of, <ul style="list-style-type: none"> - Peripheral neuropathy and loss of protective sensation (failed 10g monofilament), and/or - Ischaemia evidenced by impalpable pulses, ABI<0.8, or vascular study) or - Previous foot ulceration/amputation | <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 (i.e. does not fit into regular Footwear including split sizing), 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 improved mobility and the modifications required are beyond what is practical with regular footwear – e.g. 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>2. Chronic oedema resulting in inability to fit into regular footwear, despite being under medical/professional management</p> <p>3. Ability to perform activities of daily living is severely limited, resulting in decreased independence due to inability to fit regular footwear.</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: Medical Specialist, Podiatrist, Orthotist/Prosthetist, Physiotherapist or Pedorthist with input from one or more members of the specialist multi-professional team (same or different profession) where possible; with > 3 years' experience in footwear prescription/provision; plus 5 previous prescriptions for Group 3 equipment in this document*. Complete an Orthotic & Footwear Equipment Request Form, attach a quote.</p> | | |
| <p>Excluded equipment</p> | <ul style="list-style-type: none"> • Temporary footwear for clinical treatment e.g. 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) • 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 such as Aged Care, NDIA, insurance or self-funded.