

# Why a Simple Gait Analysis Is Good for Your Practice and Your Bottom Line

Just because it is old-fashioned  
doesn't mean that it's not good medicine.

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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. AAPPMP has a sixty-year history of providing its member podiatrists with practice management education and resources they need to practice efficiently and profitably, through personal mentoring and sharing of knowledge. To Contact AAPPMP call 978-686-6185, e-mail [aappmexecdir@aol.com](mailto:aappmexecdir@aol.com) or visit [www.aappm.org](http://www.aappm.org).*

“abductory twist.” That’s not a gait analysis. Why are many practitioners so resistant to performing a gait analysis in their office?

## “Gait Analysis Takes Too Much Time”

When learning how to assess someone’s gait, most podiatrists remember their school clinic. Up and

## “Gait Analysis Requires Specialized Equipment and Lots of Room”

There’s a difference between having a gait lab in your office and performing a gait analysis. Sure, you can invest in technology and provide a more comprehensive gait analysis. It’s not necessary, however. You will do fine with a visual gait analysis. In

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## Why are many practitioners so resistant to performing a gait analysis in their office?

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**H**ow often are you out to dinner and notice how one of the waiters is walking? Or you’re on the beach but can’t help but watch how the child playing in front of you is walking? That probably is a familiar situation for any podiatrist. The next question is, of course, how often do you ask your patients to walk for you?

If you’re like most podiatrists in 2022, the answer is likely to be... few. In fact, try asking a podiatric medical student to perform a comprehensive gait analysis. They will often give you a one-word diagnosis. Most popular is “pronation” or

down the hallway. Back and forth. Yes, that took a long time. It’s the only way to learn. It served a purpose, however. It allows the practicing podiatrist to assess a patient’s gait in about a minute.

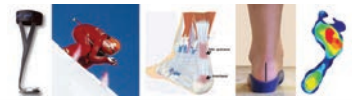
One minute to be comprehensive. One minute to be able to explain a patient’s gait issues and how they contribute to their issue. One minute to be able to recommend a biomechanical treatment to address those issues. The recommendation may be a custom orthotic or an AFO. The return on investment of that one minute is significant.

terms of equipment, there are one of two requirements. Either a hallway in your office for patients to be able to walk up and down, or if you don’t have that in your office, then consider investing in a treadmill. This way you can perform gait analysis with a small footprint in the office.

## “Gait Analysis Is ‘Old Fashioned’ Podiatry”

A common feeling, especially among newer practitioners, is that gait analysis is antiquated. After all, why watch someone walk after com-

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## Gait Analysis (from page 111)

pleting a 3-year surgical residency? True, gait analysis may be old-fashioned. It is also a basic foundation of podiatric medicine.

You will have an advantage if you understand the contribution of a patient's mechanics to their pathology. It gives an advantage in explaining to the patient why they have a particular issue or deformity. It will also help you plan for surgery while keeping in mind the pathological forces that have to be considered.

Gait analysis also prepares the patient for correcting their mechanics after surgery. This will prevent a re-occurrence of symptoms or a return of the deformity. No one wants to have more than one surgery to correct an issue. An understanding of what caused their condition in the first place will open the door for you

a treatment can be explained to the patient and justified through a gait analysis, the patient will often lay out the money for orthotic devices. They need to understand the benefit.

Remember when a patient came into the office, was treated, and left

Performing a gait analysis in your office will open doors to increase your PVR. You'll be better equipped to discuss the patient's mechanical deficits and explain how a custom orthotic can be helpful. If not a custom orthotic, even dispens-

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to recommend correction of the underlying cause.

The language is simple: "Mrs. Smith, the surgery treated your bunion/hammertoe/heel spur/etc. Now we have to address your mechanics, so that your correction stays corrected." Recalling your original gait analysis and refreshing her memory as to why it contributed to the condition that was treated surgically will allow for stabilization with a custom orthotic. Not bad for an old-fashioned evaluation. This will increase the value of the patient encounter. This is particularly helpful considering decreasing surgical reimbursements.

#### **"There Is No Point in Performing a Gait Analysis. Orthotics Aren't Usually Covered Anyway"**

Too many practitioners tailor their recommendations to patients based on insurance coverage. That's doing a great disservice to the patient. If

with only paying a co-pay? Those days are largely gone. With deductibles reaching \$3,000, \$5,000, and even \$8,000 or more, patients are becoming used to paying for healthcare out-of-pocket. Add to that, many modalities are not covered by insurance. These include shockwave therapy,

ing an off-the-shelf medical-grade insole can increase (to a lesser extent) your PVR.

You may notice a foot drop or posterior tibial dysfunction when you watch the patient walk. You may find that an AFO, either custom or prefabricated, is indicated. That will help your PVR. It also helps acceptance by the patient, since they will see your examination as more comprehensive when you watch them walk.

A visual gait analysis is a short but effective evaluation that will pay dividends. This is true in both the comprehensive care of your patients as well as the fiscal health of the practice. Will everyone you watch walk need a custom orthotic or AFO? Certainly not! That said, you'll catch a lot more by performing a gait analysis in your office than you would by not doing so. Just because it is old-fashioned doesn't mean that it's not good medicine. **PM**

platelet-rich plasma, microwave wart therapy, and other treatments. These treatments are used every day and patients are paying for them. So, why not orthotics?

The truth is that patients are more willing, and even expecting, to pay out of pocket for treatment modalities that will get them better faster. A properly made custom orthotic will optimize their mechanics, allowing their feet to function in a more efficient way.

#### **How a Visual Gait Analysis Will Help Your Bottom Line**

A common metric that many practitioners follow is per visit revenue (PVR). It is the average amount that you can expect from seeing a patient. It includes all visits, even of post-operative patients from whom you receive no reimbursement. Our goal is to have as high a PVR as possible.



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