**Section 1325.40 Supervision**

a) Non-licensed caregivers (assistants, technicians, residents, or students) may provide orthotic, prosthetic, or pedorthic services only under the supervision of a licensee under the Act. All services must be performed pursuant to the supervisor's order, control, oversight, guidance and full professional responsibility. The following sets forth four levels of supervision and identifies the supervisory relationship between the licensed orthotist, prosthetist, or pedorthist and other non-licensed orthotic, prosthetic, or pedorthic caregivers.

1) Independent – The licensed caregiver is qualified to provide independent, unsupervised, direct patient care as well as confer or consult with colleagues, physicians or other allied health professionals in providing patient care within the scope of practice.

2) Indirect Supervision – The non-licensed caregiver is qualified to provide patient care independent of a licensee; however, the licensed supervisor must review and countersign all entries in the patient's clinical record within 15 working days following the delivery of care. The supervisor must be physically available for consultation within 60 minutes during the delivery of care.

3) Close Supervision – The non-licensed caregiver is qualified to provide patient care independent of the designated clinical supervisor (licensed orthotist, prosthetist, or pedorthist); however, the supervisor must personally review the assessment and care rendered. The supervisor must be physically present in the facility and available for consultation throughout the delivery of care. The supervisor is responsible for countersigning all entries in the patient's clinical record.

4) Direct Supervision – The non-licensed caregiver is not qualified to provide patient care independent of the designated clinical supervisor (licensed orthotist, prosthetist, or pedorthist) and is only qualified to provide care under supervision. The supervisor must review the results of care rendered by the supervised individual before dismissal of the patient. The supervisor is available for consultation throughout the patient care process. The supervisor is responsible for countersigning all entries by the caregiver in the patient's clinical record before dismissal of the patient.

b) Assistants may provide all levels of care. Supervision is based on training and experience of the assistant and the classification of the device. Custom fabricated and fitted devices and custom fitted devices (high complexity) should be provided under direct or close supervision. Custom fitted devices (low complexity) should be provided under close or indirect supervision. Off-the-shelf devices and over-the-counter devices may be provided under indirect supervision.

c) Technicians shall only provide care involving technical implementation skills and no clinical assessment or patient management skills. The care shall be under close or direct supervision depending on the complexity of the care.

d) Residents shall provide all levels of care under supervision. Supervision should progress from direct supervision to indirect supervision as the resident progresses through the residency program.

e) Students shall provide all levels of care under direct supervision.

(Source: Amended at 37 Ill. Reg. 4861, effective April 1, 2013)