



THE AUSTRALIAN  
ORTHOTIC PROSTHETIC  
ASSOCIATION

## Submission to the NDIS consultation:

Planning Policy for Personalised Budgets and Plan Flexibility 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

Thank you for the opportunity to contribute to this consultation, *Planning Policy for Personalised Budgets and Plan Flexibility*. AOPA certified orthotist/prosthetists have extensive experience in the conduct of assessments and supporting NDIS participants in considering their functional goals and the interaction with their future plan. The AOPA is therefore well-placed and pleased to contribute to this consultation. We appreciate the NDIA's goal to achieve a more consistent and fairer approach to planning and personalised participant budgets, in particular through the introduction of independent assessments. We take the opportunity in this submission to make a number of recommendations to support obtainment of the goal and prevent unintended consequences from the roll-out of the Planning Policy for Personalised Budgets and Plan Flexibility starting in late 2021.

When developing a participant's budget an NDIA delegate must have access to all relevant information. For many people requiring complex and high-cost assistive technology, such as orthoses/prostheses, this information cannot be accessed through the proposed independent assessment process and requires a supplementary orthotic/prosthetic assessment. The information gathered in a supplementary orthotic/prosthetic assessment can highlight the potential for a participant's improved functional capacity when they access an orthosis/prosthesis. It can also detail the future needs of the participant (i.e., access to orthoses/prostheses during periods of growth), and the costs of providing orthotic/prosthetic supports. Without this information participants are at risk of receiving a plan that does not meet their needs or support their potential.

AOPA notes the proposal of flexible and fixed budgets as a mechanism to improve plan flexibility. The concept of fixed and flexible budgets has the potential to improve flexibility in access to vital supports, however it may also result in a number of unintended consequences. Clear guidance on how orthotic/prosthetic supports are allocated within fixed and flexible budgets is required, as is the protection of emergency supports (i.e. repairs and maintenance) including the required flexibility. Without clear guidance and

protections participants are at risk of being unable to access their orthotic/prosthetic supports when required, leading to delays and potential injury.

We raise similar concerns regarding the proposed monthly and quarterly funding release mechanisms which aim to improve plan flexibility and access to supports. Flexibility will need to be built into this mechanism to accommodate unforeseen support needs and ensure participant's have timely access to services.

AOPA notes the consultation paper *Planning Policy for Personalised Budgets* provides opportunity to comment on various topics. This submission is focused on issues that are specific to the orthotic/prosthetic profession.

**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

AOPA is pleased to provide the following recommendations to improve the proposed policy for personalised budgets and plan flexibility. AOPA is available for further comment if required.

1. AOPA recommends the NDIA introduce supplementary orthotic/prosthetic assessments as part of the budget development process
2. AOPA recommends supports accessed through flexible budgets are reduced in their administrative burden.
3. AOPA recommend the NDIA include consumables, repairs, adjustments, maintenance and clinical services in flexible budgets.
4. AOPA recommend the NDIA consider only placing high-risk and high-cost orthotic/prosthetic supports under a fixed budget and steps are taken to reduce the administrative burden for these supports.
5. AOPA recommends the NDIA ensure adequate funding is provided in flexible budgets to reduce the risk of funds being depleted, particularly at critical time points.
6. AOPA recommend the NDIA adopt a mechanism/s to protect supports that must be accessed in emergency situations.
7. AOPA recommend the NDIA consider mechanisms to ensure access to funds at unanticipated time critical points, outside of the boundaries of the planned release of funds interval.

# Supplementary orthotic/prosthetic assessments to support plan and budget development

Supplementary orthotic/prosthetic assessments should be used to inform plans and budgets wherever orthotic/prosthetic supports are required. These assessments would allow an understanding of participant's orthotic/prosthetic needs, identify their future orthotic/prosthetic potential, and provide an informed cost breakdown of these supports.

The NDIS consultation papers "*Access and eligibility policy with independent assessments*" and "*Planning for personalised budgets and plan flexibility*" highlight the need for more streamlined assessments to support plan and budget development and presents a suite of options to achieve this goal. Both papers state that additional assessments and information may be sought after an independent assessment is completed and before an NDIA delegate creates a draft plan. Neither consultation papers however provide clarity or clearly articulate when and how the orthotic/prosthetic needs of a participant are identified and communicated.

Without conducting a supplementary orthotic/prosthetic assessment before a draft plan is created, a plan and budget is at risk of not capturing a participant's orthotic/prosthetic potential, their likely future orthotic/prosthetic needs, or the accurate costs of the orthoses/prostheses.

## Capturing a participant's orthotic/prosthetic potential

Functional capacity assessments have been identified as important for scheme access however, they do not adequately capture a participant's orthotic/prosthetic potential. Identification of orthotic/prosthetic potential may include assessing how an amputee's functional capacity may improve with access to a prosthesis, or assessing how a

person with cerebral palsy can improve their functional capacity when they can access an ankle foot orthosis.

The proposal to assess current functional capacity also does not capture the adaptive behaviours a participant may use to achieve their high function. For example, as highlighted in example one, a person with congenital limb loss may not use fingers to grip a pencil to write but will use their wrist instead. The person is still able to write and may be assessed as having a high functional capacity. The impact of failing to capture and address adaptive behaviours may leave some participant's with long term injuries, strains and health problems.

The solution is to implement a supplementary orthotic/prosthetic assessment mechanism within the proposed planning process.

A supplementary orthotic/prosthetic assessment will identify a participant's potential for functional improvement through the use of an orthosis/prosthesis. An orthotist/prosthetist can provide the NDIA and the participant with an idea of what orthotic/prosthetic supports may help the participant to reach their goals. The orthotist/prosthetist can take diagnosis, degeneration, growth, physical, mental, emotional, occupational, recreational and environmental factors into account. Although NDIA delegates may recognise some these factors, they will be unable to contextualise these among the orthotic/prosthetic options.

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### **Example one: a participant with a congenital upper-limb loss requires a prosthesis**

*Jake has congenital upper-limb loss. He once tried a prosthesis when he was a child but he generally preferred to use his own limb. Over time Jake stopped using his prosthesis. Now that he is older and is suffering from numerous ligament injuries and osteoarthritis, Jake is interested in using a prosthesis to alleviate his pain and improve his quality of life. Because Jake has not used a prosthesis in many years, he has developed a number of habits and behaviours that allow him to maintain his high functional capacity, despite the difficulties he experiences.*

*The independent assessment he has just undergone scores Jake as having a high functional capacity. The independent assessment has failed to capture the potential that a prosthesis will serve in his future functional capacity and pain management.*

*If Jake undergoes a supplementary orthotic/prosthetic assessment, both he and his orthotist/prosthetist will be able to determine how a prosthesis will improve his quality of life and help him reach his goals.*

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### **Capturing a participant's future orthotic/prosthetic needs**

A supplementary orthotic/prosthetic assessment will also provide an opportunity for the NDIA to capture the future orthotic/prosthetic needs of participants with functional capacity that will change. This may for example, include participants who are children and will experience growth related changes or participants with diagnoses that are degenerative. Timely access to orthotic/prosthetic supports can prevent deterioration and escalation in care needs for various populations including participants who experience dystrophy, osteoarthritis, rheumatoid arthritis and multiple sclerosis.

For example, a person with a degenerative dystrophy may require assistance for safe transfers. Without early access to knee ankle foot orthoses, the person will depend more and more on carer support and hoist transfers. This results in reduced range of motion, strength and standing tolerance, making the person completely dependent on their carer and hoist for transfers. The person now has higher support needs which could have been avoided or delayed, had consideration been given to their future orthotic needs.

Because independent assessments only capture current functional capacity and are not specific enough to inform the potential of orthoses/prostheses on a person's functional capacity, a supplementary orthotic/prosthetic assessment is vital.

### **Capturing the costs of providing orthotic/prosthetic supports**

An accurate budget and plan require a thorough and complete understanding of a participant's required orthoses/prostheses and associated costs. A supplementary orthotic/prosthetic assessment is the only way to achieve this before a draft plan is created. We believe that the independent assessment process alone will not be sufficient to generate the required information to allow the NDIA delegate to develop an accurate plan and budget.

A supplementary orthotic/prosthetic assessment will allow an orthotist/prosthetist to provide the NDIA with a clearer understanding of orthotic/prosthetic support needs and the likely costs taking into account:

- Travel costs particularly for participants in rural and remote areas, or places of thin markets.
- Goal-related specific supports i.e. what options are available to assist a participant reach their goal.
- Availability and appropriateness of orthotic/prosthetic devices and/or components i.e., rigidity versus flexibility of materials, weight parameters.

We highlight the travel and access related issues for orthotic/prosthetic services as an example. The NDIS uses the Modified Monash Model to calculate provider travel costs. However, numerous discrepancies exist between the MMM and orthotic/prosthetic workforce distribution. For example, Launceston (Tasmania) is classified as MM2 (Regional Centre) and it is fortunate to have an orthotic/prosthetic service provider located in this area, with five orthotist/prosthetists available to service this region. In

contrast, Rockhampton (Queensland) which is also an MM2 (Regional) location, is serviced by a single part-time clinic operating only two days per month, servicing prosthetic clients only. The closest orthotic service is a part-time clinic located in Bundaberg, 288km away, which also operates only 2 days per month. Without knowledge of these nuances, which will not be captured in an independent assessment, an NDIA delegate will be unable to accurately budget for the likely orthotic/prosthetic support costs.

Lack of access to orthotic/prosthetic services in many parts of Australia dramatically increases the labour and non-labour travel costs associated with service provision. To provide orthotic/prosthetic support to participants in an MM6 and MM7 area, orthotic/prosthetic providers are required to undertake considerable planning, approval and negotiation, including:

- Ensuring participants have provider travel in their plan,
- Obtaining consent from each participant to bill provider travel,
- Negotiating provider travel hourly rates with participants,
- Negotiating how provider travel will be apportioned between participants.

It is a common occurrence for participant plans and budgets to include no provider travel costs. When this happens, the plan must be reviewed which causes further delays access to orthotic/prosthetic support.

Workforce distribution, provider travel costs, and orthotic/prosthetic needs of a participant all lie outside the expertise of an NDIA delegate or planner, however these factors are vital when developing a plan and budget.

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### **Example two: two participants with the same functional capacity but different NDIS budgets**

*Kumiko and Doug are NDIS participants. Both use a knee ankle foot orthosis (KAFO) and have been assessed as having the same level of function.*

*Kumiko lives in a major city, has an office job and her main goal is to continue working and spending time with her friends.*

*Doug lives rurally, four hours drive from the nearest orthotic/prosthetic service provider. Doug is a warehouse manager and spends most of his day standing. Further to this he has an extensive garden on a large sloping block. Doug's goal is to continue working and gardening.*

*Although Kumiko and Doug both have the same diagnosis, level of function and same goals to participate in their work, their respective work locations, environment and access to orthotic/prosthetic providers, will mean that Doug's budget must account for his additional access and context-specific needs. Doug's budget needs to accommodate orthotic/prosthetic provider travel costs and his KAFO will need to tolerate humid weather conditions, long distance walking and hard labour tasks.*

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## **How supplementary orthotic/prosthetic assessments can work for personalised budgets and plans**

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.

AOPA is highly supportive of the proposal in the consultation paper for a draft plan budget to be developed and for the participant to have the opportunity to review and provide feedback on the draft plan budget. This more inclusive

approach to planning is applauded, however we note that the proposed planning process outlined in page 9 of the consultation paper, does not provide an opportunity for confirmation that the draft plan budget has sufficiently captured the orthotic/prosthetic support needs or the associated budget, through consultation with an orthotist/prosthetist.

The process of obtaining accurate quotes for high-cost assistive technology is suggested in the planning case study on page 15, although without being explicitly incorporated in the planning pathway, there is a substantial risk of oversight. The consultation paper indicates that the draft budget will only be changed in specific circumstances, such as where there are high-cost supports, such as complex assistive technology. Without a clear pathway for the input of accurate information regarding these supports we anticipate the unintended consequence of many changes to draft plans, or worse, the requirement for new independent assessments.

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 and the provision of a quotation which needs to be made explicit in the planning process. This is detailed in AOPA's submission on *Access and eligibility policy with independent assessments*.

**1. AOPA recommends the NDIA introduce supplementary orthotic/prosthetic assessments as part of the budget development process.**

## Guiding flexible and fixed budgets

The proposal to replace the core, capacity building and capital budgets and their associated 15 categories with a fixed and flexible budget structure brings both benefits and risks. AOPA offer insights into what supports may fit well under fixed and flexible budgets and recommends the protection of specific supports to minimize the risk of supports not being available at time critical periods.

The complexity of the NDIS budget system cannot be understated. Simplifying budgets will serve the participant, provider and NDIA. Providers constantly express frustration at the inability to receive payment for supports that have been provided but were mistakenly allocated in the “capital” budget rather than the “core” budget or vice versa. Flexible and fixed budgets may work to alleviate these issues, but care must be taken to ensure participants can access their supports in a timely manner.

### Reducing administrative burden works

Currently there are two support items *Low-cost AT for Prosthetics and Orthotics (03\_060000911\_0135\_1\_1)* and *Assistive Products and Accessories Relating to Prosthetics and Orthotics - As Described In Plan (05\_060000011\_0135\_1\_2)*, that allow participants to engage with their choice of provider and obtain assessments and quotes without the delays associated with NDIA approval processes. Consequently, providers can offer their services in a timelier manner. For example; a participant who requires bilateral ankle foot orthoses (AFOs) which are included in their plan under support item *Assistive Products and Accessories Relating to Prosthetics and Orthotics - As Described In Plan (05\_060000011\_0135\_1\_2)*, can engage their preferred provider, obtain an assessment and quote, enter a service agreement and subsequently proceed with the delivery of support without NDIS intervention within the process, where the supports are below the \$5,000 benchmark.

Orthotic/prosthetic providers have reported that both *Low-cost AT for prosthetics and orthotics* and *Assistive Products and Accessories Relating to Prosthetics and Orthotics - As*

*Described In Plan* have reduced administration burden and transactional costs for the provider, and substantially improved the timeliness of support delivery for participants. AOPA expects significant administrative gains would also have been achieved by the NDIA, with the removal of review and approval requirements for these support items.

AOPA recommends the NDIA continue to reduce administrative burden for supports that can be allocated in flexible budgets. Using the *Low-cost AT for Prosthetics and Orthotics*, and *Assistive Products and Accessories Relating to Prosthetics and Orthotics - As Described In Plan* as exemplars, the NDIA can continue to make supports accessible for participants by reducing the administrative burden associated with quote reviews and approvals.

By following these exemplars and allowing supports in flexible budgets to not require NDIA quote approvals, the NDIA will be supporting timely access to vital supports. It would also mean the NDIA will have more time to review and process supports that do require quote approvals.

**2. AOPA recommends supports accessed through flexible budgets are reduced in their administrative burden.**

### Supports to be considered for flexible budgets

A number of supports have been identified by practitioners as an appropriate fit for flexible budgets. These include:

- Consumables (e.g. prosthetic liners, socks, footshells).

- Labour for adjustments, repairs and maintenance.
- Assessment, review, education and clinical time (i.e. *15\_047\_0135\_1\_3 Selection and/or Manufacture of Customised Wearable Technology*).

Timely access to these supports is required to prevent participants being at risk of using an orthosis/prosthesis that is broken, unsafe or inappropriate. Timely access to these supports depends on low administrative burden (i.e. the supports are not subject to NDIA quote approvals), and have sufficient and accessible funding.

**3. AOPA recommend the NDIA include consumables, repairs, adjustments, maintenance and clinical services in flexible budgets.**

## The risks for flexible and fixed budgets

### Choosing supports based on ease of access

Dichotomising supports into two budget types, i.e. 'flexible' and 'fixed', may introduce a culture where participants choose supports based on ease of access. If a participant has the choice for two similar supports, one which can be accessed at almost any time without additional NDIS processes and delays, with the other requiring review and approval, there is a risk that reduced timelines and administrative burden will be valued more highly than quality.

Very little information is provided in the *Planning Policy for Personalised Budgets* consultation paper regarding which supports will be managed in the flexible and fixed categories. AOPA agrees with the consultation paper suggestion that high-cost assistive technology identified by the delegate may be most appropriately managed in the fixed budget category, which will likely require quotes and undergo quote approval processes.

For fixed supports to be accessible in a timely manner (and thereby reduce the risk of flexible supports being chosen simply for ease of access), the NDIA should consider simplifying the quote approval process. This could be achieved in a variety of ways:

- Less information could be required in the quote.
- The volume of quotes required could be reduced i.e. reduce the number of supports that require quote approval.
- The establishment of benchmarks to guide approval processes and thereby remove the current 100% audit for orthotic/prosthetic supports over \$5,000.

Ideally all of these actions could be implemented to reduce administrative burden and improve timely access to supports under a fixed budget.

**4. AOPA recommend the NDIA consider only placing high-risk and high-cost orthotic/prosthetic supports under a fixed budget and steps are taken to reduce the administrative burden for these supports.**

### Depleted funds reduce access to supports

An inherent risk of a flexible budget is that flexible budget funds may be depleted quickly, leaving few options to access supports towards the end of a payment cycle. Even if a participant has adequate overall funding for their support needs, orthotic/prosthetic supports often require immediate clinical services to ensure the participant is accessing what they need.

Consider a paediatric participant going through a period of growth. The participant will require immediate access to various orthotic/prosthetic supports to ensure their orthosis/prosthesis is safe and meeting their needs. At the same time, the participant will also require therapy to maintain their current strength and range of motion. There is a need for funds to be accessed quickly for two different supports. The participant has the following choices:

- Receive only half of the supports they require and risk not receiving the combined benefit of their therapy and orthotic/prosthetic support.
- Choose one support only, and delay accessing additional supports until next payment cycle, and thereby risk a decrease in function and increase in care needs.

This risk can be reduced by ensuring a participant receives a budget with adequate funding for each support, with careful attention paid to appropriate timing of release of funds i.e. monthly or quarterly (please see the *payment methods* section).

**5. AOPA recommends the NDIA ensure adequate funding is provided in flexible budgets to reduce the risk of funds being depleted, particularly at critical time points.**

### Protecting time-critical orthotic/prosthetic supports

While a flexible budget has the potential to improve timely access to vital supports, a participant's funds must be protected to ensure they can access their vital supports. The NDIA should consider protecting certain supports in flexible budgets to reduce this risk.

An alternative to this is to have a protected amount of funding in a fixed budget for emergency situations. Either way, protecting funds for emergency scenarios is essential to prevent an escalation in care needs. These funds must be accessible in an emergency scenario and cannot require NDIA approval or review.

The NDIA should consider protecting the following items for an emergency situations;

- 05\_500612441\_0135\_1\_2 Repairs and Maintenance - Orthotic,
- 05\_500624304\_0135\_1\_2 Repairs and Maintenance - Prosthetic Minor and,

- 05\_500624305\_0135\_1\_2 Repairs and Maintenance - Prosthetic Major.

Given the highly individualized nature of orthotic/prosthetic supports, participants may require emergency access to a variety of supports. Other emergency supports could be identified during the supplementary orthotic/prosthetic assessment and communicated to the NDIA delegate before a plan is drafted and approved.

**6. AOPA recommend the NDIA adopt a mechanism/s to protect supports that must be accessed in emergency situations.**

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**Example four: protecting time-critical orthotic/prosthetic supports.**

*Zia uses an ankle foot orthosis (AFO) to help her safely ambulate at work and at home. Zia has spent her funds in her flexible budget for therapeutic supports. Her next fund release will be in two weeks.*

*When Zia was using the staircase at home, she heard a "crack" and felt something sharp on her ankle. The ankle joint in her AFO had broken away from its housing, and now Zia had sharp plastic pressing on her ankle. Her AFO is now unsafe to use.*

*If Zia has access to an emergency fund in her fixed budget, she can see her orthotist/prosthetist for a quote, receive an urgent repair and pay for the service all on the same day.*

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## Ensuring appropriate timing of fund release

The proposal for fund release on a monthly or quarterly basis poses a threat to timely access of orthotic/prosthetic supports. Prior to designating the timing of fund release the NDIA must consider types of orthotic/prosthetic supports to be provided and when these supports must be accessed.

At present, orthotic/prosthetic providers report challenges with delayed release of funds, which occurs across all management types (i.e., self-, plan- and NDIA-managed). The difficulties often arise due to plan review and modification processes, or where a plan's funds have been depleted and no longer cover ongoing orthotic/prosthetic support needs.

delegate must have sufficient understanding of the participant's future orthotic/prosthetic needs to prevent funds being depleted too soon.

The introduction of monthly and/or quarterly fund release offers a partial solution to this problem. However, an NDIA

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### *Example three: Urgent funds required for repairs.*

*Julian is a lower-limb amputee and uses a transfemoral prosthesis to ambulate at work and home. Julian receives regular physiotherapy, occupational therapy, and psychological supports. Julian's prosthetic knee unit is malfunctioning and he has fallen twice at work resulting in bruises and abrasions. Julian is at further risk of falls unless his prosthesis is repaired.*

*Because Julian receives funding on a quarterly basis, his budget is now too low for him to access the vital prosthetic repair he requires.*

*Julian's next funding release is not due for one month which prevents Julian accessing repairs immediately. Julian is now at his risk of injuring himself and others.*

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## Timely access is key

It is not enough to ensure only that plans have adequate funding. Plans funds must also be accessible at time critical points, especially for participants who require orthotic/prosthetic supports. Time critical points will vary but may include:

- Periods of high growth where the timing of orthotic/prosthetic supports are critical.
- Periods of access to supportive therapies that have the potential to improve function. i.e., botulinum toxin injections in conjunction with intensive therapy to improving joint range of motion.

- When an orthosis/prosthesis is broken or fails (see detailed example below).

Participants must be able to access funding for orthotic/prosthetic supports at time critical points. Restricted access to this funding puts these participants at risk of a reduction in functional capacity and safety.

**7. AOPA recommend the NDIA consider mechanisms to ensure access to funds at unanticipated time critical points, outside of the boundaries of the planned release of funds interval.**





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