“We still need to be involved in the fabrication, but we may not be hands-on as much. Time will be spent in reviewing the evidence that we have and measuring the outcomes of the patients, the level of the benefit, just to see how we’re making a difference.”

Striking a balance between patient care and fabrication becomes an economic issue, too, he points out. “We’re a unique industry in that we are both a manufacturer and a clinical care provider…. If you can find a suitable central fab that has staff who understands the clinical aspects and knows exactly what you are trying to accomplish for the patient, you can be successful with fabricating off-site.”

**Trend #5**

**Continued Encroachment from Other Disciplines**

Rogers notes that this trend may vary by region. “My geographical area seems to place a premium on prosthetics over orthotics, perhaps because the margins are greater. This has led to an increase within orthotics toward prefabricated devices by many who provide orthotic care in an effort to improve margins. This marginalizes care in some respects and allows other, less qualified professionals to enter the orthotic care arena because they see a lack of customized care; it also decreases opportunities for talented orthotic providers who provide specialized care.

Kirk whimsically notes that competition is continuing to enter the O&P field Pac-Man style—little bites at a time. “Changes in design and materials are leading to a phenomenon that I call bifurcation,” he explains, “where some simpler patient needs will fall into the off-the-shelf category and will be handled by fitters in a doctor’s office, and some medium and all of the higher end custom needs would be dealt with in the classic O&P space.”

**Survival Tips for Tomorrow’s Model**

In the face of such ominous and daunting trends, the future O&P world may appear intimidating, but among the habits of successful people is the tendency to regard obstacles as opportunities and adversity as a challenge. To that end, our experts have these words of encouragement and coping strategies to share:

Hovorka believes that better cooperation is key. “There should be an enhanced awareness of the importance of working with others,” he says. “If you don’t look at the bigger picture of how other professionals manage the patient, we might lose some opportunities to market ourselves and to communicate with others for the benefit of the patient.”

In order to retain business that could easily be lost to other disciplines, Janise suggests that tomorrow’s successful practitioner may have to be more mobile and more hospital-based, while Rogers advises that future clinical practitioners pursue licensure and spend time researching the efficacy of what we do and how we provide our treatments before we choose an approach for a particular patient.

Rogers also anticipates that practice management software that interfaces all aspects of the delivery of care will become the norm as we strive to maximize efficiency and the transfer of information.

Carroll takes Rogers’ prediction one step further, advising that tomorrow’s O&P facility be totally paperless, with the record of clinical care—data captured from the patient’s body—being digitally captured and stored along with billing information and other documentation. He believes that this will result in “greater precision all around and less opportunity for human error.”

Kirk says, “We need to position ourselves for greater patient flow by incorporating cost and productivity improvements so we can survive no matter what.” Using doctors and dentists as models, he suggests allowing the certified practitioner to serve as flexible, being more willing to look at some alternative delivery models of other aspects of healthcare than just the traditional O&P models, he suggests allowing the certified practitioner to serve as flexible, being more willing to look at some alternative delivery models of other aspects of healthcare than just the traditional O&P models, he suggests allowing the certified practitioner to serve as flexible, being more willing to look at some alternative delivery models of other aspects of healthcare than just the traditional O&P models, he suggests allowing the certified practitioner to serve as flexible, being more willing to look at some alternative delivery models of other aspects of healthcare than just the traditional O&P models, he suggests allowing the certified practitioner to serve as flexible, being more willing to look at some alternative delivery models of other aspects of healthcare than just the traditional O&P models, he suggests allowing the certified practitioner to serve as flexible, being more willing to look at some alternative delivery models of other aspects of healthcare than just the traditional O&P facility.”

Ruhl concludes, “but within that threat, there are great opportunities for people who understand what it will take to be successful. Being more flexible, being more willing to look at some alternative delivery models of other aspects of healthcare than just the traditional O&P might very well be one of the key success factors.”

Judith Philips Otto is a freelance writer who has assisted with marketing and public relations for various clients in the O&P profession. She has been a newspaper writer and editor and has won national and international awards as a broadcast writer-producer.

**Author’s note:** There’s more to the preview of tomorrow’s O&P arena than just trends and tips. Look for Part 2 of our Survival Guide in next month’s edition of The O&P Edge, where our experts will weigh in on the changing needs of tomorrow’s O&P patients and consider the effect of economics on patient outcomes.

**Photo:** (Left) Elena Oliveri; (Center) Storm Cut pictured @ College Park; (Right) Hovorka pictured @ College Park.