



American
Orthotic &
Prosthetic
Association

AOPA In Advance SmartBrief

February 13, 2025

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New HCPCS Codes Introduced

The Centers for Medicare & Medicaid Services (CMS) have just released their final determinations from the Second Biannual 2024 Healthcare Common Procedure Coding System (HCPCS) code application meetings.

The final determinations resulted in 13 new L-codes and six new A-codes, which will be active and valid for claims with dates of service on or after April 1, 2025.

New Code	Code Descriptor
L0720	Cervical-thoracic-lumbar-sacral-orthoses (ctlso), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1933	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf
L1952	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf
L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping
L6028	Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by L6692
L6029	Upper extremity addition, test socket/interface, partial hand including fingers
L6030	Upper extremity addition, external frame, partial hand including fingers
L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal
L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material
L6037	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition. decoding intent movement
L7406	Addition to upper extremity, user adjustable, mechanical, residual limb volume management system
A6515	Gradient compression wrap with adjustable straps, full leg, each, custom
A6516	Gradient compression wrap with adjustable straps, foot, each, custom
A6517	Gradient compression wrap with adjustable straps, below knee, each, custom

A6518	Gradient compression wrap with adjustable straps, arm, each, custom
A6519	Gradient compression garment, not otherwise specified, for nighttime use, each
A6611	Gradient compression wrap with adjustable straps, above knee, each, custom

The final determinations also resulted in descriptor changes for five L-codes and six A-codes, which will be active and valid for claims with dates of service on or after April 1, 2025.

Current Code	Old Code Descriptor	New Code Descriptor
L1951	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise.
L1932	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1971	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	Ankle foot orthosis, plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, includes fitting and adjustment
L6692	Upper extremity addition, silicone gel insert or equal, each	Upper extremity addition, silicone gel insert or equal, with or without locking mechanism, each
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	Addition to upper extremity prosthesis, lock mechanism, excludes socket insert
A6549	Gradient compression garment, not otherwise specified	Gradient compression garment, not otherwise specified, for daytime use, each
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each	Gradient compression wrap with adjustable straps, below knee, each
A6585	Gradient pressure wrap with adjustable straps, above knee, each	Gradient compression wrap with adjustable straps, above knee, each
A6586	Gradient pressure wrap with adjustable straps, full leg, each	Gradient compression wrap with adjustable straps, full leg, each
A6587	Gradient pressure wrap with adjustable straps, foot, each	Gradient compression wrap with adjustable straps, foot, each” to describe foot gradient compression wraps.
A6588	Gradient pressure wrap with adjustable straps, arm, each	Gradient compression wrap with adjustable straps, arm, each

The final determinations also resulted in one HCPCS code being deleted, which will no longer be active for claims with dates of service on or after April 1, 2025.

Deleted Code	Code Descriptor	Alternate Codes To Use
L8010	Breast prosthesis, mastectomy sleeve	A6576, A6577, or A6578

Questions? Contact Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

Public Health Emergency Declared in Southern California Resulting in Medicare Coverage Flexibilities

On January 10, 2025, the Secretary of Health and Human Services officially declared a Public Health Emergency (PHE) for Southern California as a result of the devastating wildfires that have spread over the last several weeks. The PHE follows the January 8, 2025 declaration of the existence of general emergency conditions in the area by the Biden Administration. The declaration of a PHE is retractive to January 7, 2025 and clears the way for the Medicare program to allow flexibilities in coverage and policy considerations.

Medicare patients that are impacted by the wildfires may be eligible to have their orthoses or prostheses replaced without regard to normal coverage restrictions such as reasonable useful lifetime or quantity limits. Claims submitted to Medicare under circumstances outlined in the PHE must include a "CR" modifier indicating that the claim is related to the PHE. Providers should use the claim narrative field to indicate that the claim is directly related to the wildfire PHE in southern California.

Additional information regarding the declaration of the PHE may be accessed HERE [CMS Announces Resources and Flexibilities to Assist with the Public Health Emergency in the State of California | CMS](#)

AOPA members who have questions about how these flexibilities may impact their practice may contact Joe McTernan at jmcternan@aopanet.org or Devon Bernard at dbernard@aopanet.org.

2025 DMEPOS Fee Scheduled Increased by 2.4%

On Friday, December 13 the Centers for Medicare and Medicaid Services (CMS) released the official 2025 Medicare DMEPOS fee schedule, which will be effective for Medicare claims with a date of service on or after January 1, 2025. As anticipated, the 2025 Medicare fee schedule for orthotic and prosthetic services will be increased by 2.4%. This represents a 3.0% increase in the Consumer Pricing Index for Urban Areas (CPI-U) from June 2023- June 2024, minus the Total Factor Productivity (TFP) adjustment of 0.6%.

View the official CMS announcement [here](#).

Questions regarding the 2025 Medicare fee schedule may be directed to Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

LLP Policy Updates to Go Into Effect on September 1st

This is just a reminder that the recent changes to the Lower Limb Protheses Local Coverage Determination (LCD) and Policy Article take effect on September 1, 2024. The revised LCD expands coverage for pneumatic/hydraulic and/or microprocessor controlled prosthetic knees and certain advanced prosthetic feet for select beneficiaries classified as functional level 2 (K2) ambulators.

The Policy Article now includes specific examples of activities that prosthesis users should be able to achieve at each functional level (K0-K4). The Policy Article specifically states that the lists are not all inclusive or mutually exclusive but they do provide valuable reference points that will help members of the rehabilitation team properly document patients' functional capabilities.

Questions? Contact Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

New Codes & Code Changes Effective October 1

The Centers for Medicare & Medicaid Services (CMS) have just released their final determinations from the First Biannual 2024 Healthcare Common Procedure Coding System (HCPCS) code application meetings. The final determinations resulted in three new HCPCS codes:

- L1006- Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla to trochanter, includes all accessory pads, straps and interface, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
- L1653- Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, off the shelf
- L1821- Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, off the shelf

And two code verbiage changes (changes in bold):

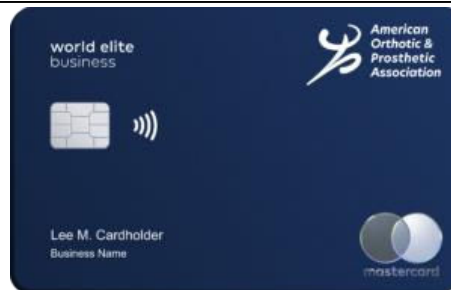
- L1652- Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated **item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise**
- L1820- Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated **item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise**

The new codes and code changes will be active and valid for claims with dates of service on or after October 1, 2024.

Questions? Contact Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

AOPA Launches the AOPA World Elite Business Mastercard®

The AOPA World Elite Business Mastercard®
This exclusive credit card offers up to unlimited 2.1% cash back, and the opportunity to get up to \$1,000 of your AOPA membership dues covered! Access all of these benefits with no annual fees & no employee card fees. Learn more or apply now at AOPACard.com.



Update on Alliance Efforts to Restore \$15 Million in Funding for the Orthotic and Prosthetic Outcomes Research Program (OPORP) for Fiscal Year 2025

On Friday, August 2nd, we learned that despite exhaustive efforts and support from key congressional champions of the OPORP program including Senator Durbin (D-IL), Senator Murray (D-WA), and Senator Cantwell (D-WA), the Senate Appropriations Committee declined to include dedicated funding for the OPORP program for FY 2025. The OPORP program was funded for several years culminating in \$15 million of annual funding for O&P specific research through FY 2023. Unfortunately, the OPORP program was not included in the FY 2024 DOD appropriations. This resulted in a focused push for reinstatement of funding for FY 2025.

While the decision to not reinstate \$15 million of dedicated O&P outcomes research funding is extremely disappointing, the O&P Alliance work to try and reinstate this was not without results. The Peer Reviewed Research Program which is a much larger program that has been funded for \$370 million in FY 2025 includes favorable language to support funding for O&P outcomes-based research. While this is a much larger pool of available research dollars, the scope of eligible research projects is also much broader which means that O&P researchers will need to compete for funds with researchers across the spectrum.

The O&P Alliance will continue to work with the Congressional champions of the OPORP program to determine the best path forward for potential funding for FY 2026 and will work to educate the O&P research community on funding opportunities that may be available through the Peer Reviewed Research Program.

CPI-U Released

The Consumer Price Index for All Urban Consumers (CPI-U) is a measure of the average change over time in the prices paid by consumers in urban areas for goods and services including gas and food. The CPI-U for the period of June 2023 to June 2024 was recently released by the U.S. Bureau of Labor and Statistics, and it is 3.0%.

The annual DMEPOS fee schedule update is based on the annual change to the CPI-U from June to June of the previous year and then adjusted by an annual productivity adjustment (MFPA)/Total Factor Productivity (TFP).

The MFPA/TFP will be released later this year, but over the last few years it has been in the range of 0.4%. If this trend continues the 2025 DMEPOS Fee Schedule may be increased by 2.6%.

Questions. Contact Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

LLO Prior Authorization Update

CMS has released updated guidance on the prior authorization process for all lower limb orthoses, including the new codes (L0631, L0637, L0639, L1843, L1845 and L1951). Here are the highlights:

- The new codes (L0631, L0637, L0639, L1843, L1845 and L1951) have been added to the list of codes which may use the ST modifier in emergent care scenarios. When the ST modifier is used your claims are no longer subject to 100% pre-payment reviews, your claims are now subject to 50% pre-payment reviews.
- The DME MACs now have up to seven business days to respond to your prior authorization request.
- Prior authorization requests for the new codes (L0631, L0637, L0639, L1843, L1845 and L1951) may start to be submitted on July 29, 2024 in anticipation of an August 12, 2024 delivery date.

Please be reminded that code L1833 will no longer require prior authorization as of August 12, 2024.

You may review the revised operational guide [here](#).

Questions. Contact Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

New Coding Verification Requirement for L1843 and L1951

The DME MACs and the PDAC have just released an announcement that following codes will require PDAC coding verification for all claims with a date of service on or after December 1, 2024:

- L1843 - Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
- L1951 - Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment

So, beginning on December 1, 2024 the only items which may be billed using codes L1843 and L1951 are those published on the PDAC Product Classification List. Any items currently listed as L1843 or L1951 on the PDAC Product Classification List will not need to be reverified. Also, please be reminded that the codes L1843 and L1951 are subject to prior authorization starting August 12, 2024.

Questions? Contact Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

Medicare Expands Face-to-Face Encounters & Written Orders Prior to Delivery

The Centers for Medicare and Medicaid Services (CMS) has announced that the following eight O&P HCPCS codes will require a Face-to-Face Encounter and Written Order Prior to Delivery (WOPD) as a condition of payment for claims with a date of service on or after August 12, 2024:

- L0635- Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment
- L0636- Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid

lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated

- L0638- Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated
- L0639- Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
- L0640- Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated
- L0651- Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf
- L1845- Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
- L1852- Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf

CMS also announced that the code L1833, (KO, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf), has been

removed from the current list of codes requiring a Face-to-Face Encounter and WOPD as a condition of payment for claims with a date of service on or after August 12, 2024

View the complete list of codes requiring a Face-to-Face Encounter and WOPD [here](#).

Questions regarding these updates may be directed to Joe McTernan at jmcternan@aopanet.org or Devon Bernard at dbernard@aopanet.org .

Medicare Expands Prior Authorization

The Centers for Medicare and Medicaid Services (CMS) has announced that the following six O&P HCPCS codes will require Medicare Prior Authorization nationwide for claims with a date of service on or after August 12, 2024:

- L0631- Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
- L0637- Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
- L0639- Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
- L1843- Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise.
- L1845- Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed,

bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise.

- L1951- Ankle foot orthosis (AFO), spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment announced.

In addition, for claims with a date of service on or after August 12, 2024 code L1833, (KO adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf), will no longer require Prior Authorization as a condition of payment. View the current list of codes requiring Prior Authorization [here](#).

Questions regarding these updates may be directed to Joe McTernan at jmcternan@aopanet.org or Devon Bernard at dbernard@aopanet.org.

Medicare Expands the DMEPOS Master List

On May 13, 2024, the Centers for Medicare and Medicaid Services (CMS) announced that they were adding 11 O&P codes to the Master List of DMEPOS Items Potentially Subject to Conditions of Payment such as Prior Authorization, Written Orders Prior to Delivery (WOPD) and/or Face-to-Face Encounters with a prescribing physician. It is important to remember that inclusion on the Master List does not mean that a Face-to-Face Encounter, WOPD or Prior Authorization is required, it only means that the codes may be selected for either requirement in the future.

The 11 O&P codes added to the Master list are L0457, L1681, L2006, L2280, L3761 L4000, L5615, L5926, L5991, L6026, and L7366. CMS also removed the code L1833 from the Master List. View the complete Master List [here](#).

Questions regarding the updated Master List may be directed to Joe McTernan at jmcternan@aopanet.org or Devon Bernard at dbernard@aopanet.org.

DME MACs to Correct Improper SNF Denials

AOPA was informed by several members that they had received denials and recoupment requests for prosthetic claims for patients in a Part A SNF stay. The claims were being denied, stating that the SNF is responsible for payment and not Medicare. AOPA worked with the DME MACs to research and resolve these improper SNF denials and recoupments. The DME MACs determined that CMS accidentally removed some prosthetic HCPCS codes from SNF consolidated billing exemption list.

The DME MACs stated that they are identifying claims effected by this error and will reprocess those claims. If you have any claims impacted by this processing error, that have not been reprocessed, please let us know.

Questions? Contact Joe McTernan at jmcternan@aopanet.org or Devon Bernard at

dbernard@aopanet.org.

Medicare O&P Patient-Centered Care Act Introduced in the Senate, Act Now

On March 19, the Medicare O&P Patient-Centered Care Act (S. 3977) was introduced in the U.S. Senate. This bipartisan legislation would improve access to, and quality of, orthotic and prosthetic care while simultaneously combating fraud and abuse from those outside the profession.

The legislation was introduced in the House in July 2023 and now has 35 co-sponsors.

Its three major provisions include: prohibiting “drop shipping” of custom orthoses and prostheses to Medicare beneficiaries; ensuring Medicare beneficiaries can access the full range of orthotic care from one O&P practitioner rather than requiring patients to visit multiple providers when the treating orthotist or prosthetist does not have a competitive bidding contract and; ensuring Medicare beneficiaries can access replacement custom-fitted and custom-fabricated orthoses when a change in their condition or clinical needs occurs.

To move this legislation forward, we need to garner as much support as possible for it. Please write your Senators and urge them to support this important legislation - simply enter your information on the AOPAvotes platform, personalize it to tell YOUR story - and click send.

Finally, as you are using the AOPAvotes platform to send letters, be sure to utilize the automated Twitter campaign. Every Member of Congress has a Twitter account making it a great way to ask for their support.

[ACT NOW](#)

New HCPCS Codes Announced

The Centers for Medicare & Medicaid Services (CMS) have just released their final determinations from the Second Biannual 2023 Healthcare Common Procedure Coding System (HCPCS) code application meetings.

The final determinations resulted in three new HCPCS codes which will be active and valid for claims with dates of service on or after April 1, 2024.

New Code as of 04/01/2024	Code Descriptor
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L1320	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system

In addition CMS finally released fee schedule amounts for the codes L8701(Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated) and L8702 (Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated). The L8701 has an average 2024 fee schedule amount of \$33,480.90.The L8702, has an average 2024 fee schedule amount of \$65,871.74. The new fee schedule amounts will be effective for claims with a date of service on or after April 1, 2024.

Questions? Contact Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

Survey Socket Guidance Workgroup Publishes White

Currently, no guidelines exist to test the mechanical strength of prosthetic sockets. To address this, AOPA established the Socket Guidance Workgroup which consists of multidisciplinary experts from various countries and backgrounds.

To address the knowledge gaps, the Workgroup undertook a critical analysis regarding the requirements for mechanical testing of lower limb prosthetic sockets and developed recommended potential solutions for each gap. The identified gaps were: i) the shape and composition of a mock residual limb, to support and generate realistic stresses within the socket; ii) alignment of the socket; iii) selection and requirements of accessory components; and iv) test conditions and acceptance criteria.

The intent is for the recommendations to support established researchers, PhD students, and Master’s students in addressing these knowledge gaps and reporting back to the Workgroup. With AOPA’s support, the Workgroup is building and maintaining a database to house the findings.

A full-length white paper and introductory editorial detailing the gaps and recommendations were recently published in Prosthetics and Orthotics International.

[Full-length white paper](#)

[Editorial](#)

Project authors: Francesca Gariboldi, Andrea Cutti, Jeff Erenstone, Stefania Fatone, Eric Nickel, Saeed Zahedi, Joshua Steer, Alex Dickinson.

Upcoming Events

March 24 & 25

Virtual Coding & Billing Seminar

[Register](#)

September 3-6, 2025

2025 National Assembly

[Save the Date](#)

[See AOPA's Education Calendar](#)