THE COLLEGE OF PEDORTHICS OF CANADA

# CPC Town Hall Questions from November 13th, 2024, Virtual Presentation

1. **When/Will these guidelines be enforced by the CPC?**

   These standards are in effect immediately. They are a guideline for you to ensure that you are operating with a minimum standard with respect to record-keeping and advertising. The CPC board has decided not to audit these guidelines at this time.

2. **Regarding pre-filled prescriptions, if the prescription request is a renewal and the diagnosis is pre-existing and unchanged, is a pre-filled prescription appropriate?**

   Communicating a diagnosis is a controlled act in some provinces. Pre-filled RX forms should not include a diagnosis as Canadian Certified Pedorthists are not allowed to perform the controlled act of communicating a diagnosis. Writing a letter to the physician with a clinical impression (explaining your findings and treatment recommendations) is permitted.

3. **Not raising prices from an established fee schedule, but items, what about reducing prices to match costs? Is that allowed?**

   Yes. The fee schedule standard does allow for ongoing, established discounts. So for example, if you have patients that use a provincial disability assistance program that has a set fee lower than the fee listed on your fee schedule, you can charge a lower fee for this group of patients

   Reduced rates for specific populations such as children or seniors are permitted but every member of that population must be charged that rate.

   **Example:** A clinic may charge $500.00 for custom orthotics for the general population and $400.00 for seniors over the age of 60 years. If a senior has insurance coverage for $700.00, they can only be charged the senior rate of $400.00.

4. **Can you restate what devices we can design versus manufacture?**

   C. Ped (C)s are trained in the design and manufacturing of custom foot orthoses, and footwear modifications. If you have taken additional training, you may be able to design custom footwear, AFOs or knee braces.

5. **Can you comment on how to deal with a patient who pays for a shoe you might order in advance of receiving the product? (We may want a patient to pay to cover our costs,**

**but they don't have it on hand at that moment and may submit to insurance as such, is this a problem?)**

Clinical documentation must be an accurate reflection of what has happened in a clinic. If a product has not been dispensed yet, it cannot be listed as dispensed. Future dates cannot be written as dispense dates, as schedules may change. If a product or service has not been paid for, a paid receipt must not be provided.

6. **Can you clarify the expectations around documenting treatment goals? Do we need goals for every treatment product or service? Or, is this specific to orthotics? Do we need to provide this in writing to the client or simply note that it was discussed?**

   Best practice is to document all treatment goals, and all of the services or products discussed with your patient. This should include products such as orthoses, toe spacers, night splints, footwear, etc., as well as services such as exercises, footwear education, referrals to other health care practitioners, etc. This should be documented in the clinical record, it does not need to be given to the patient.

   **Example:** You have assessed somebody that is showing signs of plantar fasciitis. Your clinical impression and treatment goals might say:

   *Symptoms and signs are consistent with plantar fasciitis. Treatments recommended are custom orthoses and night splint. Given handout with foot exercises and recommended Brooks Ghost to wear for work.*

7. **Does the CPC have regulations regarding termination of Pedorthic businesses, for example, in the situation of the death of a business owner?**

   No. An end-of-life plan or will explains your wishes for your estate. Self-employed Registrants are expected to include transferring client records that are in their custody, within their plans.

8. **During documenting, do we need to explain why a patient may decline our treatment options? (Example, decline knee brace due to concerns of comfort at work or financial constraints.)**

   Including the reason why a patient declines a treatment is not necessary; however, including the reason could be helpful for continuity of care if the patient returned in the future or to another Pedorthist in your clinic.

9. **With a company like Green Shield, what provider number should we use if one Pedorthist does the assessment, and another does the dispensing?**

Questions involving specific insurers should be directed to that insurer. The CPC requires that the assessment form must identify the person who does the assessment and the information on dispensing paperwork should identify whoever dispensed the product or service.

10. **If a client comes in with a prescription for custom orthotics or footwear and the diagnosis noted or any other relevant diagnosis is not found, how are we expected to respond to the client? Do we provide it because the doctor prescribed it? Are we expected to refuse treatment?**

    The CPC expects Registrants to treat based on their assessment findings. Prescriptions are not required for treatment by the CPC. Prescriptions/referrals are for insurance purposes only. If a referral lacks information needed for insurance coverage, Registrants may provide a letter to the referring practitioner to explain the findings and treatments performed.

11. **Is it okay to inquire with a patient, if they will be utilizing insurance when booking their appointment over the phone to determine who they should be booked with? (Example: Footwear going through insurance would be with the Pedorthist, if not going through, can be booked with a student.)**

    Yes.

12. **What is the protocol if the diagnosis on a prescription is not appropriate for the recommended treatment? (Example: Custom orthotics for foot pain, who is responsible for ensuring the validity of the prescription?)**

    The CPC expects Registrants to treat based on their assessment findings. Prescriptions are not required for treatment by the CPC.

13. **What would be appropriate clinical impression for a client who is looking for orthotics for prevention or repeat orthotics be, when the initial clinical impression has resolved? (Example: No longer has symptoms of plantar fasciitis.)**

    The clinical impression should be an accurate reflection of the assessment findings and treatment goals.

    **Example:** Success treating plantar fasciitis with custom orthoses in the past, renew orthotics to prevent recurrence.

14. **How do we prove we have the extra training or certifications if no certificate was given upon completion?**

    If no certificate is given, documentation regarding the date, location, and course name or instructor of the training is sufficient.

    **Example:** Emails indicating a private training session with a supplier, receipts for paid course fees etc.

15. **During a dispensing appointment, if a patient declines to put the item on, can we dispense it without confirming fit and document patient decline, or, is it mandatory for the patient to put the item on that day? (Example: Patient declines to put on a knee brace due to long hours at work and sweaty or forgotten shorts etc.)**

    Clinical records must be an accurate reflection of what has happened during an appointment. Best practice is to have the patient try it on, but if that can't happen for some reason, having accurate records allows Registrants to review why something was or wasn't done in an appointment.

16. **If someone has ordered compression stockings and has received them before, can someone else pick them up?**

    The College of Pedorthics of Canada does not have a standard for the dispensing of non-custom products. Insurance companies may have a different requirement and should be consulted further. Best practice requires that a C. Ped (C) dispenses all custom products in-person.

17. **How would one distinguish between end-of-year benefits and using advertising as a reminder to use existing benefits if they need a device versus frivolous claims?**

    Standard 9.2 Content

    Professional Service advertising must:

    1. Be confined to the presentation of information reasonably needed by clients or colleagues in making informed decisions about the availability and appropriateness of a Registrant's services.
    2. Make certain that any announcement or advertisement directed towards clients or colleagues is true in all respects.
    3. Refrain from making fraudulent or misleading statements concerning their, or the profession's skills, knowledge or capabilities.
    4. Not provide any guarantee of the success of the service provided.

5. Avoid bringing the profession into disrepute.
6. *Not stimulate a demand for unnecessary health care services.*

Advertising should not reflect the need to use insurance before it expires or imply that insurance benefits will be lost if not used.

**18. Can a custom orthotic be dispensed while waiting for the prescription?**

The CPC does not require Registrants to obtain a prescription prior to assessment or treatment.

**19. Is a clinical impression not meant to be shorter and to the point, as to every other paramedical service? (Example: Posterior tibial tendon dysfunction, left foot, diabetic ulcer, third, MTPJ, left, etc.)**

A clinical impression is different than a diagnosis and will typically be wordier than a diagnosis. The example given in the question is a diagnosis. The clinical impression would be "Patient presents with signs and symptoms of posterior tibial tendon dysfunction on the left foot, and a diabetic ulcer under the third MTP joint on the left foot

**20. How do you recommend that we receive consent from a patient who is proceeding with custom orthotics and does this need to be written?**

Consent should be in writing. You can have this within an electronic format and have the patient initial and sign. You can also have it in physical handwriting. The consent document should be added to the patient's chart.

**21. If a patient presents with a prescription from a doctor stating 'shoes for plantar fasciitis' and they wish to use insurance, plantar fasciitis is not an appropriate diagnosis for shoes according to their insurance guidelines. What is the best course of action in this case? Send the patient to their doctor with an assessment report?**

The CPC expects registrants to treat based on their assessment. Prescriptions are not required for treatment. Clarification on prescription requirements should be made with the insurer in question. The Registrant may choose to send assessment findings to the prescribing practitioner and include a clinical impression.

22. **When the dispenser doesn't have a registration number, such as a student, how do you proceed?**

    The Standards of Supervision outline who can provide services under the supervision of a C. Ped (C). If a service is provided by someone under the supervision of a Registrant, that must be reflected in the documentation.

    **Example:** Orthoses dispensed by Jane Student under the supervision of Jane Pedorthist C. Ped (C) Number 123.

23. **Can we charge a rush fee for people who want their orthotics within the same week? (Example: For people wanting to get their service before the year end.)**

    The CPC does not currently have standards regarding what services Registrants may charge fees for. It is up to each individual and/or clinic to establish their own Fee Schedule, which could include a rush fee.

24. **The patient comes in with a prescription stating sore feet and needs orthotics. It's not a diagnosis. Is that on us?**

    The CPC expects Registrants to treat based on their assessment findings. Prescriptions are not required for treatment by the CPC. If required for insurance, the patient would need to return to the prescribing practitioner for a diagnosis. The Registrant could choose to send along assessment findings with a clinical impression.

25. **To follow up on not being able to dispense products without the products here, can the receipt say 'purchased today' if the product is not dispensed on the same day?**

    Clinical documentation must be an accurate reflection of what has happened in a clinic. If a product has not been dispensed yet, it can not be listed as dispensed. Future dates cannot be written as dispense dates, as schedules may change. If a product or service has not been paid for, a paid receipt must not be provided. Documentation must not be misleading.

26. **Can we communicate a clinical impression of a medical condition to a client that's not yet discussed this with a diagnosing professional? (Example: A patient is presenting with PTTD, but has not yet met with their family doctor. Can we speak to the patient about this or provide notes on their take home treatment plan?)**

    Registrants may communicate a clinical impression that has not been diagnosed. Explaining how a treatment plan and/or recommendations aim to treat the signs and symptoms a person is experiencing is allowed.

27. **To clarify knee brace dispensing, do we need a physical certificate from each brand we supply in order to dispense?**

    If no certificate is given, documentation regarding the date, location, and course name or instructor of the training is sufficient.

    **Example:** Emails indicating a private training session with a supplier, receipts for paid course fees etc.

28. **Is it required to have a doctor's referral in order to dispense medical grade compression? If they've gotten a pair previously, do they need a new doctor's note on file to dispense a pair?**

    Using compression socks in a treatment plan requires additional training as compression therapy is not tested by the CPC. Please refer to the additional training provided by your supplier(s) to better answer this question.

29. **Do we need to have a prescription on file in order to charge for orthotics without HST, or do we need to have a prescription for CRA to have them zero rated?**

    PAC has guidance that has been provided in the past to members, regarding the applicability of GST and HST. That documentation is being updated, and PAC hopes to release that to members in the new year.

30. **Can you advertise directly to customers based on their insurance coverage? (Example: Reminding people that they're eligible for a new pair after a year- 2 years, etc.)**

    Advertising should not reflect the need to use insurance. Patients should be renewing their orthoses as needed, not based on coverage periods.

31. **Follow-up on diagnosis versus clinical impression, can we or can we not say that our clinical impression is that they have post-tibial tenderness dysfunction, ulcer, OA, etc., despite our assessment citing the sign and symptoms? Does it need to be written with the same sentence?**

    C. Ped (C)s are not able to diagnose, as Registrants cannot order tests to rule out differential diagnoses. We can express our clinical impression by stating that we see signs and symptoms of Condition X, but we cannot say the patient has Condition X

**Example:** Osteoarthritis is diagnosed using x-rays and/or blood tests. C. Ped (C)s are not able to order these to determine that a person has OA. Clinical findings may indicate OA however the patient may have another type of arthritis, bursitis, meniscus pathology etc

32. **Can a note be made that says student name, shadowed, and participated in the assessment signed off by the clinician, or does it have to specifically note what they did?**

    The Standards of Supervision outline who can provide services under the supervision of a C. Ped (C). If a service is provided by someone under the supervision of a Registrant, that must be reflected in the documentation. When a student is performing only select portions of an assessment, that must be reflected in the documentation.

33. **Is follow-up required after dispensing orthotics, or is it sufficient to tell the patient to come back if problems arise?**

    The Standards of Clinical Practice require Registrants to offer follow-up communication to evaluate the effectiveness of Pedorthic treatment.

34. **Can we recommend an x-ray to the GP?**

    Writing a letter to a Physician with your assessment findings and clinical impression is permitted.

35. **Can a family member pick up compression products on a patient's behalf?**

    Using compression socks in a treatment plan requires additional training as compression therapy is not tested by the CPC. Please refer to the additional training provided by your supplier(s) to better answer this question.

36. **If our business offers complimentary assessments, can display this on the invoice?**

    This may be displayed on the invoice, but it cannot be displayed in your advertising.

37. **Regarding clinical impressions, can we say, for example, 'symptoms are consistent with plantar fasciitis, orthotics are recommended'?**

    Yes - that is a great example of a *clinical impression.*

38. **Please identify each stakeholder (CPC, PAC, specific insurance companies ect.) that has initiated EACH new and modified guideline.**

The Standards of Business Practice updates were created to protect the public and the integrity of the Pedorthic profession.

39. **Regarding the requirements for clinical records, specifically: *"A description of each encounter including the date and purpose of each contact, whether the contact was made in person, by telephone, video, text, or electronically."***

    **a) Are Registrants required to have non-clinical staff (admins, store staff, etc) make a record of each interaction? i.e. if a patient calls in with a question, and an admin takes the call, is that to be recorded and signed?**

    Clinical records must include a description of each encounter including the date and purpose of each contact, whether the contact was made in person, by telephone, video, text, or electronically. The author of each entry must be identified through signature or typed initials.

    **b). Do encounters that are outside of clinical care (i.e. and email asking about a colour of a shoe) fall under the same requirements?**

    The Standards of Business Practice record keeping pertain to Clinical Records, Daily Appointment Record and Financial records.