

Mobility – Lower Limb Orthoses

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 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	Funding 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 significant functional impairment or limitation that requires functional support or correction provided to the lower-limbs by an orthosis; 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 in the home and local community (e.g. increased distance/time, reduction in assistance required) • Increased safety in mobility/transfers in the home and local community (e.g. reduction in falls) • Increased competence in completion of an ADL (e.g. time to complete a task, level of assistance required, and improved accuracy). 	<p>Eligible Prescribers Group 1: Medical Specialist, Physiotherapist, Orthotist, Podiatrist, Pedorthist.</p> <p>Complete Orthotic & Footwear Equipment Request Form, attach a quote.</p> <p><i>Tips for writing request:</i> Select all goals that apply to the lower limb orthosis.</p>

<p>Group 2 Custom-made or Customised Orthoses: Lower Limb</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 as to why more cost-effective option of prefabricated orthoses are not suitable for the person.</p>	<p>Eligible Prescribers Group 2: Medical Specialist, Orthotist, Pedorthist, Physiotherapist, or Podiatrist; with > 1 year experience in lower limb orthoses prescription/provision; 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> Explanation for why prefabricated orthoses are not suitable MUST be documented on the ERF</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. 	<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 core activities; AND • Symptoms are clearly described in the request and accompanied by a 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> Select all goals that apply to the lower limb orthosis.</p>
<p>Group 3 Custom-made Orthoses: full leg</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 (recommended) including one or more people (same or different profession) from these professions: Medical Specialist, Orthotist, Pedorthist, Physiotherapist, or Podiatrist;</p> <p>with > 3 years’ experience in lower limb orthoses prescription/provision; plus</p>

		<p>5 previous prescriptions for Group 3 equipment in this document*.</p> <p><i>Tips for writing request:</i> Select all goals that apply to the lower limb orthosis. Explanation for why prefabricated orthoses are not suitable MUST be documented on the ERF</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 person has the following clinical presentation: <ul style="list-style-type: none"> • quadriceps weakness and knee instability • lower-limb biomechanics that meet the manufacturer’s specifications for the brand of knee joint prescribed • 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. EnableNSW does not fund gait training. 	<p>Eligible Prescribers as for Group 3 (above) Prescribers must have completed prescriber training where required by supplier for specific systems.</p> <p>Complete an Orthotic & Footwear Equipment Request Form, specify team members in the Prescriber Declaration, attach a quote.</p> <p><i>Tips for writing request:</i> Prescriber MUST provide details about the person’s clinical presentation, biomechanics that meet the suppliers specifications and gait training plan on the ERF</p>
<p>Excluded equipment</p>	<ul style="list-style-type: none"> • Orthoses to support or linked with a clinical intervention or therapy e.g. 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 acute 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 	

*Previous prescriptions may have been for alternative funding sources.