



The Benefits of Growing Your Custom Orthotics Practice—and How to Do It

Powerful clinical usefulness and major revenue-boosting are the end results.

BY ANDREA LINNE



In 2013, Stephen Eichelsdorfer, DPM, whose Town Center Foot and Ankle Clinic is in Kingwood, TX, attended a podiatry meeting in Florida, where he met Cindy Pezza, PMAC, president and CEO of Pinnacle Practice Management. “She

recommended them, even though I believed in them. Cindy encouraged me to consider the patient’s condition and not their wallet or insurance policy. ‘Offer the best treatment possible,’ she said, ‘even if you don’t think they can afford it.’ Since I adopted

doing, and she keeps me abreast of new trends in the podiatry field. She keeps me accountable.”

“Every podiatrist, whether they’re just starting out or have been practicing for years, could benefit from re-examining when and how often they

prescribe custom orthotics,” says Pezza, who also helps doctors find work-life balance. “First and foremost, custom orthotics can improve a patient’s quality of life, and helping patients is why podiatrists went into practice,” she says. “Second, surgery doesn’t pay what it used to, and you’re out of the office for a few hours or longer for one case. During that time, you could have treated eight patients. In addition, podiatrists are tied to surgical patients for

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“Custom orthotics help my patients medically and my practice financially.”—Dr. Eichelsdorfer

spoke on how podiatrists could improve their practices, and I was impressed with her ideas,” Dr. Eichelsdorfer says. “I hired her to see if she could help me. I’d been in practice for 18 years at that time.

“Cindy viewed my practice and how we work, and one suggestion was to grow my custom orthotics practice. A lot of insurance companies weren’t paying for custom orthotics, so I didn’t routinely recom-

mend them, even though I believed in them. Cindy encouraged me to consider the patient’s condition and not their wallet or insurance policy. ‘Offer the best treatment possible,’ she said, ‘even if you don’t think they can afford it.’ Since I adopted

that approach, I’ve doubled my custom orthotics practice. I recommend custom orthotics to every patient who could benefit from them, and patients who I never would have believed would pay \$450 for them do so to avoid surgery or get pain relief.”

“Custom orthotics help my patients medically and my practice financially,” Dr. Eichelsdorfer says. “I’ve continued to work with Cindy. We meet monthly via Zoom to see how my practice is



Dr. Eichelsdorfer



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90 days, and there's no pay for those visits. Absolutely, there is a need for surgery, but in many cases, it shouldn't be the first option, especially when conservative treatment, including a custom orthotic, might address or alle-

py and other conservative approaches. In many cases, surgery should be the last option, but for many new in practice, this takes altering the mindset.

"The problem is that podiatric residency training has evolved in such a way that biomechanics is considerably less emphasized," Dr.

weakness in biomechanical thought process. In residency programs, only 75 patient biomechanical examinations are required. So, residents don't have a strong understanding of biomechanics when they begin practicing. But the reality is that most podiatrists do most of their work in

the nonsurgical realm, so to have a successful career, it's essential to understand the benefits of custom orthotics. I don't have an orthotic practice or surgical practice.



Dr. McNeill

I just have a practice that can help to safely solve a patient's complaint, which includes custom orthotics, medication and surgery. There are few written resources for students to learn about biomechanics, so it's up to our community to educate students."

Informed Patients

"Podiatric physicians must explain three things to patients—what

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viate the underlying problem. Best of all, patients leave feeling better."

"If you always do what's good for the patient, you will be successful," says Misty McNeill, DPM, founder of Prairie Path Foot & Ankle Clinic in Elmhurst, IL. "Custom orthotics make patients happy. It is a conservative approach to treating a problem and can help patients who are not ready for surgery. I really think patients appreciate an option before surgery even if it will only help delay the surgery or decrease their symptoms while deciding if they are ready for surgery. People want to get back to their activities as quickly as they can. Happy patients return and send other patients. You want to make patients better, and you must be financially secure. Custom orthotics accomplishes both."



Dr. Moore

Treatment Protocols

"When we hire doctors, we have to train them to think about the patient comprehensively," says Jonathan Moore, DPM, managing partner of the Somerset office of Cumberland Foot & Ankle Centers of Kentucky, which has 11 physicians at 13 locations. "Teaching our young doctors how to use orthotics and bracing to address biomechanical problems is essential to employing best practices. Many patients need surgery, but custom orthotics should be the first-line treatment, followed by physical thera-

Moore says. "But fundamentally, we treat abnormal mechanics of the foot. In theory, most podiatric physicians know that custom orthotics are important, but in practice, a younger physician would be more inclined to think about a foot pathology surgically rather than first addressing the underlying biomechanics at the root of the problem"

That problem may not be so new. "My experience 20 years ago was that residency training was more focused

"The problem is that podiatric residency training has evolved in such a way that biomechanics is considerably less emphasized."—Moore

on surgery than on how to prescribe good orthotics," Dr. McNeill says. "I had to learn how to fit custom orthotics on my own. My colleague who joined our practice eight years ago has learned what a good marriage orthotics and surgery are."

"There shouldn't be a separation between biomechanics and surgery," says Jarrod Shapiro, DPM, associate professor at Western University of Health Sciences College of Podiatric Medicine in Pomona, CA, and medical director WesternU Health Pomona Foot and Ankle Center. "Some patients need surgery, some need orthotics and some need both. Yet, these two approaches are taught separately in school. Among the applicants to our residency program this year, there was an almost universal

you have, why you have it, and what needs to be done to treat it," Dr. Moore says. "The why is essential as most often the underlying cause of the patient's condition is due to abnormal mechanics. Doctors often don't spend enough time educating patients about the benefits of orthotics or they don't adequately explain the etiology clearly. If you use overly technical medical terminology, patients aren't going to understand why they need orthotics or bracing. You don't need 20 minutes to explain the need for custom orthotics, but you do need a simple and logical explanation. Patients get it when I say that custom orthotics are like eyeglasses for the foot. Also, podiatric physicians need to learn to replace ambivalent, weak words, such

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as ‘I think,’ ‘perhaps’ and ‘I feel,’ for stronger words, such as ‘I’m confident,’ ‘I’m convinced’ or ‘I expect.’ These simple replacements can make a difference in how our message is perceived. When explaining why a patient needs orthotics or a brace, we should be confident and say something like, ‘It’s fundamental that we treat this condition with custom orthotics. I’m certain this is the right approach.’”

“I explain to patients what biomechanics of their foot are contributing to their problem,” Dr. McNeill says. “Then I tell them how an orthotic can help fix or control that. I think patients are very informed consumers, and they want to understand why they need something. When patients call in with questions, we have a trained



Cindy Pezza

Money Matters

“Podiatrists often worry that their patients can’t afford custom orthotics,” Pezza says. “Make a medical recommendation based on what a patient needs. Let staff members be the bad guys, to tell patients what they’ll cost if they’re not covered under insurance. Some patients may hesitate, but they often come back.”

“Don’t overlook the value of making custom orthotics for a referring provider. That’s like gold.”—Pezza

“From a practice management point of view, podiatric physicians will, in many cases, generate far more revenue from orthotics and bracing than surgery,” Dr. Moore says. “Across all our offices, we order a high volume of orthotics first because it’s the right thing for our patients, and second, it’s an important part of the revenue cycle. With prop-

math, the OTC will cost them \$200 to \$300 a year.

“We order approximately 100 custom orthotics a month,” Dr. McNeill says. “That’s about 25 percent of our revenue. Consider that a patient without insurance pays \$600 for custom orthotics and a podiatrist may be paid \$800 for bunion or hammertoe surgery. The surgery may take two hours plus 90 days follow-up with

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Custom orthotics tend to be a relatively profitable part of the practice.”—Shapiro

staff member who has time to speak with them. If a patient doesn’t want orthotics, I feel I haven’t done a good job explaining how they are beneficial and why they need them.”

“To grow your custom orthotics practice, you need to believe they work,” Pezza says. “It helps if podiatrists and staff members wear them. That way, everyone can answer questions, such as whether they really work and how long is the break-in time. Doctors are not natural salespeople. Work on your delivery and prepare answers to common questions. But don’t be a used car salesperson. If a patient isn’t ready to order custom orthotics, leave it there. When the patient comes back and is still in pain, discuss again how orthotics can help.”

er education and presentation skills, patients don’t hesitate to spend \$300 to address the root of their problem and pain. It’s a win-win.”

Dr. Shapiro agrees. “Podiatrists want to make a living,” he says. “In general, a podiatrist will bring in more income from seeing more patients than from doing surgery. Custom orthotics tend to be a relatively profitable part of the practice.”

“We explain to patients that custom orthotics are an investment in their health,” Dr. McNeill says. “We ask, ‘What activity are you looking to get back to and what is that worth to you?’ A quality over-the-counter device costs \$50 to \$75 and lasts 3 to 4 months for an active person, whereas a custom device will last 2 to 4 years. So, if you do the

no payment. Plus, there’s a risk with surgery. There are minimal risks with orthotics. The biggest risk is that the patient doesn’t like them. In 20 years of practice, I’ve given people their money back six times. The orthotics are more than 80 percent perfect the first time, 15 percent of the time they need adjustments, and less than 5 percent of orthotics require a remake. To support our custom orthotics practice, we follow up annually with phone calls and reminder postcards. Many of our patients come back to get a new pair for different shoes or because the orthotic is worn down.”

Finally, keep track of referring providers, Pezza says. “You might find that primary care doctors only refer diabetic patients or those with ingrown toenails,” she says. “So, you need to educate them on other conditions you can treat. And don’t overlook the value of making custom orthotics for a referring provider. That’s like gold.” **PM**



Dr. Shapiro



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