



How to Discuss Biomechanics with Patients

Conveying the right message is key to optimal compliance.

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Practice Management Pearls is a regular feature that focuses on practice management issues presented by successful DPMs who are members of the American Academy of Podiatric Practice Management (AAPP).

B biomechanical problems that present to podiatric offices are very common. Fortunately, there are very effective ways to treat these biomechanical problems. Some of these problems entail a simple discussion with patients, others sometimes require some more in-depth and sometimes delicate discussions.

As an example: for many of us, plantar fasciitis is the most common biomechanical issue that we see in our office. So many times, patients come in with some preconceived notions. How many of us often hear “I have a friend with this problem and she says it never goes away”, or “I have heard those cortisone shots really hurt.”

Make sure that your patients understand that there is a root cause to their biomechanical problem. The thing that your patients will appreciate the most is to go through a thorough explanation of exactly what plantar fasciitis is, and what you are going to do to make them feel better.

Explain that although the pain they are experiencing is in the heel, it is more about lack of support involving the plantar fascia and the medial longitudinal arch.

After a thorough explanation of the biomechanics of walking and what happens with the plantar fascia during gait, explain to patients what you are going to do to improve the biomechanics of the foot/feet and

companies can be hit or miss. Patients can have large durable medical equipment deductibles in addition to their regular medical deductible. Try to convey that investing in both orthotics and the proper sneaker or shoes is the only way that we are going to get to the outcome that you both want. Explain to patients that this is a team effort between both of you, that sometimes there is no

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decrease the inflammation and the pain. That would normally take a combination of things such as corticosteroid injections, stretching, and anti-inflammatories. Most commonly discussed with patients are two things: the use of custom functional foot orthotics, and the use of the proper shoe or sneaker.

Try to convey the most important message—that is, in addition to treatment that you will prescribe, patients must invest in their foot health. In this era of managed care medicine, orthotic coverage by insurance

“magic bullet”, and that this may take time. Explain that the use of orthotics will control the way their foot functions, and with the orthotics, we are changing how the foot and lower leg function. Explain to a 30-year old patient that you are changing 29 plus years of improper gait.

Since we are talking about a biomechanical issue, but we are also talking about this from a business or practice management standpoint, make sure to include the patient in understanding about the financial

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aspect of orthotics coverage. Provide them with their diagnosis and the treatment codes for orthotics, and ask them to call their insurance company, so they understand exactly what the coverage will be.

A frequent question, is “why do I need for you to make an orthotic for me? Why can’t I just get one of those inserts from the pharmacy?” It is at that time that you can explain the differences between custom orthotics and shoe inserts found in the pharmacy. Once you explain that the pre-fab that is bought in the pharmacy is most likely not going to control the biomechanics of the foot and is also only for a shoe size, they understand that the custom orthotic is made specifically for their foot and will control the biomechanics exactly how we need to.

Make sure you have explained to the patient exactly what the problem is, and what you are trying to accomplish. Patients appreciate the explanation and the time to ask as many questions as needed.

Another message is to make sure patients understand that there is the need for the body to adjust to the way in which it functions after the dispensing of orthotics. As long as patients understand that there is a period of time where they may or may not feel any better, you are creat-

ing the proper expectations with them, and thus there is a much greater possibility of patient satisfaction.

When talking about biomechanics, we often tend to forget about shoes and how they relate to the biomechanical problem. One of the things to convey to patients is that if you are going to make custom orthotics for them, it is important to understand the types of shoes that they wear. Explain that you do not want to create a pair of orthotics and then have them sit in the closet. That does not do anything for the patient. If the patient is a teacher and stands

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a lot, speak to them about the types of shoes that they like to wear. If the patient is a stay-at-home person, discuss the shoes they like to wear. If somebody wants the devices for sneakers, discuss the proper sneakers. Many times patients have shown me the sneakers in which they will be using their orthotics, and I show them how poorly constructed the sneakers are. Work very closely with the local specialty sneaker store to make sure that patients can obtain the right sneakers once you have dispensed their orthotics.

This ultimately comes down to a team effort between you and your patients. If the patient is willing to work with you to treat their biomechanical problems with the proper device and sneakers, there is no reason that you both will not be happy in the end. Remember, it is all about setting the right expectations that will allow a good outcome.

Lastly, if other treatments, such as physical therapy, are needed and certain modalities are also not covered, it is also vital to talk with your patients to make sure that they understand that although there might be some out-of-pocket expense, in the end, the treatment combination will allow you both to have the outcome that you both want.

So, whether it is conservative therapy, or even surgery, having a proper protocol along with good communication with your patient will most likely lead to an ideal outcome. If patients feel that you are both working towards the same goal, whatever treatment you choose will ultimately be the right one. **PM**

This article is written exclusively for PM and appears courtesy of the American Academy of Podiatric Practice Management. The

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