



## Earthwalk Orthotics Presents: **Growing Your Surgical Practice with Orthotic Therapy**

### **ABSTRACT**

**Growing Your Surgical Practice with Orthotic Therapy** was inspired by several podiatric residents that were recently surveyed by Earthwalk Orthotics after completing their training. The objective of this research was to create a compendium of practical advice from highly successful podiatric surgeons to guide practitioners through patient presentation, prescribing, dispensing, and follow-up. Seven seasoned contributors (experts), practicing in various parts of the U.S., provided their savvy on this topic. We will list each question posed, and provide you with a summary of key learnings

The concept of reaching out to our experienced customer base, and using their responses to craft a series of sharable white papers, came as a natural consequence of Earthwalk being a podiatry-exclusive laboratory. While this may sound innocuous, it is how we define ourselves and scrutinize all that we do here. Because everything we fabricate is podiatry-inspired and rooted in podiatric methodology, we realize that, collectively, Earthwalk's roster of DPMs is a resource for tremendous insights.

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## SURVEY FINDINGS

**QUESTION 1: Briefly describe how you present prescription orthotics to your patients. What key phrases do you use in your presentation to reinforce the features, advantages, and benefits of orthotic therapy?**

Each of the seven experts has a prepared and well-practiced presentation when introducing orthotic therapy to a patient. They anticipate possible patient questions and concerns, and develop skillful responses that instill patient confidence.

Six of the seven discuss how gait abnormalities occur, and how orthotics control the motion of the foot, rebalance/redistribute weight, and limit excessive motion.

Five of the seven used an analogy when describing how prescription orthotics function and four of these five compared orthotics to eyeglasses when explaining the impact of custom correction (i.e. readers purchased at Walmart vs. prescription lenses). One contributor made a comparison to “balancing the tires on your car”, drawing similarities between auto mechanics and biomechanics.

Five of the seven tout orthotic therapy as a method of reducing pain in the foot, knee and hip.

Two contributors mentioned injury prevention and/or enhanced performance with orthotic therapy.

### **Synopsis:**

Rehearse, rehearse, and rehearse. Highly successful practitioners instill patient confidence by making a polished, well-honed presentation. They discuss orthotic therapy as part of a comprehensive treatment plan, using the one-on-one time to educate and inform. The use of analogies help draw from the patient’s life experiences, creating a better understanding of a custom device and its purpose. They anticipate patient questions and objections and have well prepared responses. In short, preparation is the solution.

**QUESTION 2: Orthotics are a non-invasive solution to common foot deformities. As a surgeon, how do you integrate orthotic therapy into the scope of your practice?**

All seven of our highly successful DPM’s had similar responses. Each of them has a prepared conversation with their potential surgical patient and recommends prescription orthotics both pre and post surgically.

All seven colleagues clarify that the underlying cause of the patient’s deformity must be addressed in order to get a good surgical result and to prevent a reoccurrence.

Six of the seven respondents describe custom orthotics to their patients as an important element of a conservative treatment plan. Five of these DPMs go on to explain that orthotic therapy can, in many cases, prevent the need for surgical remedy.

Five of our seven experts explain to their patient how their deformity developed (e.g. bunions, hammertoes, hypermobile foot, Adult PTTD, etc.). They go on to point out that surgery won't resolve the underlying biomechanical abnormality. Orthotics are needed post surgically to stabilize the surgical correction.

**Synopsis:**

It is notable that all seven of our respondents integrated prescription orthotics with a surgical procedure – usually with 2 pair – one prior to and one after surgery. By explaining that surgery cannot correct the underlying problem, a patient gets a better understanding of how orthotic therapy can be instrumental in a positive surgical outcome.

**QUESTION 3: What is your procedure for qualifying the patient's ability to pay for prescription orthotics (discussing the costs, pre-certification of insurance coverage, patient responsibility waivers, etc.)?**

Four of our seven podiatric surgeons say they discuss the costs of orthotics with their patients. All say that their fee was an all-inclusive case fee. One said that the doctor discusses only the benefits, leaving the office personnel to talk over the finances.

Six of the seven contributors said that they have their back office staff receive a pre-certification from the patient's insurance company for custom orthoses. Patients are then contacted by phone or by mail. One provides the patient with the appropriate coding, and asks the patient to contact their insurance provider for coverage verification.

Two of our seven said they submit to insurance no matter what – even if the initial pre-certification was denied.

If the patient is not covered by a 3<sup>rd</sup> party payer, five of the seven DPMs require a 50% deposit prior to sending the casts to the lab, and the remaining 50% when they are dispensed.

Three DPMs have payment responsibility waivers that they require a patient to sign prior to casting for orthotics.

**Synopsis:**

Asking for money is awkward for most of us, and requires some practice. It is best to be transparent about a patient's costs in relation to the value of their overall well-being. Every patient should have a clear understanding of their healthcare coverage and for what they will be held personally responsible. Having a repeatable policy regarding payment for orthotics and/or other DME products reduces the chance for misunderstandings, costly collections processes, and/or write-offs. Consider having a written policy regarding the patient's financial obligation and any predetermined payment plan.

**QUESTION 4: How do you highlight orthotic options when insurance will not cover prescription orthotics for your patients?**

It is interesting to note that all seven of our contributors had different responses to this question. Those most noteworthy are:

One highlights the customized features of the orthotics. They explain the lab's lifetime warranty on the shell, and discuss the minimal expenses associated with refurbishments.

One explains that, over the long haul, one pair of prescription orthotics will cost less and provide more than a series of OTCs.

One discusses the importance of orthotic therapy over a long time period to circumvent back, hip and knee arthritis, and offers a payment plan.

One provides a quality OTC to patients with mild to moderate conditions (i.e., heel pain) prior to casting for custom orthoses. The \$50.00 charged for the OTC is deducted from the cost if the patient should choose to move up to prescription orthotics in the future.

One emphasizes the need for custom orthoses to achieve the best result and maximize improvement, in contrast to the patient's current condition.

**Synopsis:**

It's remarkable how creative one can be when devising a way to get a patient in to custom orthotics without insurance coverage. There are so many DPMs that abandon the practice of prescribing prescription appliances when local insurance carriers provide little or no benefits for DME. This compromises your ability to properly treat your patient, and is a disservice to the patient. Although every donor to this research has a unique approach, the important take-away is that all seven have some type of organized presentation for the patient without coverage.

**QUESTION 5: Briefly describe if you have a repeatable process for following up with your orthotic patients to provide 2nd pairs? Do you offer incentives for 2nd pairs (i.e. discounted pricing for 2nd pairs)?**

Six of the seven contributing DPMs offer a discount for 2<sup>nd</sup> pair. Three of these offered discounts between 10% - 50% of the price of the original pair, two offered a cash discount of \$100.00, one offered an unspecified discount.

All of our DPMs that offer a discount set time limits for validation between 6 weeks to 6 months from original dispensing date.

When the pre-certification for the original pair is placed, four of our seven podiatric surgeons get verification on the number of pair the patient is eligible for, and/or how long the waiting period is for the patient's eligibility for a 2<sup>nd</sup> pair authorization. One of these DPMs creates a recall list to notify the patient when they are eligible, encouraging them to come back in to the office for a re-casting/re-evaluation.

**Synopsis:**

Doing your homework and asking the right questions of 3<sup>rd</sup> party payers is the key to providing the patient with multiple pairs. Some policies cover two pair at a time or two pair within the same year. Second pair purchases can also be induced by offering a discounted fee, especially if the patient wears two or more shoe styles (i.e., athletic and dress shoes).

**QUESTION 6: Are there any other “pearls of wisdom” you would like to share regarding how to make prescription orthotics a successful part of your practice?**

As one respondent describes, “I wear them. My family wears them. My staff wears them. I often times take my orthotics out of my own shoes to show patients what they look like and tell them my experiences personally.”

All seven doctors made a point of mentioning that their knowledge and expertise provide them with the authority necessary to prescribe what is in the patient's best interests. All said their confidence in their ability to provide skilled medical care, combined with a genuine belief in the quality of orthotic therapy, emanates in their presentation. None apologize for the costs involved.

A 100% money-back guarantee is offered by one respondent. By standing behind the product, the DPM reassures the patient that they have everything to gain, and nothing to lose. Note: No refunds have ever been given by this podiatrist in 20+ years of practice.

Three participants discuss their laboratory with their patients, always touting the quality of craftsmanship, or the lab's ability to partner with the doctor in determining patho-mechanical solutions to the patient's gait deformity.

**Synopsis:**

Every physician has their own method of instilling confidence, while demonstrating their professionalism, compassion, and concern. Each has perfected their pitch so that they control the direction of the discussion and hopefully, the outcome. Offering a personal experience can make the patient more at ease. Knowing the doctor is following their own advice (i.e. wearing orthotics) can go a long way to instill confidence in the treatment.

**QUESTION 7: What other topics/questions would you like Earthwalk to explore in future knowledge-sharing research efforts?**

Five of our seven experts responded to this question. Suggested topics for future knowledge-sharing research include:

- 🕒 Patient-oriented articles on the benefits of orthotic therapy in retarding the progression of/eliminating foot deformities
- 🕒 Patient satisfaction statistics, injury prevention, and pain reduction research
- 🕒 Articles related to fee and reimbursement optimization
- 🕒 Research in improving performance for committed athletes
- 🕒 Information related to reducing the instability and fall risk of the elderly
- 🕒 Correlating orthoses with different shoe styles
- 🕒 SMOs – trends in pediatric orthotic therapy

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To the seven highly successful podiatric surgeons that took time out of their hectic schedules to contribute to this research:

Your willingness and enthusiasm for this project reveals the keen respect you have for podiatry. As a healing professional, your nature is to give of yourself. The insights and guidelines that you have provided, and have been documented here, can potentially provide relief for countless patients. All of us express our gratitude for your generosity.

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This concludes our first white paper in a series of valuable knowledge-sharing articles derived from within our own Earthwalk family. We hope you have found this a valuable tool to the overall health and welfare of your practice. We also hope that we can count on you to be a participant in future papers on future, pertinent topics of interest.