



# Mary Poppins Probably Needed Orthotics

It's every team member's job to educate patients on a DPM's scope of practice.

BY CINDY PEZZA, PMAC

Podiatry is a misunderstood specialty and most people, including the general public as well as current patients and referring providers, do not grasp the scope of practice. Unless efforts are made by physicians and staff members to educate, each patient waiting to be seen is under the assumption that their podiatrist spends most of his/her time treating the condition they present with. For example, instead of a foot and ankle specialist, patients will often make reference to scheduling an appointment with the “toenail doctor.”

Referring providers will often send repeat conditions such as diabetic foot care, ingrown toenails or (not and) heel pain. Although referrals are always appreciated, one must ask why a larger mix of problems is not sent. Perhaps it is because providers and outside referral sources also need to be educated. From preventative care and biomechanical issues to skin conditions and sports injuries, podiatrists are able to treat a multitude of foot and ankle infirmities in patients of *all* ages. If you haven't in a while, or haven't ever, now is the time to set up visits with local primary care, pediatric, endocrinol-

ogy, OBGYN, vascular, chiropractic, dermatology and bariatric practices and let them know how you can help their patients.

As a side note, with so many acquisitions, mergers and large group affiliations, it is beneficial to do your

business in the convenience of your office. “One stop shopping” is more of a reason than ever for patients to choose you for all of their foot and ankle care needs.

This lack of podiatric understanding also affects the financial aspect

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research prior to calling on physicians, as they may not be allowed to refer to you. If you are in an area that is saturated with such situations, get out in the community, (sponsor a road race, perform complimentary gait analyses at your gym, give a talk at a retirement community, drop off business cards at karate, gymnastics, dance, and yoga studios-anywhere there are barefoot activities) and let potential patients know what you can treat, how quickly you can accommodate, and about the medical grade and physician only products and ser-

vice of practice and is the reason for so many arguments at the front desk regarding higher specialist co-pays. Staff members responsible for collecting monies at the time of service should be easily able to convey to patients that a podiatrist is in fact a foot and ankle specialist, a physician and surgeon who has undergone years of training. It is also beneficial for staff members to learn where their podiatrists attended undergraduate, podiatry school and residency and how many years they invested in doing

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Mary Poppins (from page 87)

so. Do not assume that patients or staff have read your diplomas, or the many other accolades and accreditations displayed in the office. If you haven't already, take a few moments over lunch and tell the story of why you decided and your journey to become a podiatrist. This will be of great benefit the next time a patient asks one of your staff members if you are a "real doctor." Yes, this happens.

The next and possibly most important part of education happens in

which a highly trained team member should answer with a canned response highlighting the podiatrist's biomechanical expertise. Biomechanics is often a neglected aspect of podiatry practices as little time can afford to be spent during busy clinic days addressing the underlying causes of so many commonly treated and even more untreated conditions. This brings us to the title of this article "Mary Poppins Probably Needed Orthotics."

As you may recall, and aside from the sixty year-old (the film was re-

would most likely have benefitted from medical grade and/or custom orthotics and so would the majority of patients, being treated for seemingly unrelated conditions. The next time you are in the treatment room hyper-focused on a few unsightly nails or are discussing surgical correction of a bunion that will yield a whopping \$400 reimbursement, take a few extra moments and begin to address that reported "knee, hip or back pain."

No, you don't have to do a complete workup including biomechanical exam and gait analysis at this visit (as your schedule may not allow the time to do so) but use it as a talking point to begin educating the patient on what else you can do for them. To hold the patient over and provide a glimpse into the benefits of proper support and alignment, you could dispense a pair of medical grade orthotics (true medical grade, not what patients can find on the internet or at a big box store) and have them return in one to two weeks. Try this strategy with every patient. Ask, "What else can we help you with that you weren't aware of?" Use this mental shift to educate your patients, to train and re-train your staff and to customize practice marketing efforts. Build the kind of practice you want with the types of patients, conditions and payers (a subject for another article) you enjoy working with and keep Mary Poppins in the back of your mind. **PM**

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the treatment room. As mentioned above, most patients are under the impression that you treat only what they present with, so use this to your advantage. Train all staff members who evaluate patients (yes, they should be trained to perform thorough evaluations) to ask a few additional questions upon doing so. In addition to asking a patient presenting with heel pain about the nature, location, duration, characteristics, aggravating or alleviating factors and previous treatments of the problem, staff members should inquire about significant pain with the first steps out of bed, if any type of shoe insert has been worn (being careful not to use the word orthotics in the initial evaluation as the podiatrist has not yet introduced this concept) and, one more question which should be included in every evaluation, no matter the chief complaint... "Do you have any knee, hip or back pain?"

Now ask yourself the same question and if the answer is "no," good for you. The rest of us (over the age of 35) suffer intermittently or frequently with one or all of the aforementioned ailments and when asked, most patients will report the same.

These patients may inquire as to why this question is being asked, to

leased in 1964) Disney classic being filled with catchy tunes like "A Spoonful of Sugar" and "Super-cali-fragilistic-expi-ali-docious," Mary Poppins, the main character, a cheeky British nanny with a "dazzling personality" was "extraordinary, strange, neat, tidy, vain, particular and sometimes frightening." She could organize a nursery without lifting a finger, keep children clean and acting on their best behavior and when asked to describe herself, would answer with confidence "practically perfect in every way." No one disagreed in the movie, but perhaps if a podiatrist had been casted (like Elaine's un-named short term love interest in *Seinfeld* which sparked the argument about podiatrists being real doctors, DJ Tanner's high school boyfriend Steve in the *Full House* sequel series *Fuller House*, and the more recent Netflix hit "You People" starring David Duchovny as the comical podiatrist and would-be father-in-law of Jonah Hill), there may have been a challenge.

Don't we all know at least one person who has this "Mary Poppins Syndrome" (believing they are practically perfect in every way)? To this, podiatrists should say, let's perform an exam including a gait analysis and find out. Thus, the reason that Mary



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