

**REGULATION RESPECTING CERTAIN PROFESSIONAL ACTIVITIES THAT MAY BE ENGAGED IN
ORTHOPEDICS BY PERSONS OTHER THAN PHYSICIANS**

Medical Act

(R.S.Q., c. M-9, s. 3)

Professional Code

(R.S.Q., c. C-26, s. 94, par. *h*)

DIVISION I

GENERAL

1. The purpose of this Regulation is to determine, among the professional activities that may be engaged in by physicians, those that may be engaged in by an orthopedic technician, a nursing assistant or other persons, and the terms and conditions on which such persons may engage in such activities.

O.C. 900-2013, s. 1.

2. In this Regulation, “orthopedic technician” means a person who has completed college-level training in the “Orthopedic Orthotic and Prosthetic Technology” program or has obtained equivalence of such training pursuant to the Regulation respecting equivalence standards for the issuing of permits by the Ordre professionnel des technologues professionnels (chapter C-26, r. 262) and is a member of the Ordre des technologues professionnels du Québec.

O.C. 900-2013, s. 2.

DIVISION II

ORTHOPEDIC TECHNICIAN

3. An orthopedic technician may, based on a prescription, engage in the following professional activities:

- (1) apply, adjust, remove and repair a plaster or fibreglass cast;
- (2) make, apply, adjust and remove splints;
- (3) install a brace for legs, shoulders, back or neck;
- (4) adjust orthopedic appliances and ambulatory devices;
- (5) provide care and treatment for wounds and skin disfigurements as part of a medical or nursing treatment plan;
- (6) provide technical assistance to a physician during minor orthopedic surgical intervention, with or without anesthesia;
- (7) remove sutures and staples;
- (8) contribute to the evaluation of an immobilized patient as part of management of the patient's condition.

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O.C. 900-2013, s. 3.

4. In order to engage in the activities referred to in section 3, an orthopedic technician must successfully complete complementary training of 25 hours involving

- (1) the technician's contribution to the medical or nursing treatment plan;
- (2) skin anatomy and physiology;
- (3) the scarring process;
- (4) factors detrimental to scarring;
- (5) the principles of asepsis;
- (6) the principles of wound cleaning;
- (7) types of wounds associated with immobilizations;
- (8) products and bandages used in the context of immobilizations; and
- (9) techniques for removing sutures and staples.

Such training may have been completed in the training program referred to in section 2.

O.C. 900-2013, s. 4.

5. A person registered in a program leading to an orthopedic technician diploma, a candidate who must complete a program of study, courses, training periods or examinations for the purposes of equivalence recognition or a person who is completing complementary training in accordance with section 4 may engage in the activities provided for in section 3 if

- (1) the person engages in the activities in the presence of an orthopedic technician, a nurse or a physician; and
- (2) the activities engaged in are required for the purpose of completing the program or training or obtaining equivalence.

O.C. 900-2013, s. 5.

**DIVISION III
NURSING ASSISTANT**

6. A nursing assistant may, based on a prescription, engage in the following professional activities:

- (1) apply, adjust, remove and repair a plaster or fibreglass cast;

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- (2) apply, adjust and remove splints;
- (3) adjust orthopedic appliances and ambulatory devices.

O.C. 900-2013, s. 6.

7. In order to engage in the activities referred to in section 6, a nursing assistant must successfully complete the supplementary training program “Immobilisations plâtrées pour infirmières et infirmiers auxiliaires” given by a hospital centre approved by the Minister of Health and Social Services, including

(1) 21 days of plaster cast immobilization training consisting of 9 modules, totalling 90 hours and covering theoretical concepts, learning exercises, the development of clinical laboratory skills and clinical supervision involving

- (a) the legal framework;
- (b) the anatomy and physiology of musculoskeletal, neurovascular and tegumentary systems;
- (c) the types of fracture;
- (d) scarring;
- (e) the main plaster immobilizations and splints;
- (f) the installation and removal of plaster cast immobilizations and splints;
- (g) orthopedic devices and ambulatory devices;
- (h) the signs and symptoms associated to various complications and risks of plaster casts and splints;
- (i) major recommendations to the patient;
- (j) the role of the interdisciplinary team; and
- (k) the documentation in the clinical record;

(2) pass a written examination on the training elements described in subparagraph 1;

(3) successfully apply 3 types of immobilizations selected by the hospital centre that provides the training.

A nursing assistant who successfully completes the training program referred to in the first paragraph obtains an attestation from the nursing branch of the hospital centre that provided the training.

O.C. 900-2013, s. 7.

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**DIVISION IV
OTHER PERSONS**

8. A person who, on 11 June 1980, was qualified to act as employee or orthopedic technician under the collective agreements then in force in Québec, may install, adjust, remove and repair plaster casts with an individual prescription.

O.C. 900-2013, s. 8.

9. A person to whom sections 6 and 8 do not apply and who, on 26 September 2013, engaged in one or more of the activities referred to in section 6 based on a prescription is authorized to continue to engage in the activities.

O.C. 900-2013, s. 9.

10. This Regulation replaces the Regulation respecting a professional activity which may be performed by an employee or an orthopedic technician (chapter M-9, r. 9).

O.C. 900-2013, s. 10.

O.C. 900-2013, 2013 G.O. 2, 2491