



Footwear and Accessories (POC 11)

Issuing Authority: Director General, Policy

Effective Date: 18 May 2012

Document ID: 1057

Formerly known as POC No. 11: PROSTHETICS AND ORTHOTICS - FOOTWEAR AND ACCESSORIES (September 1, 1995).

Table of Contents

[Purpose](#)

[Policy](#)

[General](#)

[Eligibility](#)

[Approval Custom-built Footwear](#)

[Modifications to Footwear](#)

[Replacements](#)

[Accessories](#)

[Exceptional Circumstances](#)

[References](#)

Purpose

This policy provides direction on the provision of footwear and accessories.

Policy

General

1. Custom-built footwear and modifications to regular footwear may be approved, as outlined in the [Prosthesis and Orthotics Benefit Grids](#), for clients whose needs cannot be reasonably addressed by regular or unmodified (i.e. off-the-shelf) footwear because of a medical condition resulting in changes in foot shape or a significant anatomical deformity of the foot.
2. For the purposes of this policy, minor deformity such as asymptomatic pes planus is considered variations of normal and should not be considered as a "significant deformity".

Eligibility

3. Eligibility to receive treatment benefits (which includes footwear and accessories) is outlined in [Eligibility for Health Care Programs – Eligible Client Groups](#).

Approval Custom-built Footwear

4. Custom-built orthopaedic footwear is footwear designed, constructed, and fitted specifically for an individual with a severe foot or ankle deformity.
5. In order to qualify for custom-built footwear, it must be determined that modified regular footwear would not meet the client's needs.

Modifications to Footwear

6. The Department is not responsible for the purchase of the footwear itself, only the modifications or orthotics prescribed to adapt the footwear.
7. Modified regular footwear is standard "off-the-rack" footwear which is modified under prescription to be fitted with orthotics, or otherwise modified for specific foot problems so as to allow somewhat normal foot function.
8. Modifications to regular footwear refer to modifications to the sole of the shoe. External modifications would include: building up the shoe to compensate for length discrepancy, rocker soles, etc.; internal modifications would include foot bed alterations such as heel wedges, insoles, arch supports, metatarsal pads, etc.
9. All arch supports which exceed \$100 a pair must be pre-authorized by the District Medical Officer (DMO) or Regional Medical Officer (RMO).
10. In order for clients to be eligible for modifications to footwear, they must have an abnormality of the foot caused by changes in the foot structure that prevents wearing regular footwear with normal foot function.

Replacements

11. Replacements for both "custom-made" footwear and "modifications" to footwear should not exceed one pair every twelve calendar months unless anatomic changes to the foot have occurred such that this is considered medically necessary for proper foot function.
12. Where clients have abnormalities of gait such that there is unusually abnormal wear of the footwear, approval for earlier replacement may be made by the RMO where medically warranted.

Accessories

13. The following footwear and/or accessories may also be approved (i.e. in addition to the frequency which applies to the custom-built footwear or modifications to footwear):
 - a. custom-built winter boots, or special overshoes issued as an accessory to custom-built orthopaedic footwear, or to modified regular footwear where stock sizes of boots or overshoes will not suffice; and,
 - b. leg braces or splints fitted to custom-built orthopaedic footwear, modified regular footwear purchased by the client or regular footwear purchased by the client.

Exceptional Circumstances

14. Although it would be a very rare case, exceptions to modifications to footwear can be made at the discretion of the Regional Office Health Care Team if it is considered that the client's health would be placed at serious risk in the absence of having off-the-shelf footwear provided. An example would be extreme peripheral vascular insufficiency.

References

Veterans Health Care Regulations, Section 4

Eligibility for Health Care Programs – Eligible Client Groups

Prosthesis and Orthotics (POC 11) - Benefit Grids