

**POLICY NUMBER: POL-30**

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**Chapter:**  
**CLAIMS**

**Subject:**  
**ORTHOSES, PROSTHESES AND ASSISTIVE DEVICES**

**Effective Date:**  
**November 15, 1994**

**Last Update:**  
**January 10, 2019**

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**REFERENCE:**

*Workers Compensation Act R.S.P.E.I. 1988, Cap. W-7.1, Section 18*  
*Workers Compensation Board Policy, POL-64, Health Care Providers*

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**DEFINITION:**

In this policy:

“Activities of Daily Living” means activities or tasks that a person does every day to maintain personal independence. Activities of daily living include personal care, mobility in and around the home, communication, and management of personal affairs.

“Assistive Device” means a device that increases the worker’s ability to perform activities of daily living and improve independence. Examples of assistive devices include wheelchairs, commodes, raised toilet seats, modified work tools, and adaptive technology components.

“Deformity” means a distortion of any part, or general disfigurement of the body. If present after injury, deformity usually implies the presence of fracture, dislocation or both, and may be due to extensive swelling, blood or rupture of muscles.

“Impairment” means a medically measurable, permanent

- (i) loss of physiological function, anatomical function or anatomical structure, or
- (ii) abnormality of psychological function, physiological function, anatomical function or anatomical structure.

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“Orthosis” means a device which is designed to prevent or correct deformities, to protect painful body parts, or to improve the function of a limb.

“Prosthesis” means a fabricated substitute for a diseased or missing part of the body.

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**POLICY:**

**Eligibility**

1. The Workers Compensation Board will authorize the payment of an orthosis, prosthesis, or assistive device where all of the following conditions are met:
  - a) the need for the orthosis, prosthesis, or assistive device resulted from the compensable work injury;
  - b) it is medically effective in the treatment or ongoing care of a compensable work injury;
  - c) the cost does not exceed what the Workers Compensation Board considers to be reasonable and proper;
  - d) it is recommended by an approved health care provider, pursuant to Workers Compensation Board policy, POL-64, “Health Care Providers”; and
  - e) the Workers Compensation Board has determined the worker has sustained an impairment as a result of the compensable work injury.
2. Notwithstanding section 1(e), where the worker does not have an impairment and the injury is severe and temporary, the Workers Compensation Board will only authorize payment for an orthosis, prosthesis, or assistive device on a short term basis.
3. Equipment such as walkers, canes, crutches, back belts, splints, and elastic stockings, may be provided either temporarily or on a long term basis according to the medical effectiveness of the device in treating the compensable condition.

The Workers Compensation Board will determine whether an assistive device will be rented or purchased.

4. Prior to providing an orthosis, prosthesis, or assistive device, the Workers Compensation Board may require that a needs assessment be completed by an approved health care provider with the expertise to determine:

- the worker's functional capabilities;
- the worker's immediate and long term treatment needs; and
- which orthosis, prosthesis, or assistive device is medically effective and sufficient to meet those needs.

### **Medical Effectiveness**

5. The Workers Compensation Board considers an orthosis, prosthesis, or assistive device to be medically effective when it:
  - improves or maintains the worker's functional abilities;
  - improves the likelihood of a safe and timely return to work;
  - minimizes the risk of further injury or aggravation of the original injury;
  - reduces the severity of symptoms where the work injury has an impact on the activities of daily living.
6. Cervical pillows and obus forms may be provided when an impairment exists and the criteria for coverage are met, as outlined in section 1 of this policy.

### **Maintenance**

7. The worker is responsible for the day-to-day care of the orthosis, prosthesis, or assistive device. The Workers Compensation Board may pay for repairs or replacement over time because of:
  - normal wear and tear;
  - damage from accidental causes; or
  - changes in the physical condition of the worker and fit of the orthosis, prosthesis, or assistive device.

The worker must make use of any warranty before the Workers Compensation Board will repair or replace the orthosis, prosthesis, or assistive device.

The Workers Compensation Board may refuse to pay for the repair or replacement if there is evidence the worker wilfully damaged or destroyed it.

8. The Workers Compensation Board may repair or replace a worker's pre-injury orthosis, prosthesis, or assistive device when it is damaged during a compensable workplace

accident. The replacement or repair is to be of a similar type and quality as the pre-injury orthosis, prosthesis, or assistive device. The Workers Compensation Board will not cover any subsequent repair or replacement.

### **Footwear and Modifications**

9. Orthopaedic footwear refers to footwear which is recommended by an authorized health care provider and is specifically manufactured or custom-made to maintain the foot in normal alignment, in the presence of a foot deformity, while walking. The Workers Compensation Board does not consider ordinary footwear that is designed for everyday use and can be purchased in a retail store to be orthopaedic footwear for the purpose of this policy.

The Workers Compensation Board will approve the cost of orthopaedic footwear, when the Workers Compensation Board determines the worker has sustained an impairment to his/her ankle or foot as a result of a compensable workplace injury and standard footwear cannot be adequately adapted. For other types of injuries, the decision will be made on a case by case basis.

The Workers Compensation Board may approve ordinary retail footwear, on a one time basis, only in the following circumstances:

- if the footwear is being recommended to improve the results of the orthotics or modification, which will facilitate or maintain a successful return to work for the worker;
  - if the worker requires larger or different shoes in order to fit an orthotic that is required because of the injury.
10. Where a worker has suffered a serious foot or ankle injury resulting in functional impact to the lower extremity and, based on medical evidence, requires modifications to his/her existing footwear such as inserts, wedges, lifts and metatarsal bars, or custom orthotic inserts, the costs may be approved by the Workers Compensation Board.
11. Reimbursement for orthopaedic footwear will not exceed \$350 per year.

Where a worker requests orthopaedic footwear that costs more than \$350, the worker may pay the difference between the maximum provided by the Workers Compensation Board and the requested amount.

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**HISTORY:**

January 10, 2019 – Non-substantive changes to reflect the legislative amendment to the definition of impairment.

May 22, 2014 - Amended to clarify the eligibility criteria for orthosis, prosthesis, assistive devices, and orthopaedic footwear. Also changed the reimbursement limits for orthopaedic footwear from \$150/pair for two pairs/year to \$350/year.

October 26, 2006 - A number of amendments were made as a result of an updated review of this policy.

July 19, 2001 - Revised Special Footwear policy. Changed name to Orthotics.

Board of Directors Approval Date: November 15, 1994