

# Increasing Patient's Acceptance of Orthotic Therapy

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## Increasing Patient's Acceptance of Orthotic Therapy

Every practicing podiatrist today is faced with the increasing stresses of decreased reimbursement and increasing number of litigious patients. These have had major impacts on our normal practice habitus and caused many of us to rethink our treatment protocols. Alternatives to elective surgeries are being sought that provide necessary and positive care for our patients, while maintaining the financial viability of private practices. As insurance companies place less and less importance on surgical intervention, often times the reimbursement being at or near a "break even point" for the practitioner, new avenues of revenue can be explored. Frequently, non-surgical therapeutic modalities such as orthotics, braces and AFOs are reimbursing greater than surgical intervention. At the same time, these modalities offer additional medial legal security to the practitioner as they truly offer conservative care to the patients prior to any surgical intervention being contemplated. This lends more credence to the time tested verbiage of most operative reports that state, "All attempts at conservative care have failed to reduce the patients symptoms." If this verbiage is utilized in your standard operative report, it had better be backed up by the fact that you did attempt conservative care. After reviewing many mal practice cases, I can state with authority that this statement is rarely true in elective surgical cases. Review of many medical charts reveals that all too often patients present with pathology and are immediately booked for surgery, some times on the very first visit. I am not talking about medical emergencies, but elective conditions such as neuromas, bunions, plantar fasciitis and heel spurs. It is these cases that the podiatrist will dictate into the medial record, "All attempts at conservative care have failed to relieve the patient's symptoms".

Not only does this practice leave the practitioner vulnerable if they should be sued, but it also does not make very good practice management sense. Conservative care, such as physical therapy, shoe gear alteration, orthotic therapy and others should become a more integral portion of the armamentarium we offer our podiatric patients. It seems that over the past decade or two, our profession has lost site of the "roots of podiatry" and focused to heavily upon surgical services. I believe that the pendulum is beginning to swing in the opposite direction. Practitioners who embrace this philosophy will be far ahead of the curve of those who do not. In my own practice in south Florida, which is heavily infiltrated by HMOs, I have seen this shift, partly due to rapidly and deeply decreasing reimbursement for surgical services and increasing therapies that are becoming non-covered services. While this is a dangerous mix for any practice to survive if it doesn't retool, I find it an excellent opportunity to increase revenue streams to my practice. As orthotic therapy becomes non-covered by many plans that covered them in the past, the ability to set fees for these services that your practice feels are fair, releases you from the arbitrary fee schedules that most practices have found to be unfair, and at times have been detrimental.

For the purposes of this article we will now focus on increasing patient acceptance of orthotic therapy, even if it is a non-covered service. I have always admired the ad campaign for Syms clothing warehouse, which is "An educated consumer is our best customer." I find this particularly true in my podiatric practice. The more information and fact I give to my patients, the better prepared they are to participate in their own care and make the right treatment choices. Very often I hear from my colleagues, "My patients wont pay for orthotics if they are not covered by their insurance." Many of these practitioners fail to even mention orthotic therapy because of this ill-conceived perception. Your patients are sitting before you in the treatment chair because they have usually failed at some sort of home therapy, or over the counter product. Just look at the size of the OTC foot care product industry, which is growing each year, and it becomes crystal clear that patient's are trying these products before they ever seek professional care for their foot problems. Most patients with plantar fasciitis are seeking your care and your professional opinions. Most will accept treatment options given to them, even with an out of

pocket expense, if you have given them enough information and education to make a personal decision on their foot health. Do not place your perceived expectation of the patient's wishes without giving them the information they need to make a decision. The following are a set of tips, and answers to the most frequently asked questions, to help increase your patient's acceptance of orthotic therapy.

### **1. Use props.**

I am always walking around my office with a large rubber band. It's either in my lab coat pocket or around my wrist. I have found this to be the best visual prop to explain the condition of plantar fasciitis to a patient. During the H&P, when a patient is relaying the symptoms of post static dyskinesia, I will pull out the rubber band to show how the plantar fascia after they have been non weight bearing for a period of time is like this rubber band, but when you step down, the arch collapses and the plantar fascia is stretched (I then stretch the rubber band) putting significant stretch where it inserts into the heel bone, then as you continue to walk the fascia eventually stretches in length and your pain is gone, but if you continue to walk the pain returns by the heel because of the continued pulling of the fascia (I keep stretching and releasing the tension in the rubber band) the pain returns. When you rest, the fascia contracts (I release the tension from the rubber band so the patient can appreciate the decreased length of it) and when you step down again it stretches again causing pain (I then stretch the rubber band again

### **2. Use imaging modalities to enhance your orthotic presentation**

Since I began utilizing podiatric diagnostic ultrasound in the office, the percentage of patients electing to begin orthotic therapy has skyrocketed. Unlike conventional x-rays, which require a short course on podiatric biomechanics for patients to appreciate what they were being shown by the physician, ultrasound images are profound when it comes to showing plantar fasciitis. Patient can readily see the thickness variation of their symptomatic foot compared to their non-symptomatic foot. These thickness variations can also be followed through their course of orthotic therapy, to visualize the decreased thickness of the treated plantar fascia over time. I also believe that the high tech appearance of the ultrasound machine gives credence to the practitioner being on the cutting edge of technology, giving the patient the sense that their podiatrist obviously knows what is right for them. It is also very satisfying that the reimbursement for diagnostic ultrasound of the feet reimburses approximately 2-3 times what plain film studies do.

### **3. Listen to your patients questions and be prepared with responses that motivate**

Patients tend to ask the same questions when faced with making the decision to begin orthotic therapy. It is important to have some of the responses become second nature to you, so that you can motivate the patient and inform them subtly that you treat many people with their condition successfully. Be prepared for questions such as:

#### **Will the orthotics fix my feet?**

My standard answer is: "No. The orthotics won't fix your feet but will accommodate the biomechanical problem that you have. Just like I wear my eyeglasses, my eyes are no better when I remove the glasses. In fact my eyes are getting worse as I age. But when I wear my glasses I have nearly perfect vision the same is true for your orthotics. While you wear them your feet will function much more normally and you may have complete reduction of your foot pain. But when you take them off or wear shoes without the orthotics, your feet wont be any better." This usually leads to the next question

### **How long will I have to wear my orthotics?**

“As long as you want to be comfortable when you walk. You will not ‘drop dead’ from not wearing your orthotics, but you will be much more comfortable and be able to participate in more activities when you do wear your devices. Most of my patients find that once they have become accustomed to wearing them, they are so comfortable they don’t want to wear shoes without them!”

### **Will they fit in all my shoes?**

“No. First of all I don’t know how you buy your shoes or if all of your shoes fit you correctly now. I certainly don’t know if you are like Amelda Marcos and own 10,000 pair of shoes. The type of orthotics that I am prescribing for your condition will function best in a good lace up athletic style shoe. Don’t buy anything new until we dispense the devices to you so that I may give suggestions on what to look for if you need to buy new shoes. If you must wear flats, loafers or high heels, we will need to make you a special pair of orthotics for those. I suggest we start with the ones for athletic shoes, to get the most control for your problem, and then later on get other pairs as you need.”

### **How long will they last?**

“The devices we are custom making for you are made from a foundation of polypropylene, which is a space age plastic, that should last a lifetime with normal use. I am having a special cushioned top cover placed over the foundation for you, to give greater comfort when you walk or stand, which can wear out, but can be replaced at a nominal charge. I’ll have you come to the office on a regular interval every few months, so that I can assess how you are getting along with your orthotics and be able to make any adjustments if necessary.”

### **As I get older will I need new orthotics?**

“ Just like my prescription glasses need to be changed every so often, it s possible that your biomechanical problem can worsen as you mature, I never like to use the “old” word we speaking to female patients, you may have to have new prescription orthotics made from time to time. This is why it is important to keep your appointments we make for you, so that I can continually monitor your situation.”

### **How long will my child’s orthotics fit them?**

“Well if we stop feeding them and bind their feet, this one pair may last them a long while. Since that isn’t possible I’ll want to see them each time they have a shoe size change. At that point we can evaluate the foot of the device to their feet. You know at their age they grow like weeds so I’ll want to see them fairly frequently. Did you know that we offer a special two-year case fee for children their age? For XX amount of dollars we will provide all their orthotic needs, with the exception of loss replacement, for two years. That means of they need 3 or 13 pair of devices it would all be covered with the one time fee! The only other expense, to you or your insurance company, would be office visits and x rays as needed.”

### **My neighbor got orthotics and it didn’t help them.**

“I don’t know what your neighbor was treated for or how their devices were made. Everyone responds a little differently to orthotic therapy, but the vast majority of my patients with your same condition do very well with orthotics. In fact if they didn’t work well, I would be in surgery every day, all day long performing surgery for plantar fasciitis. Last year I had to perform surgery on less then 5% of the patients with your condition. Lets not forget, feet are look fingerprints; every one is unique and different. If it weren’t that way, my job would be very easy!

## **How come the orthotics are so expensive?**

These are the best custom made devices I have found for my patients. You deserve the best, don't you? They are a blend of science, art and technology. They are custom made just for you, by my prescription, for your condition. I will do the casting of your feet to ensure a well-made device. Others have their office staff do the casting, to save time and expense, but I like to plaster cast myself to help ensure well-fit and functioning devices for you. It takes a little longer to do it this way, and may be a bit more expensive, but you are worth it."

As shown with the examples above it is easy to turn a potentially negative question into a positive response. It is important for you to be prepared for these or similar questions your patient's may pose. If you take some time to craft your own personal answers to these questions, you will see an increase in the amount of orthotics you successfully prescribe each month. It is important to convey to the patient that you treat many patients with plantar fasciitis who respond well with orthotic therapy. In fact, in my office we offer a money back guarantee on our devices that they will help reduce their symptoms from plantar fasciitis. Over the years I have very rarely had to invoke this policy and refund money to a patient. Having this policy does reduce apprehension and some fears from patients, especially if they are paying me directly because of it being a non-covered service.

When it comes to children, my case fee is usually 2.5 times my normal fee for orthotics. Many parents have opted for this policy and I have them sign a contract outlining the coverage and the dates of the policy. This has been very positive on the numbers of pediatric devices we provide annually.

In summary, it's becoming more important to place greater emphasis on non-surgical treatment modalities in the private office. Non-covered services should be looked upon as a positive aspect of the practice. It will allow you to control the fees you are paid for a given service, such as orthotics. It is vital to remember not to place your perceptions in front of a patient's ability to make a treatment decision. Present the facts and let the patient make their own decisions. Not to suggest orthotic therapy to a patient because it is not covered by their insurance, and you don't think the patient would be willing to pay for it themselves, is a poor decision for your patient and a negative impact on your practice. Allow the patients to become educated consumers; I believe you will be more than happy, and a little surprised with the results!

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