



**Certified Orthotic Technician  
Delineation of Privileges**

**Name:** \_\_\_\_\_  
(Please print)

- \_\_\_\_\_ Initial privileges (initial appointment)
- \_\_\_\_\_ Renewal of privileges (reappointment, on 2 year specialty cycles)
- \_\_\_\_\_ Modification of privileges (request for any additional privileges beyond those previously granted)

**Basic Education:** None

**Required current experience:** Current Certified Orthotic Technician (CTO) by The American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. (ABC).

<b>Facility (Check ALL that are applicable to your request)</b>				
Baroness*	Children's**	North	East	Bledsoe/Sequatchie

\* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics  
 \*\*Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

**Core Privileges:**

- 1) Evaluation of orthotic and/or prosthetic technical requirements. Technical assessment may include but is not limited to the evaluation of the following information:
  - physical assessment data
  - range of motion requirements
  - orthotic/prosthetic requirements
  - material selection
  - component application
  - structural analysis
  - device specific function
  
- 2) Formulation of fabrication requirements within the established treatment plan. This formulation includes, but is not limited to:
  - verification of documentation
  - consultation with manufacturing professionals as required
  - analysis of structural and design needs for implementation
  - development of device specific functional goals
  - consultation with clinicians and peers

- 3) Implementation of the fabrication requirements includes, but is not limited to:
- application of physical data
  - modification and/or rectification of physical data
  - material selection
  - fabrication
  - structural evaluation
  - compliance with component selection and manufacturer recommendations
  - assessment of intervention for appropriate outcomes
- 4) Utilization of a follow-up treatment plan that ensures successful fabrication outcomes which includes, but is not limited to:
- documentation of structural changes
  - formulation of modifications to ensure successful outcomes
  - development of long-term service plan

**Special Non-Core Privileges: None**

***Request for Privileges Not Listed in Core or Special Non-Core*** *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

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***Department Chief Recommendation:***

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

- Recommended as Requested
- Recommended with Modifications (See comments below)
- Not Recommended (See comments below)

Chief Comments: \_\_\_\_\_

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Signature

\_\_\_\_\_  
Date