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| Orthoses, Prostheses and Other Aids of Impairment | ACA Standards: 2-CO-4E-01, 4-4375 | | |
| Joe M. Allbaugh, Director Oklahoma Department of Corrections | | Signature on File | |

Orthoses, Prostheses and Other Aids of Impairment

Medical or dental adaptive devices and aids, such as eyeglasses, hearing aids, dentures, wheelchairs, or other prosthetic devices are provided when medically necessary, as determined by the medical provider. (2-CO-4E-01, 4-4375)

For the purpose of this procedure, the term “inmate” will apply to anyone under the authority, custody or care of a prison or a community-based facility operated by or contracted with the Oklahoma Department of Corrections (ODOC).

I. Inmate Responsibility

Inmates will be responsible for the cost of replacing or repairing medical or dental adaptive devices damaged or destroyed as a result of neglect, abuse, or misuse.

II. Ordering

Adaptive Devices

Medical or dental adaptive devices and aids will be ordered by the medical provider or an authorized designee. The authorized designee will be a licensed or certified practitioner in the State of Oklahoma in the appropriate specialty. The chief medical officer or designee will approve all adaptive devices prior to ordering.

- A. The inmate will be referred to an appropriate medical provider within ODOC medical facilities for recommendations and documentation of a need for an adaptive device or aid.

- B. The inmate will sign the "Orthoses, Prostheses, and Other Aids to Impairment Appliance Record" ([DOC 140133A](#), attached) as receipt for the adaptive device when issued and will be responsible for proper use and acquiring proper maintenance when required.

III. Medical Adaptive Devices and Aids

A. Eyeglasses/Contact Lenses

1. Eyeglasses and contact lenses will be in accordance with [OP-140132](#) entitled "Laboratory, Radiology and Optometric Services."

B. Prosthetics

1. Eye

An eye prosthetic will be provided if enucleation of the eye occurs during incarceration. Inmates who have had an eye enucleation prior to incarceration will not be provided a new prosthesis unless documented medical or psychological benefit can be expected.

2. Orthopedic

- a. Orthopedic prosthetic devices necessary to allow ambulation, self-care, or vocational training may be provided by ODOC. These devices are usually limited to arms and legs.
- b. Inmates who have had amputation of a limb (arm or leg) prior to incarceration and have been functional without a prosthesis may be fitted for a prosthesis upon documentation of need by the facility medical provider and approval by the chief medical officer or designee.
- c. Replacement of an existing orthopedic prosthetic device will be considered only after reasonable attempts to repair the device have been exhausted. Replacement of an orthopedic prosthetic device will be based on:
- (1) Expected life of the device;
 - (2) Neglect or abuse of the device;
 - (3) Necessity of the device for the inmate's welfare;
 - (4) The cost of replacement versus cost of continued repairs; and

(5) The inmate's discharge date from ODOC.

- d. Routine repairs and accessories will be provided in accordance with the same criteria as replacement.

C. Footwear

Special order shoes may be provided at the discretion of the facility medical provider with approval of the chief medical officer or designee based on specific deformity or abnormality requiring a corrective shoe. The medical provider may refer the inmate to orthopedics for evaluation, recommendation, and resolution, after approval from the physician, chief medical officer or designee has been obtained.

D. Hearing Aids

1. Facility health services will purchase and issue hearing aid batteries for inmates that wear hearing aids. Inmates must return the depleted batteries before new ones are issued.
2. When an inmate is transferred to another facility, any spare batteries kept in the medical unit for the inmate will be placed in the medical record and transferred with the inmate.

E. Other Adaptive Devices

1. Assistive devices, such as canes, walkers and wheelchairs will be provided upon approval by the medical provider.
 - a. Each medical unit will control and monitor the use of temporary assistive devices. The medical unit will account for all temporary assistive devices issued and ensure that inmates do not have devices or medical equipment that are no longer necessary. All temporary assistive devices will be re-evaluated at least every 60 days or within 24 hours of the device's end date as indicated on [DOC 140133A](#). Medical staff will indicate on [DOC 140133A](#) the start and end dates for such aids. If an adaptive device is permanently issued to an inmate, it will be added to the inmates property list.
2. If an inmate is transferred or transported to another facility, the assistive device will be documented on the "Transportation Orders" ([OP-040111](#), [Attachment A](#)) in accordance with [OP-040111](#) entitled "Transportation of Inmates." The inmate will keep the issued adaptive device and it will be added to the transferred facility inventory log.
3. If an inmate is returned from a medical facility with an assistive device that was provided while away from the facility, the medical provider

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will assess the need for the assistive device. If approved by the medical provider, the "Orthoses, Prostheses and Other Aids to Impairment Record" ([DOC 140133A](#)) will be completed and signed by the inmate. Once approved, the issued adaptive device will be added to the facility inventory log.

IV. Orthodontic Devices

Orthodontic devices will be in accordance with [OP-140124](#) entitled "Dental Services."

V. References

Policy Statement No. P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-040111 entitled "Transportation of Inmates"

OP-140124 entitled "Dental Services"

VI. Action

The chief medical officer is responsible for compliance with this procedure.

The division manager of Health Services is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140133 entitled "Orthoses, Prostheses and Other Aids of Impairment" dated November 13, 2014

Deleted: OP-140133 Revisions-01 dated April 21, 2015

Distribution: Policy and Operations Manual
Agency Website

| <u>Referenced Forms</u> | <u>Title</u> | <u>Location</u> |
|-----------------------------|---|-----------------|
| DOC 140133A | “Orthoses, Prostheses, and Other Aids to Impairment Appliance Record” | Attached |

| <u>Referenced Attachments</u> | <u>Title</u> | <u>Location</u> |
|-------------------------------|-------------------------|---------------------------|
| Attachment A | “Transportation Orders” | OP-040111 |