

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 9/22/2014	NUMBER: G-59.3
	Replaces: 01/12	
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MEDICAL PROSTHESES AND ORTHOTIC DEVICES		

PURPOSE: To assure that inmates with unsafe performance of major functional activities, as determined by a treating provider, have the opportunity to obtain medical prostheses and orthotic devices.

DEFINITIONS: **Major Functional Activities** – Includes, but not limited to, transfer activity, ambulation, self-care activities, and balance activities.
Prostheses – artificial devices to replace missing body parts such as limbs.
Orthotic Devices – specialized mechanical devices used to support or supplement weakened or abnormal joints or limbs such as braces, foot inserts, or hand splints.

POLICY:

- I. Inmates who have been identified by treating providers with medical conditions that impair their performance of major functional activities will be referred for prosthetics or orthotic devices to the appropriate clinic for evaluation and treatment.
- II. Inmates that are independent in their major functional activities are not eligible for referral for prosthetics or orthotic devices unless the prosthetic/orthotic items are:
 - A. Required for entry into a vocational training program entailing standing or walking, for which the inmate has already gained admittance.
 - B. Required for assignment to a work program providing work experience that has the obvious potential for producing marketable skills at a stand up or walking level.
- III. Medical conditions appropriate for referral for prosthetics or orthotic devices include:
 - A. Stroke with significant neurological impairment such as foot drop, hemiplegia or issues which can be resolved with a brace.
 - B. Moderate venous stasis with edema and/or ulceration.
 - C. Severe burns scarring or grafting.
 - D. Deforming musculoskeletal condition (i.e., post polio, muscular dystrophy, charcot joints).
 - E. Incomplete spinal cord injuries/disease resulting in significant neurological impairment.
 - F. Closed/open head injury/disease resulting in significant neurological impairment.
 - G. Neurological – musculoskeletal condition with significant physical and or functional problems to patient (e.g., traumatic brain injury, etc.).
 - H. Hallux valgus > 45⁰.
 - I. Medium to severe hammer toes with skin complications (callus formation is not considered a skin complication).
 - J. Moderate and severe deformities of one or both feet.
 - K. Leg length discrepancies > ½ inch.
 - L. Amputee with prosthetic leg who is ambulatory, in need of prosthetic supplies or repair.

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M. Ankle, knee or shoulder instability which has failed previous therapy, in need of an assessment for possible bracing.

IV Inappropriate referrals for prosthetics or orthotic devices include:

- A. Referrals for death row or administrative segregation inmates who do not require prostheses or orthosis for safe performance of major functional activities.
- B. Referrals for inmates who ambulated in the community setting without a prosthesis or orthosis, or whose condition may be remedied with modifications to TDCJ issued footwear (i.e.: soft shoes, insoles, etc.).
- C. Referrals for re-issuance of prosthesis or orthosis consequent to destruction or modification of prosthesis by the inmate.
- D. The medical conditions listed on attachment A.

V. Exceptions to the above criteria must be presented to the Utilization Review and Case Management Committee (UTMB) or the Utilization Management Committee (TTUHSC) for a decision process.

Approved appointments are scheduled by receiving Brace and Limb Clinic staff and appointment dates entered in the MSRS, thereby notifying transportation. Prosthetic devices/orthotic items and related repairs recommended during Brace and Limb Clinic visits will be ordered at no cost to the inmate.

Reference: ACA Performance Standard & Expected Practice 5-6A-4375 Prostheses and Orthodontic Devices