

# Attachment A

## **Professions Eligible for Authorizer Status and Documentation Required for Pressure Modification Devices for Hypertrophic Scar Management**

**Assistive Devices Program  
Ministry of Health**

[ontario.ca/page/assistive-devices-program](https://ontario.ca/page/assistive-devices-program)

# Introduction

The information contained in Attachment A outlines:

- the health professionals eligible to apply for authorization status for pressure modification devices for hypertrophic scar management; and
- the documentation the applicant is required to include with their application for authorization status.

Authorizers are the gatekeepers to the ADP and play a significant role in:

- providing Ontario residents with accurate information about the ADP;
- assessing Ontario resident's needs for assistive devices;
- confirming the Ontario resident's eligibility for funding assistance; and
- completing the application form to request funding assistance.

A healthcare professional must be registered as an ADP authorizer before they can:

- recommend ADP-approved assistive devices to eligible Ontario residents; and
- complete the ADP application form for eligible Ontario residents.

**See table on next page**

| Device Category                               | Professions Eligible for Authorizer Status   | Documents (copies) which must be submitted with application   |
|---|--|---|
| <b>Authorizer:</b><br><br>✓ pressure garments | <b>Physiotherapist who:</b> <ul style="list-style-type: none"> <li>holds a valid certificate of registration from the College of Physiotherapists of Ontario;</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>is a member of an ADP registered Burn Team;</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>has completed one ADP approved garment manufacturer's course</li> </ul>                | <b>Required:</b> <ul style="list-style-type: none"> <li>□ Proof of current membership with the College of Physiotherapists of Ontario.</li> <li>□ Proof of clinic membership.</li> <li>□ Copy of certificate from manufacturer.</li> </ul>        |
| <b>Authorizer:</b><br><br>✓ pressure garments | <b>Occupational Therapist who:</b> <ul style="list-style-type: none"> <li>holds a valid certificate of registration from the College of Occupational Therapists of Ontario;</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>is a member of an ADP registered Burn Team;</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>has completed one ADP approved garment manufacturer's course.</li> </ul> | <b>Required:</b> <ul style="list-style-type: none"> <li>□ Proof of current membership with the College of Occupational Therapists of Ontario.</li> <li>□ Proof of clinic membership.</li> <li>□ Copy of certificate from manufacturer.</li> </ul> |

| Device Category  | Professions Eligible for Authorizer Status   | Documents (copies) which must be submitted with application  |
|--|--|--|
| <b>Authorizer:</b><br><br>✓ pressure orthoses              | <b>Certified Orthotist who:</b> <ul style="list-style-type: none"> <li>is certified by the Canadian Board for Certification of Prosthetists and Orthotists;</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>is a member in good standing with Orthotics Prosthetics Canada.</li> </ul> | <b>Required:</b> <ul style="list-style-type: none"> <li>□ Copy of certificate from the Canadian Board for Certification of Prosthetists and Orthotists.</li> <li>□ Proof of current membership with Orthotics Prosthetics Canada.</li> </ul> |
| <b>Rehabilitation Assessor:</b><br><br>✓ pressure orthoses | <b>Physiotherapist who:</b> <ul style="list-style-type: none"> <li>holds a valid certificate of registration from the College of Physiotherapists of Ontario;</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>is a member of an ADP registered Burn Team;</li> </ul>                   | <b>Required:</b> <ul style="list-style-type: none"> <li>□ Proof of current membership with the College of Physiotherapists of Ontario.</li> <li>□ Proof of clinic membership.</li> </ul>   |

| <b>Device Category</b>                                     | <b>Professions Eligible for Authorizer Status</b>  | <b>Documents (copies) which must be submitted with application</b>  |
|--|--|---|
| <b>Rehabilitation Assessor:</b><br><br>✓ pressure orthoses | <b>Occupational Therapist who:</b> <ul style="list-style-type: none"> <li>holds a valid certificate of registration from the College of Occupational Therapists of Ontario;</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>is a member of an ADP registered Burn Team;</li> </ul> | <b>Required:</b> <ul style="list-style-type: none"> <li>□ Proof of current membership with the College of Occupational Therapists of Ontario.</li> <li>□ Proof of clinic membership.</li> </ul> |
| <b>Fitter:</b><br><br>✓ pressure garments                  | <b>Occupational Therapist who:</b> <ul style="list-style-type: none"> <li>has completed one ADP approved garment manufacturer's course.</li> </ul>   | <b>Required:</b> <ul style="list-style-type: none"> <li>□ Copy of certificate from manufacturer.</li> </ul>   |

| <b>Approved Manufacturer's Training Courses for Authorizers and Fitters</b>  |
|--|
| ✓ Recovery Garment<br>✓ Montreal Ostomy and Home Care Centre                 |
| <b>Note:</b> Orthotists are not required to complete a manufacturer's course |