

Upper-Limb Orthoses – Clinical Criteria

These criteria have been developed in consultation with expert clinicians and are designed to specify EnableNSW eligibility criteria for this group of assistive technology, allow prioritisation of requests and provide a basis for consistent and transparent decision making.

These criteria do not replace evidence based clinical guidelines.



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| UPPER-LIMB ORTHOSES | |
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| <p>Includes Upper-limb Orthoses which improve safety, independence or participation and are required directly as a result of the consumer's permanent or indefinite disability. The orthosis will allow functional capacity that is not provided without the orthosis.</p> | <p>Eligible Prescribers</p> <p>NOTE: 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.</p> |
| <p>Group 2</p> <ul style="list-style-type: none"> Dynamic upper limb orthoses | <p>Appropriately skilled Medical Specialist (see Professional Criteria for Prescribers), Orthotist, Physiotherapist, Occupational Therapist</p> <p>with >1 year experience; plus 3 previous prescriptions for group 2 equipment in that category.</p> |
| <p>Group 3</p> <ul style="list-style-type: none"> Power assisted wrist hand orthoses Flail arm orthoses | <p>Appropriately skilled Medical Specialist, Orthotist/Prosthetist, Physiotherapist, Occupational Therapist</p> <p>with > 3 years experience, 5 previous prescriptions for group 3 equipment in that category.</p> <p>Prescriber with input from one or more members of the specialist multidisciplinary team.</p> |
| <p>Excludes</p> | <p>Orthoses required specifically as part of a clinical intervention eg. as part of a serial splinting or stretching program, night splints, post-operative treatment, or post-botulinum toxin treatment.</p> <p>Orthoses exclusively for treatment of medical conditions or short-term use (less than 12 months).</p> <p>Pressure garments for management of burns.</p> <p>Pressure garments for post acute/outpatient care.</p> <p>Garments and therapy splints (structural therapy garments) during acute treatment stage or rehabilitation (see Appendix 1 for Lycra garments/splints).</p> <p>Items costing less than \$100.</p> <p>Donning aids.</p> <p>Equipment primarily for use in sport, recreation, educational or employment purposes.</p> |
| <p>Process for initial and repeat requests</p> | <ul style="list-style-type: none"> Prescriber submits a completed Equipment Request Form (ERF) for all initial and repeat requests. An updated quote must be provided with every request. Prescriber and consumer are informed when the request has been approved and ordered. On receipt of the purchase order, the supplier should confirm with the prescriber that the prescription remains accurate. Prescriber submits an Amendment to ERF form if the quote requires changes. |

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| | <ul style="list-style-type: none"> • 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 unless clinical/functional needs have changed significantly. <p>Note: Consumers are required to provide an updated application form and co-payment yearly.</p> |
| Contracts in place | N/A |
| Identification Of Need / Clinical criteria <i>Upper-limb Orthoses may be provided when a consumer :</i> | |
| <ol style="list-style-type: none"> 1. Has a disability requiring functional support or correction provided to the upper limbs by an external device <p>AND</p> <ol style="list-style-type: none"> 2. Can demonstrate increased independence/safety in self-care, mobility or communication associated with use of an orthotic device <p>OR</p> <p>The consumer can demonstrate increased participation in activities of daily living.</p> <p>Note: Request must include a demonstrated measurable outcome. (See Appendix 1 for Lycra Garments)</p> | |
| Equipment Decision Phase <i>How do you make a clinical decision about which piece of equipment is most suitable?</i> | |
| Consumer Factors Provide: <ul style="list-style-type: none"> • Primary diagnosis and how it relates to upper limb function. • Clinical assessment of body part/s requiring functional support or correction, including strength, range of motion, sensation and skin integrity. • Specific measureable outcomes comparing activity with/without orthosis Confirm: <ul style="list-style-type: none"> • Clinical assessment of upper limb function and ability to don proposed orthosis independently or with assistance of carers. Consider: <ul style="list-style-type: none"> • Consumer’s cognition and ability/motivation to appropriately use the proposed orthosis. • Co-morbidities and activity level likely to impact upon orthotic function, design and materials. | |
| Social/carer criteria Confirm: <ul style="list-style-type: none"> • Carers are available to assist with don/doff of orthosis if consumer is unable to do so independently. | |
| Environmental Factors Consider: <ul style="list-style-type: none"> • Whether the orthosis interferes with any other consumer equipment or social activities (eg. Restrict use of wheelchair, prevent participation in sports currently enjoyed). • Give consideration to requirement for ongoing provision and maintenance. • For remote/rural consumers, discuss options for repair and maintenance. If unsure whether repair and maintenance of the orthosis is available locally or can be arranged, contact EnableNSW on 1800 362 253 to discuss options. | |

Equipment Factors

Provide:

- Itemised Quote for the requested item/s.

Confirm:

- Consumer/carer has access to donning aids if required.
- Orthosis is compatible with other devices used.

Consider:

- Suitability and availability of the supplier for the consumer.

Trial/s

- Provide evidence and outcomes of any trials of previous orthoses, prefabricated or custom-made.
- Trial using prefabricated orthosis or casts may be indicated to determine effectiveness of orthotic intervention or whether custom-made device is required.

Plan for delivery and evaluation

- Provide details of the plan for implementation to facilitate a positive outcome with the equipment.
- Evaluation of the equipment is required for all custom made orthoses.
- Provide details of the person who will provide formal evaluation to EnableNSW.

Resources

Elliott CM, Reid SL, Alderson JA, Elliott BC.(2011) **Lycra arm splints in conjunction with goal-directed training can improve movement and children with cerebral palsy.** *NeuroRehabilitation, Vol 28, pp 47-54.*

Tyson SF & Kent RM. (2011) **The effect of upper limb orthotics after stroke: A systematic review.** *NeuroRehabilitation, Vol 28, pp 29-36.*

Orthotic supplier professional association:
Australian Orthotic Prosthetic Association www.aopa.org.au

Appendix 1

| Device | This device may be funded when: |
|---------------|--|
| Lycra Splints | <ul style="list-style-type: none"> • Lycra splints are required to complete a functional goal related to ADLs that <u>cannot</u> be achieved with other splinting/orthotic options. Demonstrated outcomes of orthotic use in the functional task must be provided. <p>AND</p> <ul style="list-style-type: none"> • Ability to don/doff garment has been demonstrated by consumer/carer through previous use or simulation with pre-fabricated garment or neoprene facsimile <p>AND</p> <p>Compliance to wearing regime has been demonstrated over a six (6) month period with previous garment use OR other forms of dynamic splinting.</p> <p><i>Note: Garments are not provided for treatment and a measurable functional goal must be provided.</i></p> |