



**The British Association of
Prosthetists and Orthotists**

Guidelines for Virtual Patient Assessment

Version 1 Published 9th April 2020

www.bapo.com



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.

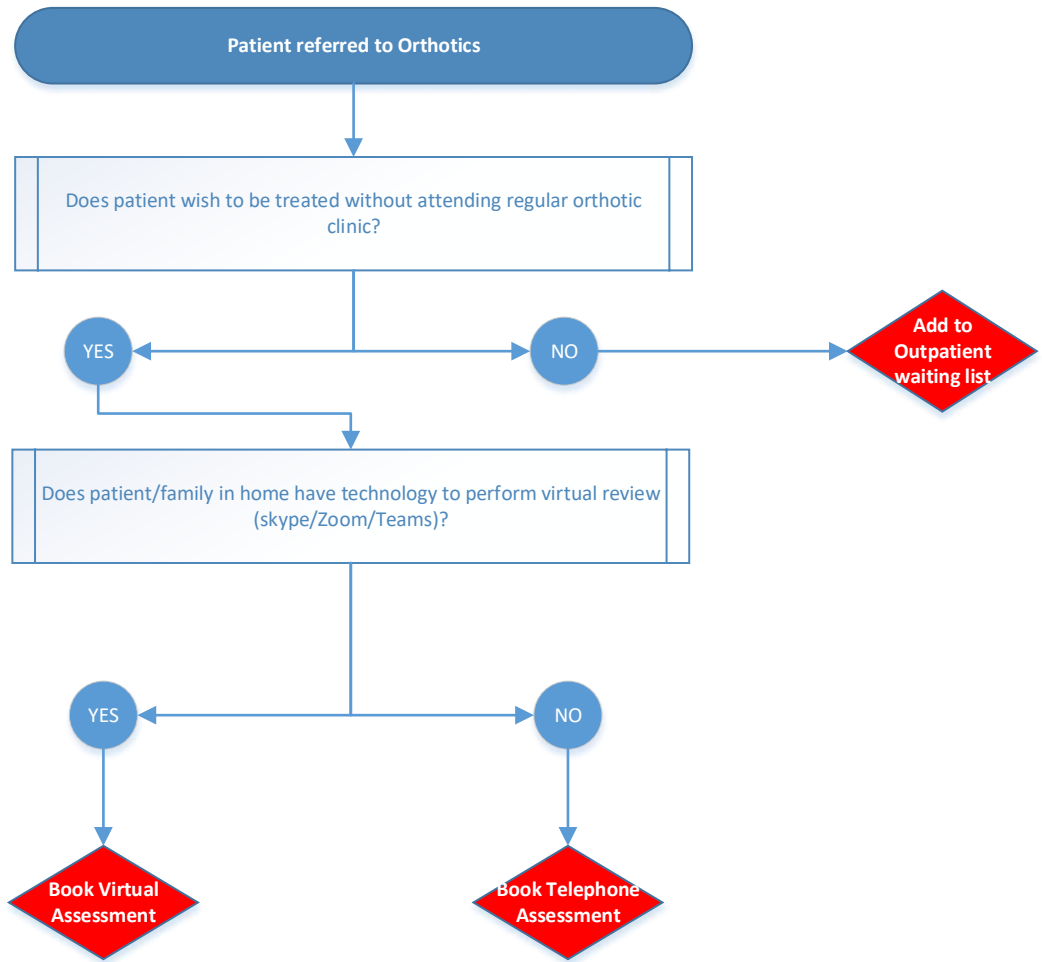
Risk-assessment and triage is outside the scope of this document as these are local decisions. These guidelines do not supersede local clinical governance but are designed to support new ways of working. The adoption of Orthotic virtual assessments must be ratified by the provider organisation before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

1. NHS England and NHS Improvement. COVID-19 Prioritisation within Community Health Services (April 2nd Update) [Internet]. 2020 [cited 2020 Apr 3]. Available from: https://www.england.nhs.uk/coronavirus/publication/covid-19-prioritisation-within-community-health-services-with-annex_19-march-2020/
2. The British Association of Prosthetists and Orthotists (BAPO). Standards for Best Practice. Paisley; 2018.
3. NHS England. Coronavirus [Internet]. [cited 2020 Apr 9]. Available from: <https://www.england.nhs.uk/coronavirus/>
4. International Society for Prosthetics and Orthotics. Suggestions for Prosthetic Orthotic Clinics that Must Remain Open During the COVID-19 Pandemic. 2020.
5. British Association of Prosthetists and Orthotists. Covid-19 – BAPO [Internet]. [cited 2020 Apr 9]. Available from: <https://www.bapo.com/covid-19/>
6. NHSX. Information Governance - NHSX [Internet]. 2020 [cited 2020 Apr 9]. Available from: <https://www.nhsx.nhs.uk/key-information-and-tools/information-governance-guidance>
7. NHS England and NHS Improvement. Clinical guide for the management of remote consultations and remote working in secondary care during the coronavirus pandemic [Internet]. 2020 [cited 2020 Apr 9]. Available from: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0044-Specialty-Guide-Virtual-Working-and-Coronavirus-27-March-20.pdf>



Non-Urgent Patient Virtual Assessment Guideline



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

Red Flags

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

Utilise imaging where possible

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

Non-Orthotic Interventions

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

Provide written advice/leaflet where possible

Orthotic Intervention

Stock Foot Orthosis

Nightsplint

Modular 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

1. Can be used in isolation
2. Can be used in conjunction with foot orthoses
3. Plantarfasciopathy/Haglund's/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



Virtual/Video OA Knee Brace Assessment/Provision

Patient referred with Knee OA to Orthotics

Utilise pre-assessment questionnaire where possible

Virtual video assessment agreed at triage stage

Use Oxford Knee Score as baseline outcome measure

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

Check x-ray/imaging report for referral accuracy

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

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

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.

Unicompartmental? Generalised

Medial Lateral

Laterally Wedged Insole Unicompartmental Knee Brace Jointed Fabric Knee Brace

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

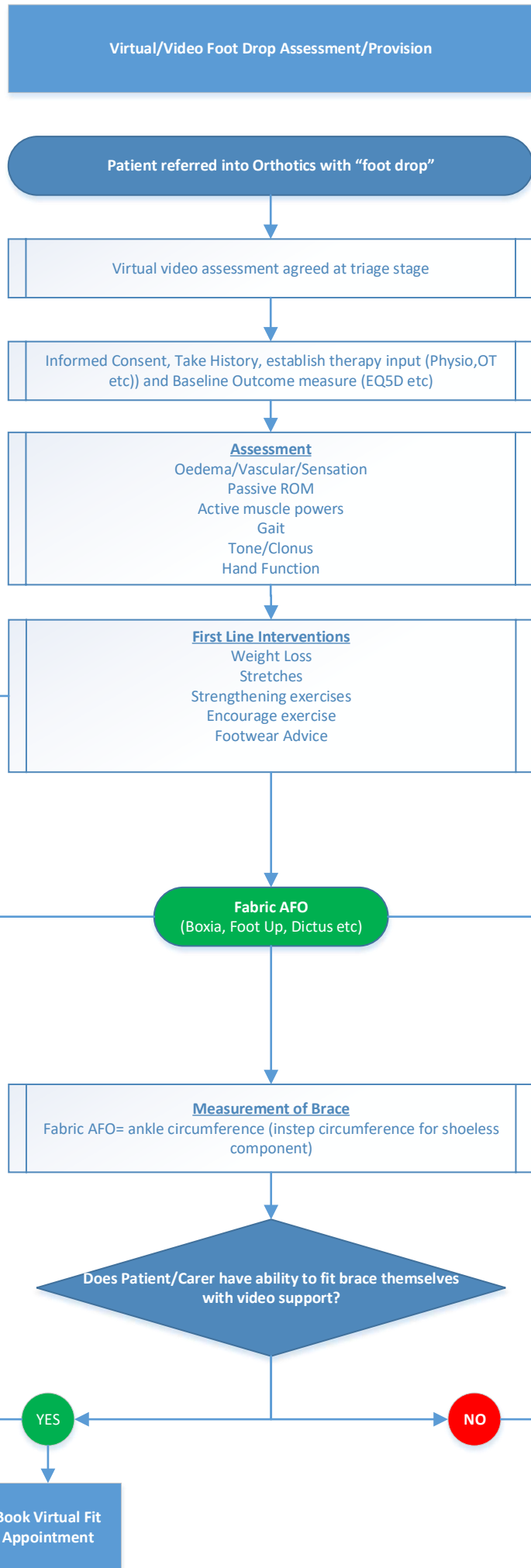
Does Patient/Carer have ability to fit brace themselves with video support?

Order Brace and post to patient home

YES
 Book Virtual Fit Appointment

NO

Provide First Line intervention only



Contraindications

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

Face-to-face appointment needed

Order Brace and post to patient home

Book Virtual Fit Appointment

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

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

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

YES

Book Virtual Fit Appointment

NO

Do not prescribe hosiery

Provide skin Care advice and reassurance only





BAPO Working Group Contributors:

Simon Dickinson	Consultant Orthotist/Clinical Director, Talarmade Ltd
Lynne Rowley	BAPO Chair, Orthotic Clinical Lead, NHS Forth Valley
Nicola Munro	Orthotic Clinical Lead/Manager NHS GGC
Matt Frederick	Orthotic Clinical Lead/NOMaG Chairman, SFH NHS Trust
Dave Buchanan	Corporate Clinical Director, Thuasne
Nick Gallogly	Orthotic Clinical Lead/NOMaG Chair elect, RBH NHS Trust
Rosa Fojut	Orthotist/Area sales manager, Thuasne Ltd
Adam Horrocks	Clinical Specialist, Talarmade
Laura Barr	Orthotic MSK Team Lead NHS GGC
Gail Morrison	Orthotic Clinical and Diabetic Team Lead NHS GGC
Chris Cody	Orthotic Clinical Lead & Head of Regional Services, GSST NHS Trust
Joshua Young	Senior Orthotist, John Florence Ltd
Florence Goodwin	Orthotist, SFH NHS Trust