



The British Association of
Prosthetics and Orthotics



Scope of Practice for Prosthetists and Orthotists

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Purpose of this statement

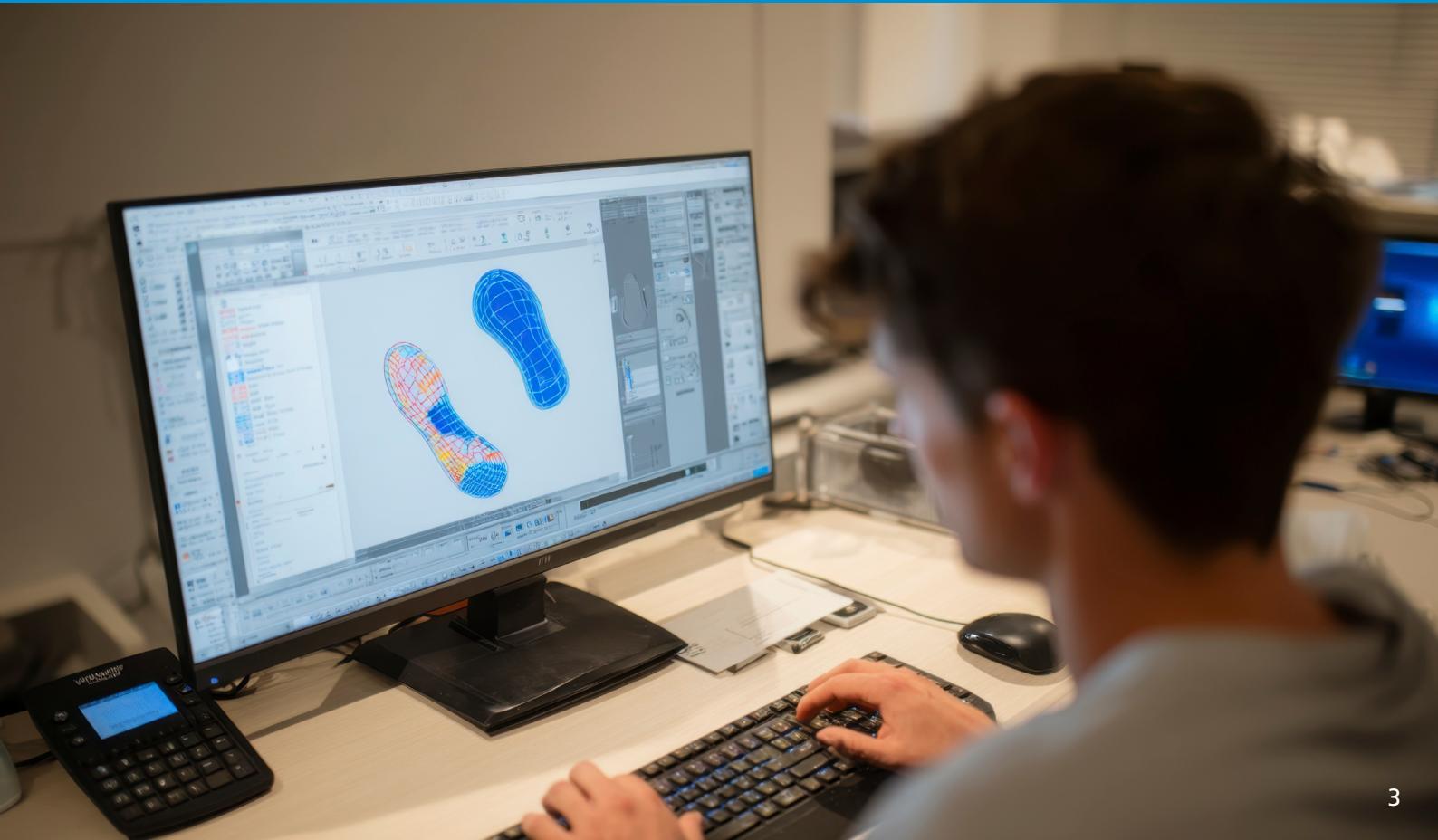
Prosthetics and orthotics practice continues to expand as technology, clinical pathways, and models of care evolve. Practitioners are increasingly involved in activities that cross traditional boundaries, which can make it challenging to determine whether an activity falls within the professional scope of practice for prosthetists and orthotists. This document, alongside [**BAPO's Standards for Best Practice**](#), guided by the Health and Care Professions Council's (HCPC) [**Standards of Proficiency for Prosthetists and Orthotists**](#), is designed to support practitioners, managers, and insurers in identifying which activities fall within prosthetic and orthotic professional practice.

Prosthetists and orthotists are encouraged to appropriately extend their individual scope of practice to meet the needs of service users safely and effectively. While ensuring that they do so within appropriate frameworks, training, and guidance.

Guidance for the prosthetic and orthotic support workforce can be found in [**The British Association of Prosthetics and Orthotics \(BAPO\) 'Standards for Best Practice.'**](#)

This statement should be read in conjunction with [**The British Association of Prosthetics and Orthotics \(BAPO\) 'Standards for Best Practice.'**](#)

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Defining scope of practice

Historical distinctions between core and extended-scope roles are less relevant in a landscape where evidence-based practice and rapid innovation are the norms. The term scope of practice refers to the limits of a health professional's 'knowledge, skills, and experience' and reflects all tasks and activities they undertake within the context of their professional role. It is important for health professionals to be aware of their own individual scope of practice, as well as the broader scope of practice for their discipline, to ensure that they are practising safely, lawfully, and effectively while meeting regulatory standards. Ensuring that their skill development and growth are in keeping with the expectations for their profession.

The prosthetist/orthotist is responsible for the prescription, assessment, design, fabrication, provision, and review of prosthetic and orthotic interventions. Any activity may be regarded as within scope when the practitioner can demonstrate that it is:

1 Informed by the HCPC Standards of Proficiency for prosthetists and orthotists

2 Grounded in evidence-based clinical reasoning

3 Directed toward improving mobility, function, participation, comfort, or safety through prosthetic or orthotic means

4 Performed with demonstrable training and competence

Practice that was once considered specialist or extended now sits comfortably within contemporary prosthetic and orthotic practice when the practitioner is trained, competent, capable, and works within their employer's framework.

The HCPC's position on a changing scope of practice

The HCPC recognises that the **scope of practice** changes over time as practitioners' knowledge, skills, and experience develop. As an autonomous professional, you must make informed, reasoned decisions about your practice to ensure that you meet the standards that apply to you. You must undertake additional, appropriate training to update your knowledge, skills, and experience if you wish to widen your scope of practice. This includes seeking advice and support from education providers, employers, colleagues, professional bodies, unions, and others to ensure that the well-being of service users is safeguarded at all times. When renewing their registration, prosthetists and orthotists confirm that they continue to meet the standards of proficiency relevant to their current scope of practice.

The HCPC's **standards of conduct, performance, and ethics** state the following:

- You must only practice in the areas where you have the appropriate knowledge, skills, and experience to meet the needs of a service user safely and effectively.^(3.1)
- You must undertake additional training to update your knowledge, skills, and experience if you wish to expand your scope of practice.^(3.2)
- You must refer a service user to an appropriate practitioner if the care, treatment, or other services they need are beyond your scope of practice. This person must hold the appropriate knowledge, skills, and experience to meet the needs of the service user safely and effectively.^(3.3)
- You must keep your knowledge and skills up to date and relevant to your scope of practice through continued professional development.^(3.4)

Professional registration

Only individuals registered with the HCPC are entitled to use the protected titles of Prosthetist/Orthotist and Prosthetist or Orthotist. To register and maintain their registration, practitioners must declare that they:

- have continued to practise or met return to practice requirements
- meet all relevant HCPC Standards of Proficiency
- continue to uphold [BAPO's Ethical Code](#) and the HCPC's Standards of Conduct, Performance, and Ethics
- maintain continuing professional development
- hold appropriate indemnity insurance

Insurance

Professional indemnity arrangements must cover all work undertaken within the scope of an individual's practice.

Professional competence

Practitioners must only perform activities for which they are appropriately educated, trained, capable, and competent.

Practitioners must seek guidance on whether particular activities fall within professional practice if there is any doubt.



Frequently asked questions:

Prosthetics and Orthotics Scope of Practice

What determines whether an activity falls within the scope of prosthetics and orthotics practice?

An activity sits within scope when it draws on recognised prosthetic or orthotic knowledge, supports assessment or management of mobility and function, and is performed by someone who is formally trained and competent. The activity must also be clearly linked to improving a person's comfort, safety, function, participation, or quality of life through prosthetic or orthotic means.

Does the use of new or emerging technologies fall within the scope?

Yes, when the practitioner is competent and the technology is used to support clinical reasoning, device design, or provision of care. Examples include digital scanning, CAD CAM workflows, gait analysis platforms, and additive manufacturing systems.

Can prosthetists and orthotists perform physical assessments, such as skin checks or circulation assessments?

Yes, when these assessments inform prosthetic or orthotic decisions and the practitioner is trained to perform them safely. These assessments are essential for risk management and device suitability.

This includes assisting with wound care when the activity is required for safe prosthetic or orthotic use, and the employer's framework supports it. If wound care is unrelated to prosthetic/orthotic device management and is not part of an agreed extended scope role, it falls outside the scope.

Appropriate onward referral for further care and monitoring must always be considered.

Is gait training or device-related functional training within the scope?

Yes, when this training improves safe use, optimises device performance, or supports rehabilitation goals tied to the prescribed prosthetic or orthotic intervention.

Can a practitioner be considered to be practicing if they work in research, education, or management roles?

Yes, the HCPC recognises that practice includes any role where professional knowledge informs decisions, supports others, or shapes services.

What should a prosthetist or orthotist do if asked to perform an activity they are not competent to deliver?

They should not proceed without adequate training and supervision. If the activity is outside their scope, capability, or competence, the service user must be referred to an appropriately trained professional who can meet the needs of the service user safely and effectively. Practitioners should raise any concerns regarding a lack of adequate training and supervision with their line manager.

Can a practitioner delegate work to another practitioner?

You must only delegate work to someone who has the appropriate skills, knowledge, and experience to carry it out safely and effectively. You must continue to provide supervision and support to those to whom you delegate work.

Are prosthetists and orthotists expected to provide input for surgical planning or multidisciplinary decisions?

Yes, when their prosthetic and orthotic expertise contributes meaningfully to preoperative or postoperative planning. This can include, but is not limited to, biomechanics, devices, or functional expertise, and providing specialist expertise on long-term functional outcomes for these groups of patients. This falls within the scope of modern collaborative practice.

What if an employer expects tasks beyond traditional prosthetic or orthotic work?

Practitioners must ensure that these tasks are safe, supported by training, and linked to their roles. Tasks unrelated to prosthetics and orthotics, not supported by training and competence, and not part of an extended role should be challenged or redirected.

Is digital design work or involvement in manufacturing processes considered a clinical practice?

Yes, when these processes directly support device prescriptions, designs, or adjustments. Digital fluency is a core component of contemporary prosthetics and orthotics.

How does indemnity insurance relate to scope of practice?

Insurance arrangements must cover all activities undertaken by the practitioner. Practitioners must be able to demonstrate the clinical justification for their interventions and confirm employer vicarious liability where relevant.

Is advancing practice still considered prosthetic and orthotic practice?

Yes, when grounded in professional knowledge and aimed at improving clinical outcomes. Examples include, but are not restricted to, consultant roles, specialist triage, digital design, leadership roles, full episodes of care management, and service development roles. Prosthetists and orthotists should seek further guidance by reading BAPO's guidance on [advanced](#) and [Consultant Practice](#).

Does enhanced-level practice expand the scope of practice for prosthetists and orthotists?

Yes, practitioners working at an enhanced level operate within an expanded scope of practice, which enables them to undertake more advanced clinical responsibilities. These may include complex clinical decision-making, leadership within multidisciplinary teams, enhanced assessment and intervention planning, and integration of emerging technologies and evidence-based practices. Prosthetists and orthotists should seek further guidance by reading [BAPO's guidance on Enhanced Practice](#).

Can tasks be considered in scope if they are generic healthcare responsibilities?

Yes, when they support safe prosthetic or orthotic practice, and the practitioner is trained, capable, and competent to carry out the task.

What should prosthetists and orthotists do in emerging or unusual practice areas?

They should ensure that they have appropriate training, support, and, where necessary, supervision. They should document their clinical reasoning clearly and ensure that their activities align with BAPO and HCPC standards. Where evidence is limited, decisions must be guided by best practices, risk management, and guidance from the BAPO.

Can other professionals perform the role of prosthetists and orthotists?

In the UK, only individuals registered with the HCPC as prosthetists and orthotists are legally entitled to use the protected title.

There is an overlap between the roles of healthcare professionals, particularly as extended practice evolves. If practitioners from other professions carry out tasks related to prosthetic and orthotic care, they must be able to demonstrate appropriate training and capabilities related to the task, which may include material science, biomechanics, pathophysiology related to prosthetic and orthotic science, and tissue mechanics. Demonstration of how to fit a prosthetic or orthotic device does not constitute appropriate training for the assessment, prescription, design or selection, provision, and review of a prosthesis or orthosis.

Practitioners should seek guidance from their professional bodies to confirm that they remain within their professional scope. As with prosthetists and orthotists, all healthcare professionals must ensure appropriate indemnity insurance arrangements that fully cover the activities they undertake. As per the [Health Care and Associated Professions \(Indemnity Arrangements\) Order 2014](#).



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