



Orthotics and Practice Management: A Plethora of Pearls

Experts from IPED provide practical advice on using orthotic therapy in your practice.



BY MEMBERS OF IPED

The Institute for Podiatric Education and Development's (IPED) core mission is to reach out to our colleagues every chance we can to educate in the areas of practice and people management. We asked some of our members and board members to share their wisdom on orthotics and biomechanics. We bring this article to you and look forward to future opportunities to share knowledge.—Hal Ornstein, DPM, IPED Chairman

• • • •



Making a Good Impression (While Making a Good Impression)

By Tracey G. Toback, DPM

An excellent orthotic starts with making an excellent impression—a “cast” impression, that is! So make sure you always make a good impression on your patient, reflecting a good impression for you, your practice, and of course, your orthotics.

Whatever your casting technique, the doctor should perform the casting. These few minutes spent by the doctor will allow for a valuable “hands-on” approach, further bonding the doctor-patient relationship. The time spent while utilizing a plaster cast, fiberglass sock, or digital scanner will allow the doctor to discuss the casting technique that well differentiates the custom product from those fabricated by other allied professionals. I find both the fiberglass socks

and digital scanners most advantageous, as they take the least amount of time while allowing for the highest level of accuracy. I also strongly recommend that one avoid the use of a foam impression

Marketing your casting technique will add significant value to your patient encounter, resulting in better understanding and better compliance, and therefore better treatment results. A pos-

Whatever your casting technique, the doctor should perform the casting.

technique because it will not capture the proper subtalar position that is so crucial for a custom functional orthotic.

Discussions with your patients while doing the casting may include explanations about capturing subtalar neutral position and placing the foot in optimal alignment for proper function and treatment of their foot problem.

itive therapeutic outcome in addition to the quality time spent with the patient will pay dividends based on patient acceptance of the treatment plan, eventual requests for a second pair of orthotics, and further referrals to family members.

Remember, quality orthotics all begin by making a good impression! PM

Continued on page 96



Charging for Orthotics

By *Cindy Pezza, PMAC*



Podiatrists seem to all have the same question; How do I know if I am charging too much or not enough for my custom orthotics? The answer, however, is not black and white, but rather many shades of gray. Setting an appropriate price point should be determined by considering a number of factors, including your demographic area, the orthotic lab that you are utilizing to fabricate the devices, the method in which you are casting or scanning (the cost to your practice for the entire process; casting through dispensing), and most importantly, your expertise as a foot and ankle specialist who is able to accurately diagnose and determine the method of accommodation to most effectively provide relief to your patients.

With those considerations in mind, you can best determine a price point that is reflective of your end result (providing relief for your patient's painful conditions). Finding the right orthotic lab that works with you to provide the best possible product to your patients, reliable turnaround time, reasonable cost and most importantly great customer service is the key to a successful custom orthotic program. Getting it right the first time is always best, so if you are consistently experiencing issues with improper fit, inaccurate modifications, or patient outcomes that don't meet your expectations, it may be time to change. As they say, sometimes you get what you pay for, so look at cost. If it is too low, then don't be surprised if the quality of the product or turnaround time is less than desirable. On the other hand (or foot), labs that are charging way above the national average may not live up to being the Cadillac of all orthotics. In any case, keep a close eye on cost, convenience, customer service and most importantly patient outcomes and if any of these areas are lacking, it may be time to change the way you handle the custom orthotic program in your practice. **PM**

• • • •

Strapping (and Verbalizing) Your Way to More Orthotic Devices

By *Hal Ornstein, DPM*



Strapping Your Way

Foot strapping is a powerful and much under-utilized tool in helping patients accept your recommendation for custom-made orthotic devices (CMOD). At the visit where you recommend the CMOD, apply a foot strapping, explaining to patients that this will simulate the actual device and will offer them an idea of what the orthotic can achieve. Be sure to explain that the CMOD is surely more comfortable than the strapping and emphasize that the strapping will control the abnormal functioning of the foot, just like the CMOD.

On their return visit, be sure to document in the patient's medical record the relief they felt from the strapping, and if pain and symptoms increased without it. This documentation helps further prove the medical necessity of the CMOD. Use of this simple process will facilitate your patients' acceptance of your treatment protocols when recommending CMOD.

Continued on page 97



Pearls (from page 96)

Verbalizing Your Way

There is a clear divide within our profession among those with similar patient populations who greatly vary in the number of custom-made orthotic devices (CMOD) dispensed in their offices. While there are many factors that contribute to this situation, by adopting some simple principles you may see a significant bump in the percentage of patients accepting recommendation for CMOD. This will lead to better therapeutic outcomes, improved patient satisfaction, more referrals, and increased profits.

When presenting the need for CMOD, it is vital that you “say it like you mean it.” It’s all in the wording when you present your treatment plan with the patient. With this in mind, it is critical to develop presentation skills with “strategic words” that drive your point

home, aiding in the patient’s understanding and eventual acceptance of your treatment plan. The underlying message here is that by using certain words that express the important aspects of the treatment plan, we can motivate and maintain a patient’s confidence and compliance down the road of our proposed treatment protocol.

Words You Should Say to Patients:

- 1) “important”
- 2) “critical”
- 3) “very important”
- 4) “necessary”
- 5) “significant”
- 6) “vital”
- 7) “essential”
- 8) “you need”

Words You Should Avoid Saying to Patients:

- 1) “we can’t”
- 2) “maybe”
- 3) “probably”

- 4) “possibly”
- 5) “perhaps”,
- 6) “most likely”
- 7) “likely”
- 8) “consider”

Tips and More Tips from Dr. Ornstein

100% Satisfaction Guarantee: I make this offer to the patient when I present a treatment plan that includes orthotic therapy. This guarantee is especially beneficial when speaking with patients who must pay out-of-pocket for their custom-made orthotics. This immediately helps to relay apprehension about spending a sum of money for something about which they are not quite sure. I can tell you that in 12 years of offering this guarantee I have had to refund money only twice to patients, but because of the offer I have made many more devices than I would have without the guarantee.

Continued on page 100





Pearls (from page 97)

Follow Up Visits: It is important to stress to patients that the orthotics alone cannot treat all their foot maladies, but that they will require periodic follow-up exams to assure optimum function of their orthotic devices. I use the analogy of prescription eyewear that requires eye examinations at regular intervals to disclose any changes in their vision; similarly, there is a need for regular follow-up foot examinations to detect any changes in the biomechanics of their feet, which may relate to changes to their orthotics. I have patients return at 3 weeks, 2 months, 6 months and 1-year intervals. My office will also perform a 2-year follow-up recall, from our billing software program, for all orthotic patients. We send a letter urging them to make an appointment to see if their orthotics need any adjustment or new top covers. I have been pleasantly surprised by the numbers of patients who respond to the recall letter and ask to have new devices made.

Second Pair Discount: Patients often tell me they must wear a certain style of shoe at work due to a dress code. Unfortunately this is usually the female patient who must wear a dress (heel) shoe at work and wants to wear athletic shoes at home. I explain to them that one style of orthotics cannot function, or fit, in all style of shoes. I relay that orthotics for athletic shoes cannot

function in a shoe with a high heel and a high heel orthotic cannot function properly in a flat shoe. I offer the patient a 50% discount for a second pair of orthotics made at the same time the original pair is made. Most people, when offered this option, do elect to have the

Many labs now offer the ability to print a customized logo on the top covers of the orthotics you order.

second pair made for them. Many orthotic labs will discount the second pair made when ordering it at the same time as the first pair.

Logo: Many labs now offer the ability to print a customized logo on the top covers of the orthotics you order. At first I thought this was a silly idea, as I did not want my patients stepping on my name and phone number in their shoes. I did not realize the power of the satisfied patient! Many of the patients who come to my office, referred by previous patients, have told me that they first saw my name and phone number when the other person took off their shoe to show them their orthotics. I would urge each of you to speak with the orthotic lab that you are currently using to add a simple imprint of your name and telephone number to the top covers of your orthotics. **PM**

• • • •

Orthotics: An Integral Part of a Surgical Practice

By Marybeth Crane, DPM, MS



Many of the students, residents, and new practitioners that visit our office are astounded by the number of orthotics we fabricate on a daily basis (some of them seem to have forgotten that a hallux valgus deformity or even a simple hammertoe or neuroma is actually a symptom of an underlying biomechanical problem). Orthotics should be an integral part of any foot and ankle surgical practice, pre-operative and post-operative.

Continued on page 101



Pearls (from page 100)

Orthotics actually facilitate your surgical practice. They are not only good medicine, but great marketing as well! For instance, a patient with a flexible hallux valgus deformity that is only mildly painful comes into the practice, upset that another podiatrist recommended that they stop running and that surgery was needed. The patient is educated on the underlying biomechanical problem that led to the bunion deformity, and is fitted with orthotics and appropriate shoes.

The patient feels much better, can continue to run, and refers all his/her friends, saying how great it was to meet a conservative surgeon. Then, three to ten years later, the patient is ready to have the bunion fixed. Who is that patient going to go to? You, of course. Why? They remember your name.

As a part of our orthotic care plan, we check patients yearly and keep them in our practice. In some cases I've also operated on ten or more of their referred friends and family. These patients have also bought shoes from our shoe store and pre-fabricated dress orthotics for their dressier shoes. Instead of one surgery, you can actually make over ten times the revenue from this patient by

Integrating orthotics in your surgical practice protocols separates you from the foot and ankle orthopedist down the block.

being conservative. And eventually you get to do the surgery as well! This is a win-win!

Let's look at another scenario. A patient comes in with a Morton's neuroma. You rule out a stress fracture and give her your injection of choice. At this point in our office, we immediately dispense a pair of pre-fabricated orthotics with a metatarsal pad built in. The patient feels much better about her treatment than if you had just handed her some met pads to stick to her foot. She may go on to surgery if she does not continue to get better; or she may have a custom orthotic made if she improves but doesn't get to 100%, or if she simply wants something more durable than the pre-fab.

Either way, the orthotic (custom or pre-fab) helps to distribute the underlying biomechanical stress and makes her a patient for life. Again, another win-win!

Integrating orthotics into your surgical practice protocols separates you from the foot and ankle orthopedist down the block. It emphasizes that most surgical patients start with a biomechanical problem and have a symptom or deformity that requires surgery to alleviate their pain. All of your surgical patients with biomechanical deformities should have orthotics as part of their post-operative course—this will provide better care of their foot and ankle needs and the best way to keep them coming back year after year. **PM**



Tips for Dispensing Orthotics

By Timothy Grace, DPM

1 Before a patient's first visit, find out if orthotics are a covered item under his/her insurance plan, and at what percent. This will allow you to lay out and discuss a plan for his/her treatment and recovery. Gather the patient's insurance information on the initial call. Whatever extra time and cost involved will be well worth it for many reasons. Have an insurance verification form that covers at least the top 5 services you perform for patients in your practice (e.g., orthotic coverage, DME coverage, in-office surgical procedures, wound dressing coverage, etc.)

2) Know the frequency at which orthotics are covered. Can you get a pair of orthotics for their running shoes and dress shoes right away? Does the patient have to wait twelve

Continued on page 102



Pearls (from page 101)

months before the insurance will pay for another pair? You would be surprised how many insurers allow a new pair of orthotic devices annually as well as two pairs at a time as long as they are medically necessary (such as: patient regularly wears dress shoes and sneakers). Be prepared to discuss

Patients often prefer getting a shoe from you—the expert—rather than having to hunt all over town and hope they find the right shoe.

out-of-pocket cost for a second pair of orthotics. If finances do not allow for another prescription orthotic to be made, then show and discuss the use of a pre-fabricated orthotic.

3) Discuss the patient's shoe-wearing patterns. Do they wear many different shoes and do not want to move the orthotics from shoe to shoe? Maybe they will want a pair of pre-fabricated orthotics for their house shoes or slippers, and/or a pair for their ski boots, ice skates or cycling shoes.

4) Discuss footwear that will be complementary to their treatment plan. For instance, recommend footwear that can be worn in the home to avoid walking barefoot. A Spenco flip-flop is great for those hot summer days. For ladies who want a more fashionable sandal, an Aetrex Sandalista is well padded, has arch support, and can be modified. You may choose to carry a supply of some of these products and order others as they are needed. You will always put more products in the hands of patients when they can see them, touch them and try them on. It is not uncommon to hear "this is not really my style, but it feels so good. I will take it."

5) Teach patients how to evaluate shoes for stability. Show them a recommended shoe list, and then let them know you have shoes that they can purchase—or order, if that is more convenient. Patients often prefer getting a shoe from you—the expert—rather than having to hunt all over town and hope they find the right shoe. Consider taking 10% off the retail price so patients never feel that they are paying full retail from your office. **PM**

• • • •

Opportunities to Educate Other Referring Physicians About Orthotics

By Chad Schwarz



Orthotic devices offer a great marketing opportunity for podiatric practices working to develop relationships with referring physicians. Today, there is still a misconception about the level of education and expertise the podiatric physician holds in the medical community. Thus there remains a lack of knowledge among referring physicians of the many services and treatment options podiatrists can offer their patients.

The most common potential referring physicians targeted by podiatrists are the internal medicine and/or family practice doctors; and without the understanding that orthotics are a non-invasive solution to many foot and ankle conditions, many of these these physicians end up referring patients to specialists such as orthopedic surgeons (resulting in unnecessary surgeries).

Beyond this, there are many other specialists who can benefit from knowing that you offer custom-molded orthotics, and who understand why they are a great treatment option.

For example, how many of you reading this article

Continued on page 104



Pearls (from page 102)

have visited your local OB/GYN's office? This is a prime opportunity to educate these physicians about orthotics. Day in and day out, OB/GYN's see pregnant women complaining of foot pain. Most of these

doctors tell their patients, "You just have to deal with it. It will go away once you have the baby." Utilize this opportunity and others like it to hold "Lunch and Learns" at your local referring and potential referring physician offices. Use these events to educate them about your specialty.

Along with many other services and treatments, make sure to educate the physicians about custom-molded orthotic devices, and why they are a great non-surgical solution to many foot and ankle conditions. **PM**

Tracey G. Toback, DPM has been in private practice in Kingston and Highland, New York for 28 years. He is a diplomate of the American Board of Podiatric Surgery and a fellow of the American College of Podiatric Radiologists, American Society of Podiatric Dermatology, and the American College of Foot and Ankle Surgeons. He has served as an assistant professor at the New York College of Podiatric Medicine and is a fellow of the Institute for Podiatric Education and Development. Dr. Toback can be reached via email at drtoback@tobackpodiatry.com.

Cindy Pezza is President and CEO of Pinnacle Practice Achievement, LLC (www.pinnaclepa.com) and serves as Chief Operating Officer for Podiatric Super Group Management, LLC. Cindy continues to utilize her experience and expertise in promoting treatment specific protocols, including ethical maximization of ancillary services, to consult with physicians and staff, improving the quality of patient care, while significantly increasing practice revenue.

Dr. Ornstein is Chairman of the Institute for Podiatric Education and Development and a national and international lecturer and author on practice management topics. He serves on the editorial advisory board of Podiatry Management and has been inducted in the PM Podiatry Hall of Fame. He is managing partner of Affiliated Foot & Ankle Center, LLP in Howell, NJ and President and CEO of the New Jersey Podiatric Physicians and Surgeons Group, LLC.

Marybeth Crane, MS, DPM, FACFAS is the managing partner of Foot and Ankle Associates of North Texas, a 6 physician, two location single specialty group in the DFW area. Dr Crane has been practicing for 20 years and specializes in sports medicine and biomechanics. She is a former board member of AAPP and frequently lectures on practice management and marketing topics. She can be reached at www.myrundoc.com.

Dr. Grace graduated from the Des Moines University College of Podiatry, and has been in private practice in Puyallup, WA for the past 25 years. He is married and has 4 children. He is an associate member of the Institute for Podiatric Education and Development and can be reached at drgrace@msn.com.

Chad Schwarz was President and CEO of Integrated MedReps, LLC, a company focused on growing podiatry and other medical practices by integrating a "Practice Marketing Representative" into the office and community infrastructure. He is an internationally recognized speaker, author, and mentor.