



Is the patient's device custom and appropriate?

BY PAUL KESSELMAN, DPM

Recently, there has been an increase in advertisements on a variety of media sites to the lay public advertising the benefits of custom foot orthotics. Often these devices cost more than those charged by professional providers, including podiatrists, pedorthists, and orthotists. Often, they are provided with no professional examination and no formal diagnosis. Other times, the issue is whether the professional diagnosis is wrong and/or the prescription is ill-suited to the patient.

How can we as professional foot orthotic prescribers and providers help our patients distinguish what is custom and what is not? How can we reduce the number of untrained and unlicensed individuals in our community from providing orthotics? And what can we do as providers to better educate our patients?

First, let's start with what each individual provider can do behind the scenes. A good first step is to research the state licensing requirements your state licensing agencies require. This can easily be found

on the home page of either of the NPE provider websites. For NPE East (<https://www.novitas-solutions.com/webcenter/portal/DMEPOS/> or for NPE West <https://palmettogba.com/palmetto/npewest.nsf>. Searching the state licensure database, one can easily find whether there are

their devices were instantly delivered on their initial encounter can help to distinguish whether the device was truly custom fabricated or not.

If your state has a licensing restriction on the provision of custom fabricated foot orthotics and an

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state licensure requirements for dispensing off-the-shelf, custom fit, or custom fabricated orthotics. This database is derived from each state's licensing bureau and is applicable to all DME interactions between all patients and providers, not just Medicare providers and Medicare patients.

Delineating custom fitted vs. off-the-shelf (OTS) may at times be difficult, because it is what is done at the time of delivery which distinguishes these two from one another. However, asking patients whether

unlicensed individual is providing these devices, you have a moral and ethical obligation to report any violations to your state licensing board.

Unfortunately, many of us have had patients who come into the office with a shopping bag of ineffective orthotic devices. Whether these have been obtained from another professional or not, these are among the most difficult patients to convince that biomechanical therapy may still be appropriate.

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False Advertising (from page 35)

The most important tools one can use in these cases are their brain, eyes, and their hands. Performing a thorough biomechanical exam from the hip down—and

also essential.

Explaining the results in detail to the patient's level of understanding can gain their confidence in your abilities—thus no longer prejudicing their decision-making on past results from

duce the patient's reluctance toward future orthotic therapy. These small steps will often distinguish you as a professional from the glitzy advertisements they saw on the Internet. The primary goal must always be to help the patient, and that can only come first with reducing the patient's resistance to therapy. Focusing on education rather than costly services is a sure-fire way to achieve that goal. **PM**

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often including the spine—is necessary. With today's digital equipment, taking a video of the patient walking is often essential to providing clues to the patient's orthotic needs. Studying the video and completing a comprehensive biomechanical examination, including but not limited to bilateral muscle testing, range of motion etc., are

providers who may have never given or could not provide them with a diagnosis.

Sometimes, a simple tweak of one of their devices is all that is necessary. Other times, none of these devices are appropriate, and providing the patient with a detailed yet easy enough explanation for them to understand can also re-



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