

Perspective

A Case for Integrating Pedorthists into Podiatric Practices



■ By Josh White, DPM, CPed

Podiatrists have traditionally provided referrals to their patients who need therapeutic footwear. However, the opportunity to increase practice revenue, patient desire for “one-stop shopping,” and growing awareness of the Medicare Therapeutic Shoe Program have resulted in podiatrists increasingly making shoe fitting a part of their practices. As podiatrists become more efficient and skilled at fitting shoes and recognize how much they can benefit their patients while improving their bottom line, this trend is expected to continue.

Podiatrists can work most efficiently by creating “practice protocols” whereby commonly seen conditions are directed to and addressed in a routine way by trained office staff. Such an approach lends itself well to fitting patients who have diabetes and are at risk for ulceration with therapeutic footwear. Even before these patients meet with the podiatrist, offices can identify

them and provide them with a brochure or information packet that details the role footwear can play in reducing their risk. When meeting with the patient, the podiatrist should review these points, reiterating the importance of footwear and how it relates to diabetes and ulceration, as well as the Medicare program. The podiatrist should then explain to the patient how, as part of a comprehensive foot care program, the office offers shoe fitting as an essential service. The patient should then be directed to the shoe fitting professional in the office. The shoe fitter can best assure a good fit by keeping a small fitting inventory and sample shoes to show patients. The podiatrist is, of course, ultimately responsible for the success of the fitting.

While the shoe fitter need not be certified in pedorthics, the training such certification represents is certainly advantageous to the podiatry practice. Certification in pedorthics prepares the staff member for such needed tasks as casting for shoes and foot orthotic devices, performing shoe and orthotic modifications, and measuring for and dispensing foot orthotics and therapeutic footwear. Regardless of whether he or she is certified or not, the shoe fitting professional should demonstrate a conscientious approach and set realistic treatment expectations with each patient. It is up to this person to determine the best size and recommend shoe styles that he or she thinks best meet the patient’s therapeutic and aesthetic needs. Key to the shoe fitter’s success is earning the patient’s respect so that the patient is more likely to accept fitting recommendations and let go of desires to receive shoes that do not provide appropriate protection.

There will be cases in which, despite the best efforts of the pedorthist, patient satisfaction cannot be achieved. These patients will be best accommodated by a store or clinic that offers a comprehensive fitting inventory. It is important that significant foot deformities such as Charcot and major partial-foot amputations be accommodated with custom-molded shoes. If the pedorthist is not sufficiently skilled at casting for and designing molded shoes, the patient needs to be referred to a facility that is.

Evidence of a successful shoe-fitting program will be reduced amputations and enhanced patient satisfaction. Key to this success is the shoe fitter’s ability to recognize patients’ therapeutic and aesthetic needs. Style choices should be limited to a few that can meet these requirements. Podiatrists should anticipate their patients replacing worn shoes and inserts each year. By employing trained pedorthists, podiatrists can make shoe fitting conveniently available to their patients while working efficiently in their practice. **WEB QUICK FIND: [EDPER1108](#)**

Josh White, DPM, CPed, is the president and founder of SafeStep, Milford, Connecticut. He is also the chair of the American Podiatric Medical Associations, DME subcommittee.

