

Assistive Devices Program (ADP)

## Attachment A

# Professions Eligible for Authorizer Status and Documentation Required for Pressure Modification Devices for Lymphedema Management

The information contained in Attachment A outlines:

- the health professionals eligible to apply for authorization status for pressure modification devices for lymphedema management; and
- the documentation the applicant is required to include with his/her 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 he/she 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>✓ compression garments<br>✓ compression sleeves | <b>Physiotherapist who:</b> <ul style="list-style-type: none"> <li>• holds a valid certificate of registration from the College of Physiotherapists of Ontario; AND</li> <li>• has completed one ADP approved manufacturer's course for the specific type of device.</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>❑ Copy of certificate (s) from manufacturer.</li> </ul>  |
|   | <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; AND</li> <li>• has completed one ADP approved manufacturer's course for the specific type of device.</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>❑ Copy of certificate (s) from manufacturer.</li> </ul>   |
|   | <b>Registered Nurse who:</b> <ul style="list-style-type: none"> <li>• holds a valid certificate of registration from the College of Nurses of Ontario; AND</li> <li>• has completed one ADP approved manufacturer's course for the specific type of device.</li> </ul>   | <b>Required:</b> <ul style="list-style-type: none"> <li>❑ Proof of current membership with the College of Nurses of Ontario.</li> <li>❑ Copy of certificate (s) from manufacturer.</li> </ul>  |
|   | <b>Registered Massage Therapist who:</b> <ul style="list-style-type: none"> <li>• holds a valid certificate of registration from the College of Massage Therapists of Ontario;</li> <li>• has completed one ADP approved manufacturer's course for the specific type of device; AND</li> <li>• has completed a course in Combined Decongestive Therapy.</li> </ul> | <b>Required:</b> <ul style="list-style-type: none"> <li>❑ Proof of current membership with the College of Massage Therapists of Ontario.</li> <li>❑ Copy of certificate (s) from manufacturer.</li> <li>❑ Copy of certification in Combined Decongestive Therapy.</li> </ul> |

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|--|--|---|
| <b>Authorizer:</b><br><br>✓ sequential extremity pumps   | <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> <li>• is a member of an ADP registered Lymphedema Team; AND</li> <li>• has completed one ADP approved 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>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> <li>• is a member of an ADP registered Lymphedema Team; AND</li> <li>• has completed one ADP approved 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> |
|  | <b>Registered Nurse who:</b> <ul style="list-style-type: none"> <li>• holds a valid certificate of registration from the College of Nurses of Ontario;</li> <li>• is a member of an ADP registered Lymphedema Team; AND</li> <li>• has completed one ADP approved manufacturer’s course.</li> </ul>                        | <b>Required:</b> <ul style="list-style-type: none"> <li>❑ Proof of current membership with the College of Nurses of Ontario.</li> <li>❑ Proof of clinic membership.</li> <li>❑ Copy of certificate (s) from manufacturer.</li> </ul>              |
| <b>Fitter:</b><br><br>✓ compression garments<br>✓ compression sleeves<br>✓ sequential extremity pump | <b>Certified Fitter:</b> <ul style="list-style-type: none"> <li>• has completed one ADP approved manufacturer’s course for the specific type of device.</li> </ul>   | <b>Required:</b> <ul style="list-style-type: none"> <li>❑ Copy of certificate (s) from manufacturer.</li> </ul>   |

**Approved Manufacturer's Training Courses for Authorizers and Fitters**

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|----------------------------|--|
| Compression Garments       | ✓ Jobst<br>✓ Sigvaris<br>✓ Valco Mediven<br>✓ Juzo |
| Compression Sleeves        | ✓ Peninsula Medical                                |
| Sequential Extremity Pumps | ✓ Lymphapress                                      |