you let the patient actively participate in the decision-making process, but you can also accumulate data to document improved functional outcome and justify the purchase with insurance.

Muller says documentation is crucial, and an assessment tool can provide clarity over emotion. “There are so many choices out there,” he says. “You can make a $5,000 prosthesis, or you can make a $150,000 prosthesis. And we can’t decide [which is best] with subjective information. We have to do it with an objective outcome to prove it.”

With assessment tools now becoming more commonly used and built into practice management programs such as OPIE Software, Muller says, documented outcomes will become routine and will always be the surest method for showing the patient, and third-party payers, the suitability of a specific device.

Prove Yourself
Occasionally, after adequate discussion, the practitioner and patient still don’t agree on the most appropriate product. In this situation, Beattie and Montgomery say they give the patient intermediate goals to prove that he or she is capable of using the desired device to its optimal performance. Montgomery offers this example: “I have a guy that I think has the ability to be in a microprocessor knee, but he looks horrible on paper…. He’s been in a wheelchair now for over a year. If I put him in a microprocessor knee, that’s a decision that could be heavily scrutinized. What if he just sits around and watches TV, and doesn’t do all the things I thought he would do? Instead, I could fit him with a basic low-tech option and let him prove himself. I could document that he’s doing everything I thought he would do. Then I could get him the microprocessor knee.”

With the future of O&P becoming even more high-tech, it’s certain that a practitioner’s ability to deftly manage patient expectations will continue to play an important role. As practitioners, it’s great to offer options for improved mobility and watch patients do things they couldn’t do before. But Montgomery says that somewhere in the glamor of high-tech devices is the person using it. You can’t rule out the human factor, she says. Technology can only take you so far.

“I’ve had amputees look at someone who is running and say, “Well, they must have a good leg, or a good prosthetist, or a good residual limb,”’ she says, adding that a lot of that drive comes from personal motivation. “I had a patient tell me once that he was climbing a 14er [a 14,000-foot-high mountain]. Somebody passed him on the trail, and they said, ‘Wow, it’s amazing what technology can do now.’ He was really offended because this was pure determination, and will, and hard work. Of course, it helps to have a good prosthesis, but the bottom line is that this is not technology doing this. He would say, ‘This is me doing this.’”

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