The O&P EDGE 2017 Salary Survey is complete, and like its predecessors, it provides insights related to salaries, trends, workplace preferences, and demographics in the O&P profession. This year’s survey took in 322 initial respondents. Unfortunately, only 169 of these chose to identify their gender and age range, limiting our ability to correlate these basic demographics to other statistics.
However, even with this limitation, the survey offers the most current snapshot of workplace demographics in the field gathered directly from O&P professionals. In reviewing the observations taken from this year’s survey, please note that obvious outliers (salaries that were far higher or lower than those observed throughout the rest of the survey) were excluded from consideration, and that many questions, such as certification types, allowed respondents to select multiple answers.
Basic Respondent Demographics

As previously noted, only those participants who identified both their gender and age range could be included in this initial consideration, allowing a limited analysis of the sample’s basic demographics. Among this cohort, the most represented population were men between the ages of 30 and 39 (n = 33), followed by men between the ages of 50 and 59, and men over 60 years old. The least represented demographic were women over the age of 60 years old, followed by women between the ages of 40 and 49, and women between the ages of 50 and 59.

Distribution by Certification

Bearing in mind that many respondents identified more than one type of professional certification, the most represented professionals were orthotists and prosthetists certified by either ABC or BOC (66 percent). Where possible, analyses of less represented certifications were also performed. However, lower response rates among residents, fitters, pedorthists, technicians, assistants, and board-eligible clinicians often precluded meaningful sub-analysis.

Average Salaries Among ABC-certified Clinicians by Gender and Experience

Given the small number of participants, results must be interpreted with caution. However, it appears that any gender disparity in clinician salaries is more noticeable among newer clinicians, with men reporting significantly higher average salaries during the first 1-4 years of experience than their women peers. This disparity diminishes with additional clinical experience, with women practitioners reporting higher average salaries than men after 20 years in the field.
BOC Certifications

Small participation rates did not permit a more detailed analysis of the impact of gender or experience among those who identified themselves as BOC certificants. Notably, these individuals frequently identified themselves as also carrying ABC certifications. For example, half of the 20 individuals who identified themselves with a BOCO certification reported an additional ABC clinical certification (i.e., CP, CO, CPO, or CPed). However, removing those individuals with CP, CO, or CPO certifications only lowered the average BOCO salary by a nominal $2,000. ABC credentials were less frequent among those individuals who reported themselves as BOCP credentialed (15), with only three individuals reporting a concurrent CO or CPO certification.

Dual BOC certifications were also common, with nearly half of those individuals who identified themselves as a BOCO with primary job functions as an orthotist also reporting a BOCP certification, and over half of those individuals identifying themselves as BOCPs working primarily with prosthetic functions reporting a concurrent BOCO certification.
Effect of Supervisor Status on Salary

Among ABC- and BOC-certified prosthetists and orthotists, supervisor status had a marked impact on average reported salaries; those with no supervisory experience reported the lowest average salary, and progressively higher salaries were reported among practitioners with increasing supervisory responsibilities.

Regional Variations in Salary

Respondents to this year’s survey requested a salary analysis by region. However, the few respondents from the Mountain and Pacific time zones (n = 10 and 16 respectively) undermines the generalizability of their reported salaries to those in the Central and Eastern time zones (n = 39 and 66 respectively).

Effect of Location on Ownership Salary

Respondents also requested an analysis of the salaries of business owners in the field, suggesting that their higher salaries should be considered separately from those of non-owners. Once more, the data must be viewed with caution because of the number of respondents. However, data suggests that while owners in major metropolitan areas report salaries much higher than the average practitioner salary of $82,000, owners in moderate-size cities and suburbs (n = 11) reported average salaries consistent with their non-owner clinician peers (n = 8).
Though participation was much smaller than in other categories, some generalities can be drawn from these samples. However, it is important to note that the survey permitted the declaration of multiple certifications, potentially confounding the data. Thus, where possible, data was broken down between all those individuals who identified a particular certification and those who identified as only having that one certification.

**Certified Pedorthists**

In the most evident example, the average salary of the 23 individuals who identified themselves as certified pedorthists was $68,067. However, many of these individuals also identified themselves as COs, CPs, CPOs, BOCOs, or BOCPs. When individuals with multiple certifications were removed from consideration, the average salary among the remaining 12 respondents fell to just over $48,000.

**Certified Assistants**

A similar trend was seen among the 17 individuals who identified themselves as certified assistants. Several of these individuals declared multiple certifications, identifying themselves as also being CPs, BOCPs, certified technicians, certified fitters, and/or residents. When those individuals who additionally identified themselves as CPs, BOCPs, and certified technicians were removed from consideration, the mean reported annual salary for the 12 remaining certified assistants fell from just under $60,000 to just over $36,000.

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Certified Pedorthists</td>
<td>$68,067</td>
</tr>
<tr>
<td>Pedorthist Certification Only (excluding respondents with additional certifications)</td>
<td>$48,298</td>
</tr>
<tr>
<td>All Certified Assistants</td>
<td>$59,134</td>
</tr>
<tr>
<td>Certified Assistant Certification Only (excluding respondents with additional certifications)</td>
<td>$36,667</td>
</tr>
</tbody>
</table>
Likewise, multiple certifications were frequently reported by the 23 respondents who identified themselves as certified fitters. These included CPeds, CPs, COs, CPOs, BOCPs, and certified technicians. When those who also identified themselves as orthotists and/or prosthetists were removed from consideration, the average reported salary fell from just under $60,000 to just under $50,000.

Certified Technicians

Among certified technicians, commonly encountered additional dual certifications included certified assistants, certified fitters, and BOCPs. However, these additional certifications did not have a marked impact on the reported average salary of $53,519.

Residents and Board-eligible Clinicians

Among those individuals who identified themselves as either residents or board-eligible clinicians, the presence of a concurrent clinical certification was associated with higher salaries. For example, among all residents (n = 28), the average salary was reported at $40,269, a figure that fell to $37,970 when six residents with existing clinical certifications were removed. A similar trend was observed among board-eligible clinicians (n = 15) where the average salary of $46,393 fell to $40,900 when the four individuals with existing clinical certifications were removed from consideration.
Owner Compensation Strategy

Regarding their compensation strategy, half of the owner respondents reported paying their employees a competitive salary and then sharing additional profits when certain performance levels were surpassed. This was followed in frequency by owners subscribing to a base salary only approach. A low baseline salary that relied upon bonuses or commissions to be competitive was reported less frequently.

This trend was mirrored by the broader participant cohort as 46 percent of all participants reported receiving a bonus while 54 percent did not. The slight discrepancy between the number of owners who claim to pay out bonuses and the number of clinicians who reported receiving one may be explained in part by the discrepancy between eligibility for a bonus and receiving one.

Reported Benefits

The most commonly reported employment benefit was paid vacation and paid time off, with near-universal occurrence. This was followed by paid continuing education, certification reimbursement, and health insurance for the employee, which was reported by four of every five respondents. Insurance for dependents and spouses was less common, reported by roughly half of all respondents. Some form of retirement benefit was reported by three-quarters of the respondents.
Insurance

Among those respondents who received insurance benefits, health insurance was nearly universal, followed by dental insurance, reported by roughly 80 percent of respondents. Life, disability, and optical insurances were reported by roughly half of all participants.

JOB CHARACTERISTICS

Average Work Week Among Certified Orthotists and Prosthetists

As part of this year’s survey, respondents were asked how many hours they worked each week. Longer hours largely characterized this response with over half of the surveyed orthotists and prosthetists reporting a work week of 41-50 hours. This was followed in prevalence by a third of the respondents reporting a standard 40-hour work week.

On Call

On-call schedules were extremely variable, with half of the participants reporting that they were required to work on call. Among those, a range of on-call schedules were observed, with a slight majority reporting a schedule less than once per month, followed by monthly on-call duties, and less frequently, an on-call schedule more frequent than once per month. Vagueness in participant responses did not permit an assessment of whether individuals were on call during the week, after hours, or on the weekend.
Educational Levels

The prevalence of master’s degrees, in O&P or in other disciplines, continues to climb with each passing year. With the recent transition to the master’s degree standard in O&P education, nearly a third of respondents reported this educational attainment. An additional 8 percent reported a master’s degree in another discipline such that nearly 40 percent of all respondents have a master’s degree. This represents a nearly three-fold increase in the number of master’s degrees since 2011.

Longevity With Current Employer

Employment in O&P is not characterized by longevity, with more than half of all respondents reporting less than five years with their current employers. An employment relationship of more than 20 years was rare, reported by less than 9 percent of all respondents.

Areas of Discipline/Scope

The most frequently identified area of practice focus was lower limb, reported by more than four of every five respondents. The related area of foot and ankle care was reported by just under half of all respondents. Spinal and pediatric care were each identified by roughly one-quarter of the survey participants, followed by upper limb and geriatrics.
Facility Types

Practices with multiple locations were reported twice as often as single location practices. Hospital-based practices only accounted for 15 percent of the surveyed respondents. Employment with research/educational institutions and manufacturers was infrequently reported.

Company Size

The most frequently reported company size was 10-49 people, reported by one-third of the respondents. This was followed by companies exceeding 600 people and companies with 100-599 employees. Smaller companies with fewer than 10 employees were rarely identified, as were moderate-size companies of 50-99 employees.

Factors That Contribute to Decision Making While Seeking Employment

Factors identified as the most important considerations while seeking employment included stock option/ownership potential followed distantly by company size and on-site fabrication. Items identified as being less important included company reputation, salary, location, and benefits.

Conclusion

While survey participation was limited compared to the overall workforce marketplace, The O&P EDGE 2017 Salary Survey nevertheless reveals some general trends about salary and compensation that can provide employees and employers with a window into current competitive compensation packages. However, employment decisions are highly individual and depend on numerous factors that cannot be captured by data alone, so surveys such as this one can only serve as a guideline for employees evaluating new positions or employers determining employment offers. We would like to thank all those who participated.

Editor's note: This article was prepared by The O&P EDGE staff based on an anonymous survey conducted April 1-July 31, 2017.