**CMS Response Letter Instructions**

Dear Colleagues,

You now have access to a “template” for response to CMS regarding their proposed rule. This letter has been reviewed by multiple leaders in our field to try to bring out the important talking points, but this is **YOUR** response letter. The APTA has advised us that a heartfelt response often goes further than a form letter so please consider the following important points in submitting your comments.

* Look through the letter and pull out specific talking points that speak to you and your situation.
* **Delete or modify** any items which you do not feel accurately represents your personal view – again this template is for you.
* Feel free to **add any content** which further expresses the personal impact this rule would have on you and or your practice

Thank you all for your concern and support!

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Centers for Medicare & Medicaid Services

Department of Health and Human Services

Attention: CMS-6012-P

Box 8013

Baltimore, MD 21244-8013

To whom it may concern:

I am writing this letter in response to the proposed rule: **Establishment of Special Payment Provisions and Requirements for Qualified Practitioners and Qualified Suppliers of Prosthetics and Custom Fabricated Orthotics (CMS-6012-P).** This rule, as it stands severely limits beneficiary access, and obstructs the ability of occupational and physical therapists to properly use orthoses as a component of upper extremity rehabilitation across the continuum of care. It creates a certification monopoly, which arbitrarily puts the authority of accreditation to Orthotists and Prosthetists (O&P’s). The O&P literature does not have any published evidence to support superior quality to those fabricated by Occupational and Physical therapists who specialize in hand and upper extremity rehabilitation. CMS has also put forward no such evidence. This rule is in *direct conflict* with the educational standards recognized by the American Occupational Therapy Association and the American Physical Therapy Association, both which includes orthotic fabrication for all accredited Bachelor, Master’s and Doctoral level programs. The Rule is also in *direct conflict* with many state licensure and Practice acts which clearly articulate inclusion of orthotic fabrication by therapists.

I am a Physical Therapist (and Certified Hand Therapist), and implementation of this rule would severely and negatively impact the beneficiaries I serve, the physicians and surgeons who entrust their patients with my services, as well as my ability to perform the services which were part of my Doctoral level education. (I am also credentialed as a Certified Hand Therapist (CHT) by the Hand Therapy Certification Commission. The certification examination specifically covers the proper use and fabrication of upper extremity orthotics). There is no justification for the requirement of a licensed Physical Therapist (and Certified Hand Therapist) to suddenly be placed under the accrediting jurisdiction and discretion of another profession. To practice independently, without oversight from a certified orthotist, would require competition of the certification process as an orthotist (academic requirements – additional degree with residency internship). This would force therapists to gain a degree specifically in Orthotics and Prosthetics in order to practice their chosen licensed and credentialed profession.

Physical therapists (especially those who are certified hand therapists) are relied on by hand surgeons and other referring physicians to fabricate custom upper extremity orthoses for patients both post surgically and conservatively as part of the rehabilitation and post surgical management process. We are entrusted with highly complex patients due to our training in evaluation, skills in fabricating orthotics, knowledge of anatomy, soft tissue healing and post surgical protocol and orthotic fabrication skills. Therapists who specialize in hand and upper extremity rehabilitation have the knowledge of appropriate joint positioning when fabricating orthoses following surgical repairs of tendon and nerves, joint replacements and other complex injuries and diseases. Limiting patient access to the professions who have the skills, knowledge, and expertise to appropriately treat them will put surgical repairs and the functional outcomes of our patients in jeopardy.

The Rule would limit access to care for beneficiaries and serve as a burden requiring travel to additional providers. The Physical Therapist who specializes in upper extremity rehabilitation fabricates an orthosis which may require frequent modifications as edema decreases, wounds heal, and the healing process allows for more advantageous positioning. Under the Rule, the beneficiary / patient would need to travel to another location each time (often weekly) for these orthosis modifications in addition to attending rehabilitation for their injured hand. Frequently it is the family member or paid caregiver transporting the patient to these office visits. Thus, we are adding an additional layer of burden on the beneficiary and their family. There is no justifiable reason to place the burden of travel and expense on patients who are already seeing a licensed and credentialed professional with the education and superior knowledge base to fabricate and modify custom orthotics in cases of upper extremity injury and through the rehabilitation process.

As stated earlier Physical Therapists who are also Certified Hand Therapists (CHT’s) are already credentialed through the Hand Therapy Certification Commission. The body of knowledge of appropriate orthotic intervention specific to upper extremity injury and rehabilitation is a substantial component of the credentialing examination and included in the requirements for recertification. There is no evidence that the O & P accreditation meets the level of rigor specific to upper extremity rehabilitation and inclusion of orthotics as an ongoing component of treatment. A literature review in the peer reviewed Journal of Hand Therapy demonstrates the efficacy of orthotic fabrication and modification throughout the rehabilitation programs based on the clinical presentation of the patient in conjunction with the referring physician. The Journal of Prosthetics and Orthotics contains a dearth of articles minimally covering a few of the diagnoses typically treated by Physical Therapists specializing in hand and upper extremity rehabilitation.

To meet the American Board for Certification of Orthotics, Prosthetics or Pedorthics (ABC) accreditation requirements standard as a qualified provider, therapists would be required to attain an additional degree in orthotics and prosthetics. In addition, accreditation candidates are required to complete a year-long National Commission on Orthotic and Prosthetic Education (NCOPE) approved residency prior to sitting for the exams. It would be unreasonable burden for therapists to fulfill these requirements while remaining employed. While the rule describes two approved accreditation organizations, only one, (ABC) continues to offer accreditation to new practitioners. According to its website, the Board of Orthotic Certification no longer accredits new practitioners. Imposing additional accreditation standards for Physical Therapists by orthotists and prosthetists marks an abrupt change in CMS policy regarding

For decades, Physical Therapists have been recognized as qualified providers, practitioners, and suppliers. During that time, entry level academic requirements have increased (from Bachelor’s and Master’s, to Master’s and Doctoral degree) and the specialty certification hour requirements to even sit for the examination doubled from 2000 to 4000 hours. I am strongly opposed to the requirement of additional accreditation requirements, especially under the control of another profession.

The 2014 Practice Analysis Survey published in the Journal of Hand Therapy (Keller, JL. et al. Thirty years of hand therapy: The 2014 practice analysis. *J Hand Ther* 2014; 29: 222 – 234) indicates that of the nearly 1700 Certified Hand Therapist respondents, on the average an orthosis was fabricated “weekly or almost weekly” and the orthosis fabrication was rated as a 3.5/4 for critical to job performance. The proposed rule would no longer provide beneficiaries access to the frequently necessary and critical component of their upper extremity rehabilitation.

The Physical Therapists use and fabricate unique orthoses for different purposes than orthotists and prosthetists. The plastics utilized by a therapist do not require the same equipment as plastics used by O & Ps. Under CMS-6012-P, I would be required to have the same equipment and supplies as an O and P facility, which would be impractical and financially irresponsible. There is no rationale for enacting a rule which clearly removes a critical component of a care which is expertly provided by therapists who specialize in upper extremity rehabilitation, and places the authority of credential and clinical fabrication in the hands of a professional group which does not routinely deal with the acute hand and upper extremity (especially post-surgical) rehabilitation process

I do not believe it is the intention of CMS to negatively impact direct beneficiary / patient care provided by occupational therapists, physical therapists and physicians through support of this rule. Under this rule, large numbers of beneficiaries /patients receiving therapy services would be adversely impactedthrough restrictions on the services that qualified physical and occupational therapy providers and physicians can deliver to these patients. Whether to immobilize specific joints in specific positions or to add tension to mobilize a specific structure, the inclusion of custom orthotics is not a separate entity from the provision of upper extremity rehabilitation.

As a Physical Therapist who is extremely passionate about the quality of patient care, **I urge you not to enact CMS 6012-P.** There is absolutely NO benefit to beneficiaries and certainly NO benefit to therapists recognized as qualified practitioners today.

Respectfully,