



THE AUSTRALIAN
ORTHOTIC PROSTHETIC
ASSOCIATION

Submission to the NDIS consultation paper: Access and Eligibility policy with Independent Assessments 2021



Orthotics and Prosthetics in Australia

Orthotist/prosthetists assess the physical and functional limitations of people resulting from disease, illness, trauma and disability, including limb amputation, diabetes, arthritis and neuromuscular conditions, such as stroke. Orthotic and prosthetic services may involve the provision of orthoses and prostheses to restore function, prevent deterioration, and improve quality of life. Orthotist/prosthetists are commonly employed in Australian hospitals, private clinics, research institutions as well as rural and remote regions, working independently and as part of multidisciplinary healthcare teams to support the Australian community.

Orthotist/prosthetists are tertiary qualified allied health professionals. An Australian Qualification Framework level 7 is required to practice as an orthotist/prosthetist in Australia, consistent with education standards for other allied health professions. Orthotic/prosthetic students complete training alongside physiotherapy, podiatry and occupational therapy students.

The Australian Orthotic Prosthetic Association (AOPA) is the peak professional body for orthotist/prosthetists in Australia, with certified practitioners comprising 89.9% of the practicing profession. AOPA is responsible for regulating the profession and is a founding member of the National Alliance of Self Regulating Health Professions (NASRHP) in partnership with other professional organisations, including Speech Pathology Australia, the Australian Association of Social Workers and Exercise and Sports Science Australia. AOPA is recognised by the Commonwealth Government as the assessing authority responsible for conducting migration skill assessments for orthotist/prosthetists.

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Overview

AOPA would like to thank the NDIS for the opportunity to provide feedback on the consultation paper *Access and Eligibility policy with Independent Assessments*. The following submission highlights potential limitations of the proposed independent assessments and provides a suite of recommendations to minimise the unintended consequences for people who use orthoses/prostheses.

The independent assessment process insufficiently captures the impact of an orthosis/prosthesis on an NDIS applicant's level of function. Many NDIS applicants will already use orthoses/prostheses before they apply for scheme access. Use of an orthosis/prosthesis will have a substantial effect on their baseline level of function, as measured by the independent assessment. If current use of an orthosis/prosthesis is not clearly articulated in the independent assessment guidelines, and understood by independent assessors and NDIA delegates, applicants may be incorrectly denied scheme access. This is because their baseline functional level may be assessed as high, when in fact, this functional level is only possible because they use an orthosis/prosthesis.

As the proposed independent assessments only capture current functioning levels, certain cohorts who may benefit from use of an orthosis/prosthesis may be at risk of delayed access to care, or inappropriately denied scheme access. Mechanisms to determine if an NDIS applicant would benefit from the use of an orthosis/prosthesis is vital to both scheme access and plan development and must be included in the independent assessment process.

The inability to capture the impact of orthoses/prostheses through the independent assessment process may be further

impacted by the proposed removal of eligibility lists. The removal of streamlined eligibility for individuals with a well-acknowledged permanent disability (e.g., lower limb amputation) may have a substantial disempowering effect. Although proof of disability is required for many Government support schemes, care must be taken ensure the process is not harmful to applicants.

The proposed access, eligibility and independent assessment policy highlights the necessity of supplementary assessments conducted by orthotist/prosthetists. The proposed policy is unclear how, when, and where the potential for orthoses/prostheses can be identified. Orthotist/prosthetists are uniquely positioned to advise the NDIS of potential improvement to functional capacity through the use of orthoses/prostheses. It is integral that orthotist/prosthetists take part in the access and eligibility process through a supplementary orthotic/prosthetic assessment.

While the consultation paper *Access and Eligibility policy with Independent Assessments*, provides opportunity to comment on various topics, our submission is deliberately focused on issues specific to the NDIS applicants and participants who require access to orthoses/prostheses.

AOPA is aware that both consumer representative and support organisations and peak allied health associations will be providing detailed commentary in areas where AOPA has been unable to. AOPA recognises and supports the submission provided by Allied Health Professions Australia (AHPA). AOPA is available to provide further comment and clarity as required.

Recommendations

To improve the independent assessment and eligibility process, AOPA make the following recommendations:

1. Independent assessments clearly articulate when and how orthoses/prostheses are used by NDIS applicants.
2. Supplementary orthotic/prosthetic assessments are introduced to identify when an applicant would benefit from using orthoses/prostheses.
3. The validity of independent assessments and supplementary orthotic/prosthetic assessments for the purposes of NDIS access are tested.
4. The NDIA work with consumer groups to identify ways to reduce the disempowering impact of the proposed eligibility policy.
5. The NDIA consider supplementary orthotic/prosthetic assessments for populations known to use orthoses/prostheses before an access decision is made.

The impact and potential of orthoses/prostheses on functional capacity

The independent assessment instruments have been selected as a broad measure of function. The instruments do not clearly articulate the impact and potential of orthoses/prostheses on functional capacity and may lead to inappropriate decisions regarding scheme access.

The use of an orthosis/prosthesis may impact independent assessment outcomes

The independent assessment process comprises data collected via standardised instruments and participant interactions. The instruments have been specifically chosen for their ability to provide a broad measure of function and are not disability or profession specific.

The combination of using instruments that are not orthotic/prosthetic specific, and not having a means to clearly identify the impact of an orthosis/prosthesis on functional capacity, may increase the risk of NDIS applicants being denied scheme access. For example, a 10-year old child with cerebral palsy wears an ankle foot orthosis (AFO) throughout all daily activities. The Vineland 3 asks the question if the child "stands on one foot for at least 2 seconds?" Unless the client/carer/assessor clearly states that an AFO is used in this activity, the independent assessor will likely record no issues standing for 2 seconds, which will overestimate the applicant's functional ability.

To accurately capture an applicant's functional capacity, independent assessors will need to clearly establish with the applicant/carer if orthoses/prostheses are to be considered when using the instruments. This must also be explicitly articulated by the independent assessor to the NDIA delegate. Complimenting this process, an orthotist/prosthetist can conduct a supplementary orthotic/prosthetic assessment, providing a complete picture of the applicant's function.



Example one: How independent assessments may over represent a level of function.

Malala is an NDIS applicant completing the WHODAS as part of her independent assessment. Malala wears bilateral knee ankle foot orthoses (KAFOs) to assist her mobility.

When reaching question D2.1 "In the past 30 days, how much difficulty have you had in: standing for periods longer than 30 minutes?" Malala considers that she does not have much difficulty, because she wears her KAFOs full time which makes standing possible. Malala records 'none', and as a result, Malala's mobility scores are artificially inflated which reduces her assessed level of functional. In fact, if Malala did not wear her KAFOs, she would not be able to stand and would have marked this as 'extreme or cannot do'.

When reaching question D2.3 "In the past 30 days, how much difficulty have you had in: moving around inside your home" Malala again considers she experiences only mild difficulty, because her KAFOs assist her.

As a result, Malala's WHODAS scores have been artificially inflated. If Malala undergoes an orthotic/prosthetic assessment, the orthotist/prosthetist can work with Malala to understand how Malala's KAFOs impact her function, identify if any other orthoses would improve her functional capacity in the future. This information can then be relayed to an NDIA delegate before an access decision is made.

To gain a clear understanding of an applicant's true functional capacity, it is vital for independent assessors to explicitly define which aspects of the functional assessment, including which instruments, are to be conducted with/without consideration of orthoses/prostheses. This must also be explicitly communicated to the NDIA delegate. The NDIA delegate must also have a clear understanding of how use of an orthosis/prosthesis impacts and enhances an applicant's functional capacity.

1. **Independent assessments clearly articulate when and how orthoses/prostheses are used by NDIS applicants.**

Independent assessments cannot assess an applicant's potential using an orthosis/prosthesis

Without measuring an NDIS applicant's potential when using an orthosis/prosthesis, an applicant may be inappropriately denied scheme access. This is because the proposed independent assessments measure current functional capacity and cannot assess:

- an applicant's potential for improved functional capacity when access to orthoses/prostheses is granted,

- an applicant's potential for decreased functional capacity when access to orthoses/prostheses is delayed or denied.

There are challenges with only assessing an applicant's current functional capacity, and not their potential for improvement to functional capacity with an orthosis/prosthesis. An example is evident in the use of The Vineland 3, which asks if the child "holds a crayon/pen/pencil properly for drawing, etc?" A child with congenital limb loss may have a high functioning score for this item, but only because they have developed adaptive behaviors which in the long term will cause significant strain to ligaments and muscles. The instrument has failed to measure the potential impact of an orthosis/prosthesis on the applicant's functional capacity and future needs.

A further example of challenges with a static functional assessment is the inability to capture potential functional decline. For example, the WHODAS 2.0 is "designed to assess the activity limitations and participation restrictions experienced by an individual, irrespective of medical diagnosis." For a person with a degenerative dystrophy, the pending functional decline must be considered as timely assess to supports is imperative. This person may require assistance for standing transfers and without early access to knee-ankle-foot orthoses to assist in standing, the person is

at risk of deteriorating more rapidly. The person is likely to have higher support needs including increased carer support, full hoist use and pressure sore management. Much of this could have been avoided or delayed, had consideration been given to the applicant's likely decreased functional capacity and therefore the increased potential gain when timely access to supports is provided.

AOPA recommends the NDIA introduce supplementary orthotic/prosthetic assessments to identify an applicant's future potential for improved functional capacity through the use of orthoses/prostheses. The NDIA will need to establish a system for triggering these supplementary orthotic/prosthetic assessments. AOPA have provided more detail on these recommendations in the section *Introducing supplementary orthotic/prosthetic assessments*.

2. **Supplementary orthotic/prosthetic assessments are introduced to identify when an applicant would benefit from using orthoses/prostheses.**

The need to test independent assessment processes

Unfortunately, independent assessments and the specific instruments used to measure functional capacity, have not been tested amongst users of orthoses/prostheses for the purposes of NDIS access. This means there are no data on the appropriateness of the instruments and independent assessment process for informing scheme access for users of orthoses/prostheses.

The observations AOPA has made on the proposed instruments and independent process is limited by the lack of data. Equally so, the findings from the NDIA's first independent assessments pilot, cannot be applied to the population of people who use orthoses/prostheses as only applicants with intellectual disabilities, psychosocial disabilities and autism spectrum disorder were permitted in the pilot.

It is vital that independent assessments and the recommendations made by AOPA are tested for their validity and appropriateness.

3. **The validity of independent assessments and supplementary orthotic/prosthetic assessments for the purposes of NDIS access, are tested.**

Removal of eligibility lists may result in disempowerment

The proposed independent assessment process is designed to replace the use of eligibility lists. Under this proposal, all NDIS applicants must prove their disability diagnosis and permanence before being considered for scheme access. This process will be disempowering for some groups of NDIS applicants.

The proposed independent assessment process begins with asking an applicant to prove their disability and its permanence. Proving the permanence of some disabilities may seem insensitive. In addition, having an independent assessment completed by someone whom the applicant has not previously met, may make some applicants feel uneasy. Some of the questions in the proposed instruments may also be interpreted as insensitive.

Many NDIS applicants have lived with their disability for months to years. As the experts in their own disability and functional capacity, NDIS applicants understand their needs, limitations and abilities. It is understandable that any funding body or scheme may require proof of diagnosis or disability, however, care must be taken to ensure that acquiring said proof is not harmful or disempowering.

Example three: proving disability diagnosis and permanence may disempower

Qin has an amputation and uses a transfemoral prosthesis to ambulate safely. Qin is wanting to become an NDIS participant. In order to obtain her transfemoral prosthesis she has undertaken numerous functional assessments, tests, trials and treatments.

Under the proposed eligibility rules, Qin is required to prove the permanence of her disability and her functional capacity. She already feels sensitive about talking about her amputation and felt upset as she was asked to discuss the permanence of her disability.

Qin is now required to complete her independent assessment. She feels uneasy discussing her amputation and functional capacity with a person she does not know. As the independent assessment progresses, she feels uneasy as she is asked to detail the difficulty she has with performing everyday tasks.

By the end of her independent assessment she feels hopeless and upset.

AOPA appreciates the permanence of impairment may change for some disabilities. This may change for a variety of reasons including access to early intervention. However, for some groups like people with limb loss, this is not the case - their amputation will always be permanent.

We encourage the NDIA to be cognisant of the groups of people whose disability diagnosis and impairment is undoubtedly permanent, and the reservations some applicants may have when discussing their disability with an

unknown independent assessor. AOPA encourages the NDIA to consider the disempowering aspect of asking one to prove the permanence of their disability. Through consultation with consumer groups like Limbs for Life, the NDIS could work to minimising the disempowering impact of this proposal for people who clearly have a permanent disability.

4. The NDIA work with consumer groups to identify ways to reduce the disempowering impact of the proposed eligibility policy.

The need for supplementary orthotic/prosthetic assessments

To provide a clear picture of functional capacity, supplementary orthotic/prosthetic assessments are necessary. These assessments can describe how an applicant's orthoses/prostheses impact their current level of function and describe their potential capacity when using orthoses/prostheses.

Why the NDIA needs supplementary orthotic/prosthetic assessments

The consultation paper *Access and Eligibility policy with Independent Assessments* does not clearly describe how, when and where an applicant's potential for orthoses/prostheses can be assessed. The consultation paper notes "in some circumstances other information may be needed to determine if a person is eligible for the NDIS. If required, we will request this information."

The ambiguity within these guidelines results in many problems. The proposed independent assessment process cannot:

- assess and report on the likely future orthotic/prosthetic needs of some populations i.e. those with degenerative conditions like multiple sclerosis and rheumatoid arthritis,
- interpret and report how the applicant's orthosis/prosthesis impacts their functional capacity and assessment scores,
- identify which and to what extent orthoses/prostheses can improve functional capacity, particularly for those with adaptive behaviours (i.e., congenital amputees).

To provide a clear picture of functional capacity, assessments performed by orthotist/prosthetists are necessary. Orthotist/prosthetists are uniquely positioned to assess the above information. This information is critical when considering an applicant's potential in the scheme.

How supplementary orthotic/prosthetic assessments can work for scheme access

There is extensive work currently underway to develop two core outcome sets - one for people with limb loss and one for the provision of lower-limb prosthetic interventions. At a minimum these core outcome sets will provide guidance for future assessment tools for people with limb-loss. AOPA would be pleased to work with the NDIA to support the development of a supplementary orthotic/prosthetic assessment that captures appropriate and sufficient data related to functional capacity to guide decisions regarding orthotic/prosthetic support needs and inform the draft budget.

We recommend that supplementary orthotic/prosthetic assessments could be further standardised using quote templates and guidance documents. These quote templates should also provide an opportunity for provider travel costs to be detailed.

A clear workflow will be required to successfully trigger a supplementary orthotic/prosthetic assessment. AOPA puts forward the following workflow for the NDIA to consider;

1. Participant information sheets clearly identify if an applicant uses orthoses/prostheses. If the applicant uses orthoses/prostheses, then a supplementary orthotic/prosthetic assessment is triggered.
2. If an applicant has a disability that may benefit from orthotic/prosthetic intervention (i.e. congenital limb loss, rheumatoid arthritis), then a supplementary orthotic/prosthetic assessment is triggered.

3. Before using each instrument, independent assessors explicitly mention if the applicant should/should not consider the use of their orthoses/prostheses in their answer.
4. The independent assessor explicitly communicates to the NDIA delegate which assessments were conducted with/without considering the applicant's orthoses/prostheses.
5. A supplementary orthotic/prosthetic assessment is conducted, and standardised tools are used. The orthotist/prosthetist reports to the NDIA delegate on the applicant's potential for functional capacity improvement/decline, if access to orthoses/prostheses is granted/declined.

For a supplementary orthotic/prosthetic assessment to provide meaningful data to the NDIA, these assessments must be conducted by orthotist/prosthetists. AOPA is available to provide further detail on how the supplementary orthotic/prosthetic assessments could be triggered, what data they can capture and how. Without supplementary orthotic/prosthetic assessments many people may be inappropriately denied scheme access and may experience a delay in receiving vital supports.

5. The NDIA consider supplementary orthotic/prosthetic assessments for populations known to use orthoses/prostheses before an access decision is made.



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