



Maintaining Long-Term Patients Through Custom Orthoses

These steps will help your practice grow.



BY TRACEY TOBACK, DPM

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 or visit www.aappm.org.

The Discussion

Well-fabricated custom functional orthoses can control myriad foot problems. The well-trained podiatrist is very aware of this fact. Unfortunately, those practitioners who have not had much experience in orthosis therapy may treat these as comparable to pre-fabricated or over-the-

ant, questions for the practitioner to ask the patient is, “what is your primary foot gear?”

Most patients will have a variety of shoes, including dress, walking, and athletic. The practitioner must assess how often they are in each pair of shoes, how much high impact activity the wearer experiences in each pair of

Custom orthoses serve as an excellent practice management tool to maintain functional long-term patients and referrals.

Custom orthosis therapy is a primary treatment utilized by the podiatric practitioner. What may be overlooked, however, is that custom functional orthoses also serve as an excellent practice management tool to maintain long-term patients and referrals.

Orthoses serve both as a treatment and, more importantly, as a preventative measure to control progression of many foot deformities, both hereditary and developmental. It is for these reasons that podiatrists differentiate themselves from other providers of orthoses devices, including but not limited to chiropractors, physical therapists, and local shoe store pedorthists.

This article will serve to facilitate initiating the orthosis discussion with your patient, fabricating the custom orthosis, dispensing the orthosis, and delineating your office follow-up.

counter devices, and this misconception may subsequently result in failure or non-resolution of the problem. It is therefore of utmost importance that the podiatric practitioner has a full understanding of the benefits of custom functional orthoses.

It is vital as well that the patient understands the biomechanical factors that are resulting in the foot problem. This may involve utilizing office tools such as bone models and reviews of radiographic findings. Surprisingly, this will only take minutes of your time. The practitioner also needs to consider that the patient is at his/her office to address a painful and disconcerting foot ailment. Simply stated, patients are looking to the practitioner to offer an explanation and a solution to their problems.

One of the first, and most important,

shoes, and take into consideration the foot problem and how often it will be necessary to utilize the custom orthoses. Whenever possible one should consider utilizing a full athletic orthosis, as this will be more functional than a smaller dress device.

It is a rare instance to fabricate a dress orthosis solely, though there are occasional cases where this will be appropriate. The “second pair dress orthoses” serves as an excellent adjunct therapeutic device once the patient experiences the success of his/her initial pair of full-length functional.

It is not necessary during this initial discussion to concern yourself with insurance coverage for the orthoses. Too often one may hear that offering custom orthoses to a majority of patients may result in your

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being perceived as a salesman/saleswoman rather than doctor. My argument for this ludicrous statement is this: the patient presented to your office for an area of concern, no different than an ophthalmologist recommending eye glasses for those who present for poor vision. One may be quite surprised at the fact that, whether or not the devices are covered, the patient's primary concern is just to get better. It is quite important that the podiatric practitioner separate him/herself from being a banker and put full efforts into being the patient's physician.

Fabricating the Custom Orthosis

It is now important to differentiate ourselves from the other professions that may offer "custom" orthoses. Common ways of fabricating custom orthoses are from plaster casting, foam impressions, STS fiberglass slipper sock casts, and 3-D scanning systems. As you instill an understanding of the importance of how the orthosis is fabricated based on the casting technique, the patient will be more likely to follow instructions at the time of dispensing and will most likely share this with friends and family.

As a podiatrist, it is important for you to differentiate your casting technique from those of other specialties fabricating custom orthoses. It would be best to avoid foam impressions for several reasons. Firstly, foam is often the casting choice for many of the non-podiatric specialties. The more important reason to avoid foam impressions, however, is the technical difficulty involved in obtaining subtalar joint neutral while maintaining the forefoot to rearfoot relationship.

Some of the best casting techniques available today include the STS fiberglass slipper sock and the 3-D scanning systems. There are pros and cons to all the systems, so practitioners need to familiarize themselves with all the techniques and find what works best in their practice. The STS slipper sock method does involve a learning curve to become familiar with the fiberglass and how to mold it accurately to the foot. However, once learned, it is quick and accurate

with wonderful results. Remember that a custom functional orthosis will function only as well as the actual casting. For this reason, it is best for doctors to take their own casts on all their patients in order to establish a consistency in the casting technique. Should this not be desirable for you, then you will need to spend the time to train a single staff member to excel in this technique.

Scanning systems have improved dramatically over the years. One should, however, avoid weight-bearing scanning methods. Though this method is quick and adequate for

scripting to ensure that the orthoses being dispensed are appropriate. Labs can and do make errors. The orthoses may be mislabeled by left or right, or another patient's prescription may have been utilized. It is ultimately the responsibility of the doctor that the orthoses being dispensed to the patient are accurate.

It is recommended that staff protocols are in place within the office for dispensing the devices. This should include checking the labels that typically include the patient's name on each orthotic by the rendering lab. It has occasionally hap-

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fabricating shoe inserts, it places the foot in its deformed position, which makes fabrication of a custom functional orthosis difficult.

The practitioner should take advantage of the fact that patients will notice these more sophisticated technologies. Patients will be impressed by the 3-D scan or the finished fiberglass sock cast, and in the process you've gotten to differentiate yourself from other practitioners.

The next step is utilizing a professional lab to fabricate the devices. As there are a number of patients who may have had custom orthoses in the past that have failed, it is therefore important for the doctor to have full confidence in the lab chosen. This may include consulting with a specialist or physician at the lab to review the case and assist with the type of device and posting to be utilized. Be careful not to let price be your determining factor in choosing a lab. Thousands of dollars can be saved by dispensing an optimal device immediately to the patient.

Dispensing the Orthosis

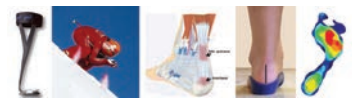
This is a very important visit. It is imperative to give appropriate break-in instructions and expectations. It will also be prudent for the doctor to examine the orthosis and the pre-

pared that a staff member has mistakenly grabbed another patient's orthoses and dispensed them to the wrong patient.

Orthoses should be fitted to the patient's foot and the prescription reviewed to match the devices being dispensed. The patient should ambulate in the office with the custom orthoses in their shoes. Should a full-length orthosis be dispensed, the extension should be appropriately trimmed to size, if deemed necessary. Break-in instructions should be reiterated and understood by the patient. Written instructions should also be dispensed.

Though many physicians will re-appoint the patient to return in two months, there is good reason to re-evaluate the patient in two weeks. This will allow the physician to address any concerns during the break-in period. This is typically a quick visit but may prove significantly beneficial when, occasionally, a small adjustment needs to be made, thereby circumventing potential complications two months later. The important practice management point to be made is that the success of your custom functional orthoses will result in long-term patients and an excellent referral source.

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The Most Important Step: Office Follow-Up

Now that you have fabricated an excellent custom device that the patient absolutely “loves” and that has alleviated most of the patient’s foot discomfort, the podiatric office should now maintain follow-up. At the two-month follow-up visit, assure that you have full patient satisfaction. Once adequate comfort has been achieved, plan a course of continued care. There are a number of patients who do not wish to change the orthoses from shoe to shoe. There are also patients who wish to utilize orthoses in dress shoes. This is an excellent opportunity and a great time to offer fabricating a second pair of orthotics. This second pair is usually not a covered benefit with insurance, and therefore, you may wish to offer this service at a discounted rate. You may also offer an extended warranty program. This program can be supplied by your orthotic lab or you can create a program within the office. The latter is recommended to

variety of reasons. It will facilitate the continuation of the patient/practitioner relationship, insure the continued success of the orthosis therapy, and will also allow hands-on visualization of the devices to determine any excessive wear, including the extrinsic rearfoot and forefoot postings.

It’s also important to note that the

cases where their orthoses are covered by their insurance companies.

In conclusion, fabrication of custom functional orthotics serves as an excellent practice tool in the podiatric setting. It not only provides a successful tool in the non-surgical treatment of many foot disorders, but also provides an excellent practice manage-

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majority of insurances covering orthosis therapy do so on an annual basis. Thus you need an accurate recall system in place to keep track of the patient. Many software systems can be programmed to have a recall date set so the patient can be contacted, and it is best in any case to have a written recall letter mailed to these patients.

This letter should note that due to normal wear and tear, the effec-

ment tool by maintaining a long-term patient within your practice.

Most important to note is that the success of maintaining the long-term relationship with your patient relies on the success of the initial treatment. Therefore, it is recommended that the podiatric practitioner take a more active role in the custom orthotic treatment of the patient. The more staff that become involved in the casting and dispensing of the orthotics, the more variables that are created that may break down the success of the treatment.

Ultimately, the results of the custom functional orthotic device will be dependent on the expectations and results achieved by the patient. As discussed, the most important components to successfully achieve these results will be dependent on your initial orthotic discussion, casting method, chosen orthotic lab, dispensing of the orthotics, and follow-up protocol. These easy steps will significantly help build your custom orthosis practice, increase patient referral and follow-up, and increase profitability and practice growth. **PM**

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best control patient compliance and ensure that follow-up takes place directly through the office setting.

Presented appropriately, most patients will follow the podiatrist’s recommended orthosis treatment option, regardless of insurance coverage. However, you should be aware that there are a number of insurance companies that now “cover” custom orthoses under the appropriate diagnosis. The practice should learn which insurance companies and utilize this as a practice tool to have patients return to the office.

The orthotic recall letter may be the most important step in establishing follow-up protocol. Following the two-month visit in which the patient has had satisfactory results, it is recommended that the patient be followed up annually as long as he/she continues to undergo orthosis therapy. This proves beneficial for a

tiveness of the devices can be diminished; and that because of this fact, their insurance, when applicable, will cover a replacement pair of orthotics annually. This letter will result in a high return of patients to your office for continued orthosis therapy. These patients may also present with other foot ailments that they would like to have evaluated but for which they might not otherwise have made an appointment. It is advised to have a staff member track the recalls from your computer. This system can also easily be done by hand, creating a file system for those who may not have this function on their computer.

Have your staff member track these patients, send out orthotic recall letters, and make follow-up appointments to your office. Patients not only appreciate your concern about their foot health, but they also appreciate the reminder in those



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