

# Custom Orthotics: Office Tools for Effective Communication



Education is the key to patient compliance.

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*This article is written exclusively for PM and appears courtesy of the American Academy of Podiatric Practice Management. The AAPPM has a forty-plus year history of providing its member DPM's with practice management education and resources.*

Custom orthotics may be your best treatment plan. Therefore, why do so many podiatrists find it difficult to prescribe a custom orthotic? Many will say they believe their patients will find it cost-prohibitive. Why would a doctor prejudice a patient who is looking for help? Here are some simple measures for a podiatric practitioner to present custom orthotics that will ultimately get their patients on board with the treatment plan.

There are many tools that can be used within the office to adequately explain the purpose and function of a custom orthotic while differentiating it from other products. If the doctor can spend three to five minutes with the patient to utilize these tools, ultimate success for the treatment plan can be established.

**1. Dispense an orthotic brochure.** These can be purchased from various orthotic companies, or you can write your own. Skip the flowery presentation of smiling faces and show diagrams of how an orthotic device can

better position the foot. Substitute words like “hard” or “rigid” with the word “firm” to describe a more supportive or functional device.

**2. Keep samples of orthotics on hand.** Patients prefer to have a visual of what you are describing. They have seen the over-the-counter products, and you now have the opportunity to differentiate your product. This discussion can include showing the various forefoot and rear foot postings based on a patient's needs.

It is also a great opportunity to show the various styles of devices you prescribe such as a sport device, aerobic device, dress device, accommodative device, etc. This further differentiates the devices that may be prescribed by most chiropractors, physical therapists, and shoe stores.

**3. Effective orthotic devices start with making a “good impression”!** Keep casts or computer-generated foot impressions on hand. This would be a great time to discuss the importance of the proper casting technique in subtalar joint neutral.

The doctor can now explain that the success of the custom fabricated device is only as good as the person taking the cast impression, the correct prescription for the device, and the lab fabricating the device. This will help explain why orthotics may now have worked for certain patients in the past.

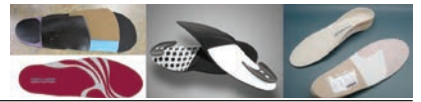
**4. Keep a bone model of the foot on hand.** This is a fantastic way to demonstrate the patient's particular foot problem and how bones may be

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shifting. Once the patient has a better understanding of foot function, the custom orthotic begins to make sense.

**5. Review x-rays in front of the patient.** This is an extremely valuable and effective tool. Patients want to see their foot. They want to know why they are in pain. Use a cotton tip applicator to demonstrate the talar declination angle to the first metatarsal declination angle. If the foot is pronating, you can now snap the applicator stick, which I refer to as the “greenstick effect”,

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to demonstrate how the angle is no longer parallel, and the patient can immediately appreciate the collapse of the foot.

via custom functional orthotics.

Utilizing the simple techniques illustrated above will engage the patient-doctor relationship for the purpose of reaching the common goals to diagnose and treat.

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It is important that if you are not using digital x-ray, you utilize 10 x 12 film in order to appreciate the entire foot. It is quite effective when the doctor is evaluating a hammertoe that they can visualize and discuss why they may have that large heel spur. They can engage in further discussion regarding biomechanics, foot function, and the benefits of conservative treatment

Custom orthotics have been hugely successful in most podiatric practices by addressing the etiology of a patient's foot ailment. The podiatrist who is confident in this treatment plan should be equally confident in the presentation of orthotic therapy to patients without regard to insurance coverage. Remember, we are here to be physicians, NOT bankers! **PM**

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