Guidelines for Virtual Patient Assessment

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BAPO Guidelines for Virtual Patient Assessment and Orthosis Provision:
Meeting the challenge faced by Covid-19

The COVID-19 pandemic is one of the largest challenges faced by the world in the last century. Its ease of transmission and potential life-threatening effects have led to the UK government introducing social distancing to save lives and reduce the pressure on the NHS.

As a result of the pandemic non-urgent outpatient appointments have largely ceased throughout the healthcare sector with services focusing on addressing the needs of COVID-19 patients and those at high risk. NHS guidance is that only high priority out-patient appointments continue (1).

Routine service and delivery has changed due to uncertainty relating to the duration of the essential social distancing guidelines. The British Association of Prosthetists and Orthotists (BAPO) has formed a working group to develop consensus and guidelines on how Orthotists can work differently to continue to provide safe and effective care for patients who have been referred to their services.

The attached guidelines have been created to allow Orthotists to pro-actively rise to the challenges faced in the current climate and enable Orthotists to still treat non-urgent patients without the need for face-to-face consultations in a standard orthotic clinic. Clinicians should also refer to existing best practice guidelines (2), guidelines relating to COVID-19 (3–5) and to providing care via video and other non-standard media (6,7). Clinicians should also ensure they refer to the latest documents, as guidelines are currently changing frequently.

It is hoped that by creating these guidelines we can create some standardisation of operational procedures during this pandemic to allow Orthotists to provide simple, safe interventions to referred patients. The implementation of these guidelines should help in reducing patient waits and could become new ways of working post COVID-19.

Risk-assessment and triage is outside the scope of this document as these are local decisions. These guidelines do not supersede local clinical governance but are designed to support new ways of working. The adoption of Orthotic virtual assessments must be ratified by the provider organisation before implementation. Please adhere to all local clinical and informatics policies, as well as medical device regulations.

If you have any feedback or questions relating to these guidelines please email enquiries@bapo.com

Non-Urgent Patient Virtual Assessment Guideline

Does patient/family in home have technology to perform virtual review (skype/Zoom/Teams)?

- YES
- NO

Does patient wish to be treated without attending regular orthotic clinic?

- YES
- NO

- Add to Outpatient waiting list

- Patient referred to Orthotics

- Book Virtual Assessment

- Book Telephone Assessment

Send Pre-Consultation Questionnaire as appropriate with instructions of when they need to return questionnaire and how (email, post etc)
Virtual Foot Orthosis (insole) Assessment/Provision

Patient referred to Orthotics for foot orthosis/biomechanics assessment

Virtual video assessment agreed at triage stage

Gain Consent, take history, activity level, other interventions to date, what footwear do they wear/have, benchmark outcome measure (VAS, Oxford foot and ankle score etc)

Virtual Assessment

Static/Dynamic Assessment
1. Foot shape/type (deformity, supinated, pronated etc)
2. Standing foot posture front/back
3. Single/Double heel raise
4. Visual approximation of STJ axis location
5. Sagittal and Coronal Gait analysis
6. Squat ability knees together (ankle ROM knee flexed)
7. In standing, with knees extended, ask patient to lift balls of feet off floor (ankle ROM knees straight)
8. Single leg balance (option of squat assessment) Optional

Supination resistance test (if feasible, needs second person)

Seated Assessment
1. Ask patients to point to painful areas with 1 finger
2. Active ROM’s
   - Foot Up/down (Ankle ROM)
   - Slow Circles (STJ ROM)
3. Passive ROM’s- Toes

Non-Orthotic Interventions
Weight Loss
Smoking Cessation
Footwear Advice
Stretches
Strengthening Techniques
Exercise Counselling/Advice

Red Flags
1. Neuropathy
2. Existing arch deformity
3. Inability to perform double heel raise

Patients who have not undertaken first line interventions may not be prescribed foot orthoses unless first line interventions have been unsuccessful

Utilise imaging where possible

Provide written advice/leaflet where possible

Orthotic Intervention

Stock Foot Orthosis

Stock Foot Orthosis Prescription
1. Stock orthosis should have appropriate design/shape to deliver required kinetic dose
2. Choose orthosis length
3. Choose foot orthosis hardness

Clinician to add wedges/surface additions/pads to stock orthoses as required

Night Splint

Night Splint
1. Can be used in isolation
2. Can be used in conjunction with foot orthoses
3. Plantarfasciopathy/ Haglunds/Achilles-Dorsal night splint as best evidence

Modular Foot Orthosis Prescription
1. Choose required shell system
2. Choose shell length
3. Choose shell hardness
4. Specify shell modifications required (grinds, cut outs, reinforcements etc)
5. Specify required surface additions (domes, arch pad, reverse morton’s)
6. Cushioning/fills?
7. Top cover materials/length (if required)

Post Orthosis to patient with instructions and arrange virtual fitting appointment or review as appropriate

Modular Foot Orthosis

Nightsplint
Virtual/Video OA Knee Brace Assessment/Provision

Patient referred with Knee OA to Orthotics

Virtual video assessment agreed at triage stage

Utilise pre-assessment questionnaire where possible

Check x-ray/imaging report for referral accuracy

Use Oxford Knee Score as baseline outcome measure

Consider not bracing patient until exercise regimes have been completed for 12 weeks

Utilise pre-assessment questionnaire where possible

Gain Consent, Take History, establish therapy input (exercises an compliance) and Baseline Outcome measure (VAS, Oxford Knee score, EQ5D etc)

Assessment
Passive ROM
Static Alignment
Gait
Single leg balance/squat
Hand Function

Assessment
Unicompartmental?
Generalised

Medial
Lateral

Unicompartmental Knee Brace
Laterally Wedged Insole
Jointed Fabric Knee Brace

First Line Interventions
Weight Loss
Progressive low load non-impact exercise
E.g. Benno Nigg “One Legged Teeth Brushing”
Encourage exercise

First line interventions should be provided for all patients.

Measurement of Brace
Fabric Tape Measure - take circumference mid patella
Metal Tape measure/Ruler - Belt wrapped around mid patella. Then measure belt length

Does Patient/Carer have ability to fit brace themselves with video support?

Order Brace and post to patient home

YES

NO

Provide First Line intervention only

Book Virtual Fit Appointment
Virtual/Video Foot Drop Assessment/Provision

Patient referred into Orthotics with “foot drop”

Virtual video assessment agreed at triage stage

Informed Consent, Take History, establish therapy input (Physio, OT etc) and Baseline Outcome measure (EQ5D etc)

Assessment
- Oedema/Vascular/Sensation
- Passive ROM
- Active muscle powers
- Gait
- Tone/Clonus
- Hand Function

First Line Interventions
- Weight Loss
- Stretches
- Strengthening exercises
- Encourage exercise
- Footwear Advice

Fabric AFO
(Boxia, Foot Up, Dictus etc)

Measurement of Brace
Fabric AFO= ankle circumference (instep circumference for shoeless component)

Does Patient/Carer have ability to fit brace themselves with video support?

Order Brace and post to patient home

YES

NO

Provide First Line intervention only

Consider Walking Aid

First line interventions should be provided for all patients.

Patients should not be provided Orthosis virtually if clinician has any concerns

Face-to-face appointment needed

Contraindications
1. Severe Clonus
2. Severe Spasticity
3. Significant rotational deformity/contracture
4. Oedema
5. Inability to apply device (no home support)

All patient undertaking a virtual assessment should be reviewed as a priority once Orthotic outpatient appointments return to normal working practices
Virtual/Video Vascular Hosiery Assessment/Provision

Patient referred with DVT to Orthotics for compression hosiery

Virtual video assessment agreed at triage stage

Gain Consent, Take History, establish anti-coagulant treatment, domestic support, cognition

Assessment
Visual Skin Integrity Check
Varicosities
Oedema
Capillary Refill Test
Buerger Test
Hand function and dexterity
Balance and ability to reach feet

Measurement Of Compression Hosiery
Fabric Tape measure
Circumferences at narrowest part of ankle and widest part of calf
Height from floor to hamstring in seated position (with knee bent and ankle at 90 degrees with foot on floor)

Does Patient/Carer have ability to fit stockings themselves with video support?

Order hosiery and post to patient home

Book Virtual Fit Appointment

Order hosiery

Provide skin Care advice and reassurance only

Red Flags
1. Broken Skin
2. Neuropathy
3. Existing Heart Condition
4. Varocities extending from calf behind knee
5. Capillary Refill > 2 seconds
6. Blanching and pain caused by Buegers test

YES

NO

Do not prescribe hosiery

Provide skin Care advice and reassurance only
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