



# PROSTHETICS AND ORTHOTICS AT ASSESSMENT TEMPLATE

For AT supports of NDIS AT Complexity Level 2, 3 and 4.

## PART 1 - Details

### NDIS PARTICIPANT DETAILS

Name: Mr. Scott Laird

DOB: 16/8/1994

Address: 8 Sherborne Street  
North Tamworth, NSW, 2340

Phone: 0431 478 238

NDIS Number: 430372789

### Alternative Contact/Guardian:

### Participant's NDIS Contact information

Jackie Laird

0431 478 238

jackie.lai

### AT ASSESSOR DETAILS

Name: Jonathan Madden

Qualifications: B.Ped& B.Pod

Position: C.Ped CM Au

Company Name: Walk Easy Pedorthics

Date (s) of initial assessment: 2/7/2018

Email:

office@walkeasy.com.au

Phone: 6766 3153

Prescriber  
Number: 4050009706

Date of Report: 31/7/2018

## PART 2 - Participant's Goals and AT assessment request

Scott has significantly reduced mobility which is part of his overall disability which occurs in Cockayne Syndrome. Without the aid of his specialised footwear & custom orthoses Scott cannot weight-bear independently & the alternative would be confined to a wheelchair. Scott's carer's (mother Jackie & father Craig) want Scott to be able to continue to walk short distances, continue social interaction at his day programmes & be able to undertake his favourite activity of indoor lawn bowls, regardless of this physical disability. With these devices Scott's parents (carers) know that Scott can have a sense of independence and improved mobility which is the current goal which will give Scott an improved quality of life, again regardless of his disability.



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### PART 3 - Evaluation / assessment

#### A. Background

Scott lives with his Mum & Dad and in a privately rented home. Mum and Dad are the only form of informal support, they support Scott's with all personal care and activities of daily living. Scott requires to have someone with me at all time due to safety reasons.

Monday to Friday.

Scott cannot weight-bear on his feet without boots on, so Mum has to supported Scott to transfer from bed to my wheel chair. For showering etc.

Scott has carers at a ratio of 1:1 due to safety reasons.

#### B. Functional Assessment findings

Due to Scott's disability he cannot weight-bear or mobilise without these devices which has significant implications for his quality of life and that of his family. Scott needs the equipment to independently walk and allow him to participate in activities of daily living, rather than be confined to a wheelchair. On physical gait assessment (assisted) the spasticity of Scott's muscles do not allow him to proceed through the normal gait cycle motions of heel strike, midstance and propulsion. The spasticity in his tricep surae (calf muscles) forces Scott to severely laterally weight-bear & toe walk. In additon his rearfoot is in a rigid varus position bilaterally which adds to his ankle instability and abnormal foot shape, which cannot be accomodated in normal footwear (abnormal foot shape diagnosed clinically on gait assessment). On assessment Scott has physical changes in his lower limbs & an abnormal gait cycle. However most importantly if Scott is not provided with the equipment his quality of life will deteriorate as he will have no sense of independence. Scott would need to be confined to a wheelchair. The implications extend to his carers. Jackie (Mum) is already reporting a back injury due to the force required to transfer Scott. If this equipment is received, regardless of Scott's disability his life will be improved as well as giving him a sense of independence which is so fundamental to Scott and his family. Scott is currently using Bivalve AFO boots and custom moulded orthotics but are well worn out due to the forces at the lateral foot and forefoot.

What are the applicant's measurements?

Height: 128cm

Weight: 40KG

#### C. Current AT in use: review where related to goal, including environmental considerations

##### Section 1 – Current AT relevant to goal

Type of AT	Usage	Participant's report of suitability	Does it need reassessment?
AFO Boots	daily	increased independence	

Are there unmet needs or alternative interventions identified by participant / AT Assessor?

No.



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### PART 4 - Exploration of Options

#### A. Evaluation of options

Circle preferred option	Describe features/functions of AT solutions and other options trialled that make goal achievement possible	Trialled (T) or Considered (C)? Include trial details	Describe why it was not considered suitable (not applicable for the preferred option)	Estimated cost (include training1)
<input type="radio"/>	no other solution as functional goal of independent transfers and mobility can only be achieved by			
<input type="radio"/>				
<input type="radio"/>				

### PART 5 - Recommended Option:

#### A. State all the supports required (noting reduction or addition) for the recommended option including non AT supports and environmental modifications.

Custom made Boots to fit Scott's complex footwear requirements.

#### Do AT Assessor and Participant agree on Recommended option? Comments:

YES

#### B. Explain the evidence for the recommended option as the most suitable/appropriate alternative which will facilitate achievement of the participant's goal, compared to others considered.

The physical implications of Scott's disability include inability to walk. On assessment (assisted) I note an abnormal gait cycle, foot position & ankle instability. For these reasons Scott is unable to be accommodated in regular footwear as he needs extra support that off the shelf footwear cannot offer. Regular footwear would not be able to provide the support required for Scott to independently mobilise. Custom made bivalve Ankle Foot Orthotic boots and custom moulded orthotics are essential to allow Scott to weight-bear independently, rather than be confined to a wheelchair. The cast moulded orthotics are vital due to his ankle instability & plantar flexed 1st metatarsal & will assist to rectify the severity of toe walking & accommodate the abnormal foot shape, again allowing Scott to achieve a sense of independence & quality of life.



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### C. Are there any other factors that need resolution in order to implement the above?

NO

### D. If there are any additional features, customisation or specification recommended that are considered to be above the minimum or standard level of this support for reasonable and necessary funding, provide the specific evidence/ clinical justification for these

Scott requires 2 pair of boots a year, this is due to Scott being a active young man who is on the go all the time. He just wares his boots out. In his next pair I will be adding more reinforcing over the toe area to try to stop some of the wear. Hoping this will help, but is a trail at this stage.

How will these be funded?

NDIS

### E. Measuring success:

What are the expected outcomes of providing this recommended support?

E.g. specific goals achieved, other supports changed/reduced, etc.

Scott has been wearing Custom bivalve boots for over 5 years

How will you measure whether these outcomes have been achieved?

Regular reviews and modifications to soles to keep him as balanced as posable.

When will you measure these outcomes?

4 weeks after getting the boots and every 3 months after that



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### PART 6 – Specification of Recommended P&O solution/device

(Capacity building) Professional assessment, specification, fitting and training

Activity	Detail	Quantity (hr)
Clinical Assessment	review of boots by Pedorthist	
Liaise with other health professionals	liaison between two	
Device specification/measurement		
Fitting and adjustment		
Client education		
Ongoing review/s (Identify intervals for first two years)		

#### (Capital) Labour

Activity	Detail	Quantity (hr)
Fabrication/modification		
Fitting/s		
Administration		

Please see attached quote below

#### EXTRA FEATURES

Does the participant agree to pay for these from their own (not NDIS) funds?	
Item(s)	Cost estimate



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Which supplier does the participant wish to use for the service booking for ongoing maintenance and repair of the recommended AT?

The participant must be provided with maintenance and servicing information for their prosthetic/orthotic to remain in good working order. Specify who is to do this and when?

Scott will require modifications every 3 - 4 months i.e new soles due to Scott being a very active young man.

Time from funding approval to expected orthosis/prosthesis provision (weeks):

Is the participant at safety or other risk while waiting for the orthosis/prosthesis? Give details

4 weeks

I certify that I have evidence that I meet the NDIA expectations of provider suitability (including understanding of the current NDIS Act, Rules and Operational Guidelines) to assess this type of assistive technology and associated supports at the level of complexity required by this participant and will provide such evidence to the NDIA if requested.

The above specification is consistent with the preferred option agreed between the participant and the AT Assessor.

Signature of AT Assessor

Date:

31 Jul 2018

## Images:



Image 1: Dorsal



Image 2: To



Image 3: AFO



Image 4: Tongue AFO



Image 5: Boots



Image 6: Tongue AFO

## <Unrelated Table>

Walk Easy Pedorthics Australia Pty LTD

**P:** PO Box 210, Tamworth, NSW 2340 | **A:** 21 Dowe St, Tamworth, NSW 2340

**Ph:** 02 6766-3153

# Quote

Scott Laird  
40 Orley Drive  
Tamworth  
NSW 2340

**Date**  
1/8/2018

Dear Scott

**RE: Mr. Scott Laird**  
**DOB: 16/8/1994**

### NDIS Quote 430372789

Please find following Quote for the supply and fabrication of custom made cast footwear including rocker sole modifications, custom moulded orthoses & Carbon Fibre AFO's built in. Made from a plaster casting of both feet .

\$5850.00

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Ongoing repairs and modifications every 3 -4 months.  
Cost per repair

\$195.00

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Total: \$6045.00 (GST Ex)

This quote includes casting, fabrication, fitting and check ups for 3 months.



Craig Laird  
CPed CM au

*This quote is valid for 60 days Our payment terms are strictly 7 days*