

1936	British Institute of Surgical Technologists
1972	Training Council for Orthotists
1973	Diploma in Prosthetics & Orthotics
1981	Orthotics & Prosthetics Training & Education Council
1985	Prosthetics & Orthotics Degree Strathclyde University
1992	Prosthetics & Orthotics Degree Salford University
1995	British Association of Prosthetists & Orthotists
1996	Registration of the Profession
1999	Register transferred to Council for the Professions Supplementary to Medicine
2002	Register transferred to Health Care Professions Council

British Association of Prosthetists and Orthotists



Prosthetics and Orthotics services have been available within the NHS since its inception. Interestingly from the start these specialist services have been delivered both from within the NHS and by private companies contracted to the NHS. After training the earliest Prosthetists and Orthotists were eligible to be Licentiates and subsequently Fellows of the British Institute of Surgical Technologists. Over the years a strong focus on education and training has seen practitioners move from only being able to deliver specialist treatments at the request of Doctors to State registration and fully autonomous practice.



"My earliest recollection of orthotics stemmed from being the eldest son of an Orthopaedic Technician in the 1960s. My father was demobbed from the Royal Air Force in 1949 and undertook education at the Stow College in Glasgow in Anatomy and Physiology. My father was in the employment of a Prosthetic and Orthotic contractor in Glasgow (J B Ritchie orthopaedic). During this time he learned both clinical and artisan skills in the treatment and manufacture of devices for pathologies such as Polio, Spina Bifida, Paediatrics and General Orthopaedics".



William Munro (BAPO's 1st Chair)

Changing Need

Prosthetics: Initially the majority of prosthetics patients came with amputation injuries from the major conflicts. Between the world wars, heavy industry brought man and machine together often resulting in high levels of injury requiring prosthetic input. Industrial decline, health and safety legislation, a richer diet and increased life expectancy mean that now the typical patient is over 60, has a long term condition such as diabetes or peripheral vascular disease with reducing mobility and health. There remains however a steady flow of young, fit, military veterans from current conflicts with different needs and this has led to changes in facilities and some investment in services.

Orthotics: Patients were often sent to Orthotic services after surgery and all other options for physical rehab had been exhausted or failed. Large numbers came from outbreaks of polio and tuberculosis. If the person survived, they would often be left with neurological loss, muscle weakness and deformity. Many congenital conditions such as talipes, hip dysplasia, downs syndrome and spina-bifida resulted in similar problems. The Orthotists job was to improve the patients life by mechanically improving function, reducing pain and improving cosmesis. Orthotists treat people of all ages, from infants to the elderly. Now Orthotists are referred people with functional issues relating to long term conditions such as diabetes, stroke, neurological conditions, acute fracture management, some specialist elements of wound care and pressure management.

Changing tools

Designing and supervising the building of devices which fit intimately to the body demands the capture of 3D information to a high degree of accuracy. Early practitioners used tracings and plaster casts to capture complex shapes. Casting is still widely used today but many services have invested in state of the art scanning technologies and patients are now benefitting from these quick clean techniques. Similarly clinicians now have access to modern materials. Metal and leatherwork has largely been replaced by plastics and carbon fibre providing greater options for functional design, improving what can be offered to the patient. Today, 3D printing is of great interest to the profession, potentially offering the clinician access to novel custom devices..



Queen Marys Hospital Roehampton

Between the wars Roehampton treated civilians who had lost limbs in industry. During 1938-1939 almost 11,000 war pensioners attended for artificial limbs, as well as 355 civilians, 16,251 limbs were sent by post. In the Second World War, Roehampton continued to service the needs of those who had lost limbs 22,000 soldiers and 2,000 civilians.



The limb service was taken over by the Ministry for Pensions in 1953.

<http://broughttolife.science museum.org.uk/broughttolife/people/roehampton>
www.ezitis.myzen.co.uk/queenmaryroehampton.html

Changing demographics

A clinician who graduated in 1992 reminisced "In my first job I joined a team of 42 Orthotists. I was one of 3 female clinicians on staff making up 7% of the workforce, The concept of maternity leave and employment rights was all alien to my employer and part time and term time contracts were unheard of, What a difference now!"

2018 Gender split

