

Practice Analysis of Certified Pedorthists



**American Board for Certification
in Orthotics, Prosthetics and Pedorthics, Inc.**

Certified Pedorthist Practice Analysis Task Force

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Table of Contents



Acknowledgements v

Introduction..... vi

Executive Summary of the Study Process vii

Section 1

Results Related to Professional Background, Work Setting
and Demographic Information..... 1

Section 2

Results Related to the Domains..... 9
Results Related to the Tasks..... 11
Results Related to the Knowledge and Skills..... 16

Section 3

Results Related to Pedorthic Devices 20
Highlights and Qualitative Comments..... 24

Table of Tables

Table 1.	Current ABC Credential(s)	1
Table 2.	All Current ABC Credential(s) Held	1
Table 3.	Year Credentialed in Pedorthics	2
Table 4.	Years of Experience in Pedorthic Practice	2
Table 5.	Highest Educational Degree/Certificate/Diploma Earned in Any Discipline	3
Table 6.	Additional Healthcare Professional Licenses and/or Certifications Held.....	3
Table 7.	Primary Work Setting.....	4
Table 8.	Total Number of Pedorthic Employees Located at Primary Work Setting	4
Table 9.	Percentage of Work Time Devoted to Each of the Following Areas	5
Table 10.	Percentage of Direct Patient Care That Occurred in Various Settings.....	5
Table 11.	Percentage of Patients in Following Age Ranges	5
Table 12.	Percentage of Patients in Each of the Following Primary Diagnostic Categories	6
Table 13.	Percentage of Diabetic Patients the Following Primary Diagnostic Categories.....	6
Table 14.	Percentage of Diabetic Patients that had Significant Peripheral Neuropathy.....	6
Table 15.	Gender of Respondents	7
Table 16.	Age of Respondents	7
Table 17.	Racial/Ethnic Background of Respondents	7
Table 18.	Domains and Tasks in the Practice Analysis Survey of Certified Pedorthists.....	8
Table 19.	Descriptive Statistics for Domains, Mean for Frequency and Criticality.....	10
Table 20.	Task Statements Mean for Frequency and Criticality	12
Table 21.	Knowledge and Skill Statements	16
Table 22.	Practice Areas	21
Table 23.	Breakdown of Activities Performed by Certified Pedorthists Within Each Device Type.....	22
Table 24.	Percentage of Custom Foot Orthoses by Category	23
Table 25.	Percentage of the Custom Pedorthic Devices Incorporating (CAD/CAM)	23
Table 26.	Percentage of All Custom Foot Orthoses Fabricated Onsite or Outsourced.....	23
Table 27.	Percentage of All Custom AFO's Fabricated Onsite or Outsourced	23

Acknowledgements



On behalf of the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., (ABC) I am pleased to present this *Practice Analysis of the Certified Pedorthist*. This report describes the contemporary practice of ABC Certified Pedorthists. The respondents to the survey have provided a great service to the profession. It is imperative that as professionals and providers of patient care that certified pedorthists recognize the importance of studies such as this that provide vital information to standard setting organizations.

A project of this magnitude depends on the hard work and commitment of many professionals, and I am pleased to acknowledge their contributions. We are indebted to the ten-member ABC Practice Analysis Task Force for the wisdom and direction it provided. Its members--Dan Ballard, C.Ped., John M. Brest, CO, C.Ped., Donald E. Cooper, C.Ped., Dennis W. Dillard, C.Ped., RTO, John P. Galbraith, C.Ped., Darlene Hall, C.Ped., M. Edward Hicks, Jr., CO, C.Ped., Louis N. Iannuzzi, C.Ped., Wayne R. Rosen, CPO, C.Ped., and Steven R. Whiteside, CO, FAAOP--worked diligently to provide conceptual guidance regarding the conduct of the study and insight into the profession.

This project represents a substantial investment of ABC's financial resources and personnel as related to ABC's efforts in continuing to develop exemplary examination programs as well as providing information to primary and continuing education programs. It represents the culmination of a year of planning, execution, data analyses and writing. I am grateful to Catherine A. Carter, Executive Director of ABC for serving as the liaison between the task force and the staff at Professional Examination Service. She provided thoughtful and consistent support for the study and developed a highly effective communications program regarding the conduct of the study.

Robert S. Lin, CPO, FAAOP
President

Introduction



The American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. (ABC), contracted with Professional Examination Service (PES) to develop and implement a practice analysis and validation study for ABC Certified Pedorthists. To accomplish the objectives of the study, PES worked with a Certified Pedorthist Practice Analysis Task Force and ABC's Executive Director over the course of a one-year project.

The former Board for Certification in Pedorthics (BCP) performed practice analysis and validation studies in 2001. The profession was resurveyed in 2008 in order to identify changes in the profession related to the delivery of care, the components available and the technology in use today.

The use of electronic delivery and data collection made the current study easier to design and implement. The use of electronic systems instead of paper and pencil allowed for a larger participant sample, gave us greater flexibility and made it easier for the respondent to participate.

Why do a practice analysis study?

The goal of the practice analysis is to determine current trends in patient care, technology and practice management in the provision of pedorthic services by ABC certified pedorthists.

Why do a validation study?

The goal of the validation study was to identify priorities unique in the delivery of pedorthic patient care, e.g., What highly critical tasks are performed by all certified pedorthists? What subset of knowledge and skills is essential at the time of initial credentialing? Which procedures are most frequently implemented?

What will ABC do with the results of the study?

The results will be used to generate defensible credentialing test specifications designed for entry-level pedorthists. The results will also be used to identify specific topics for in-service and/or continuing education, and to provide guidance for educational program enhancement in regard to curriculum review and/or programmatic self-assessment.

Executive Summary



The specific objectives of the study were to:

- Conduct a practice analysis of Certified Pedorthists by delineating and validating the domains of practice, the specific tasks performed, and the associated knowledge and skills required to perform each task;
- Quantify time spent and tasks performed with regard to various pedorthic and orthotic devices;
- Describe—in terms of age and etiology—the patients to whom Certified Pedorthists provide direct patient care; and
- Develop defensible test specifications in connection with the multiple-choice examination for Certified Pedorthists.

PES completed the following steps in collaboration with the Certified Pedorthist Practice Analysis Task Force:

- Conducted one meeting of the task force
- Revised the delineation
- Developed an online survey of practice, the Survey for the American Board for Certification in Pedorthics. Note: the survey comprised two versions, including alternate forms of Section 3, as described below:

Introduction, including a description of the purpose of the survey and instructions for completing and returning the survey.

Section 1: Professional and Demographic Questions, including questions about the respondent's credentials, educational and professional background, work setting, supervisory responsibilities, patient base, and demographic characteristics.

Section 2: Device Lists and Practice Questions, including activities performed in connection with pedorthic and orthotic devices, and time spent in various practice areas.

Section 3: Tasks, including 56 tasks delineated in association with six domains of practice.

or
Section 3: Knowledge and Skills, including 87 knowledge and skills statements delineated in association with six domains of practice.

Section 4: Domains, including six domains of practice.

Section 5: Qualitative questions, including open-ended questions regarding knowledge and skills recently acquired, and the benefits of ABC certification.

- Analyzed the data, developed a description of practice and developed empirically derived test specifications.

Survey Return Rate



The overall survey return rate was 36%. The return rate was derived by taking the number of completed surveys received and dividing it by the number of surveys that were eligible to be completed. The number eligible was defined as the total number of surveys mailed, minus those that were not deliverable. Approximately 2000 Certified Pedorthists were sampled and 699 completed the entire survey, for an overall return rate of 36%—very acceptable when compared with studies of other professions wherein potential respondents were required to respond to a detailed and comprehensive survey such as that used in the present study.

Results Related to Professional Background, Work Setting Information, and Demographic Information

This section provides background information regarding the sample of ABC Certified Pedorthists. The survey included a questionnaire regarding professional history and the respondent’s work environment, educational background, and demographic information.

As documented in Table 1, respondents held one or more ABC-related credentials. While about 80% of the respondents held only one ABC credential, the Certified Pedorthist credential, the remaining respondents held more than one ABC credential.

Table 1
Current ABC Credential(s) Held

C.Ped Only	79%
C.Ped & Other ABC Credentials	21%
Total	100%

As seen in Table 2, if respondents held other ABC credentials, they were most likely to hold the Certified Orthotist (CO) or Certified Fitter–Orthotists (CFO) credential. Two or more respondents held each of the remaining 11 other ABC credentials.

Table 2
All Current ABC Credential(s) Held

Certified Pedorthist–C.Ped.	100%
Certified Orthotist–CO	7%
Certified Prosthetist–CP	1%
Certified Prosthetist-Orthotist–CPO	2%
Certified Fitter-orthotics–CFo	7%
Certified Fitter-mastectomy–CFm	1%
Certified Fitter-orthotics and mastectomy–CFom	1%
Certified Fitter-therapeutic shoes–CFts	2%
Registered Technician-Orthotic–RTO	1%
Registered Technician-Prosthetic–RTP	0%
Registered Technician-Prosthetic Orthotic–RTPO	0%
Registered Orthotic Assistant–ROA	0%
Registered Prosthetic Assistant–RPA	0%
Registered Prosthetic Orthotic Assistant–RPOA	1%

As seen in Table 3, about 56% of the sample of respondents were credentialed in the most recent six year period.

Table 3
Year Credentialed in Pedorthics

Before 1990	7%
1990 - 1994	10%
1995 - 1999	14%
2000 - 2002	13%
2003 - 2005	30%
2006 - 2008	26%
Total	100%

As seen in Table 4, about 47% of the respondents had 7 or less years of experience, while 19% of the respondents had 20 or more years of experience.

Table 4
Years of Experience in Pedorthic Practice

0	2%
1 - 3	23%
4 - 6	22%
7 - 9	12%
10 - 14	13%
15 - 19	9%
20 - 30	14%
31+	5%
Total	100%

In regard to the highest education degree/certificate/diploma earned in any discipline, 30% of the respondents had earned a baccalaureate degree, and 16% had earned a master’s degree or higher (see Table 5).

Table 5
Highest Educational Degree/Certificate/Diploma Earned in ANY Discipline

HS/GED	3%
HS/GED and Pedorthic 120 hour course	26%
HS/GED and Pedorthic CAPE approved 3 Levels of Pedorthic Courses	6%
AA/AS in O/P	3%
AA/AS (non O/P)	9%
BA/BS (non O/P)	30%
BS in O/P	0%
BA/BS and O/P post-baccalaureate certificate	4%
Master’s Degree in O/P	0%
Master’s Degree (non O/P)	10%
Doctorate	6%
Other	3%
Total	100%

As seen in Table 6, respondents held a variety of other professional licenses or certifications. Examples of “other” include Doctors of Chiropractic and Registered Nurses.

Table 6
Additional Healthcare Professional Licenses and/or Certifications Held

PT® (Physical Therapist)	8%
PTA® (Physical Therapy Assistant)	4%
OTR® (Occupational Therapist Registered)	2%
COTA® (Certified Occupational Therapy Assistant)	1%
CHT® (Certified Hand Therapist)	0%
ATC® (Athletic Trainer Certified)	5%
LAT® (Licensed Athletic Trainer)	0%
PAC (Physician’s Assistant Certified)	0%
DPM (Podiatrist)	7%
BOC Pedorthist™	32%
BOCO™	12%
BOCP™	4%
BOC COF™	7%
BOC Footwear Specialist™	2%
Other	39%

In describing their primary work setting, 25% of the Certified Pedorthists indicated that they work in a single-location retail setting, privately owned, and 14% indicated that they work in a single location pedorthic practice, privately owned (see Table 7). Fewer than 10% of the respondents worked in each of a wide variety of additional settings.

**Table 7
Primary Work Setting**

Single location retail setting – privately owned	25%
Multi-facility retail setting – privately owned	9%
Single location pedorthic practice – privately owned	14%
Multi-facility pedorthic practice – privately owned	4%
Single location orthotic and prosthetic practice – privately owned	4%
Multi-facility orthotic and prosthetic practice – privately owned	9%
Multi-facility orthotic and prosthetic practice – publically owned	3%
Medical practice – privately owned	6%
Hospital-based practice	6%
DME/HME facility	7%
Sport/athletic company	1%
University-based practice	2%
Central fabrication center/company	4%
Other	6%
Total	100%

In regard to the number of employees at the respondents’ primary work setting (excluding clerical employees), 91% of the respondents work with between one and five other employees (see Table 8).

**Table 8
Total Number of Pedorthic Employees Located at Primary Work Setting
(Excluding Clerical Employees)**

1 – 5	91%
6 – 10	6%
11 – 15	2%
16 or more	1%

As documented in Table 9, respondents documented the percentage of their work time they spent in each of five areas. Respondents spend the most time in clinical pedorthic patient care (36%), about one fourth of their time in retail pedorthic services (20%), and somewhat less time in either administration (17%) or pedorthic fabrication (14%).

Table 9
Primary Work Performed

Clinical pedorthic patient care (e.g., patient assessment, formulation of the treatment plan, implementation of pedorthic plan, follow-up patient care)	36%
Retail pedorthic services (e.g., provision of non-prescription shoes, inserts)	20%
Pedorthic fabrication	14%
Continuing education	6%
Administration (e.g., documentation, reimbursement, marketing, management)	17%
Other	7%
Total	100%

Respondents described the settings wherein they delivered direct patient care. As documented in Table 10, respondents spend the majority of their time in a pedorthic practice/clinic (74%). On average, respondents spent no more than 8% of their time in any other specifically-delineated practice setting.

Table 10
Percentage of Direct Patient Care That Occurred in Various Settings

Pedorthic practice/clinic	74%
A specialty clinic (e.g., wound care, diabetic clinic)	8%
An acute care hospital setting	4%
A long-term-care facility (e.g., nursing home, assisted living facility)	5%
A stand-alone rehabilitation facility	2%
Patient's home	3%
Any other facility	4%
Total	100%

The respondents described the patients to whom they delivered direct patient care. As documented in Table 11, nearly one half each of the patients were either adult patients (47%) or geriatric patients (45%). Only a few were pediatric patients (8%).

Table 11
Percentage of Patients in Following Age Ranges

Pediatric (0 - 18)	8%
Adult (19 -65)	47%
Geriatric (65+)	45%
Total	100%

As documented in Table 12, one half of the respondents’ patients present with diabetes (48%), and about one fourth of the patients present with either posterior tibial tendon dysfunction (12%) or arthritis (14%).

Table 12
Percentage of Patients in Each of the Following Primary Diagnostic Categories

Diabetes	48%
Posterior Tibial Tendon Dysfunction	12%
Arthritis	14%
Trauma	8%
Congenital	9%
Plantar fasciitis	3%
Sports related injury	2%
Acquired foot disorders (e.g., biomechanical, pes planus, metatarsalgia, heel spur, foot pain)	2%
Other	2%
Total	100%

Respondents were asked to further describe their diabetic patients. As seen in Table 13, the respondents’ diabetic patients were most likely to present with diabetes only (71%), and were far less likely to present with either diabetes with ulceration (18%) or diabetes with amputation (11%).

Table 13
Percentage of Diabetic Patients in Each of the Following Primary Diagnostic Categories

Diabetes only	71%
Diabetes with ulceration	18%
Diabetes with amputation	11%

Finally, respondents indicated that about 44% of their diabetic patients had significant peripheral neuropathy (see Table 14).

Table 14
Percentage of Diabetic Patients that had Significant Peripheral Neuropathy

Percentage of Diabetic Patients that had Significant Peripheral Neuropathy	44%
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Respondents were asked to provide a demographic description, including gender, age, and race/ethnic background. As shown in Table 15, Table 16, and Table 17, the overall sample responding to the survey was predominantly male, over the age of 35, and Caucasian/White (non-Hispanic). This demographic picture of the sample is consistent with the population of Certified Pedorthists in the ABC database.

**Table 15
Gender of Respondents**

Female	29%
Male	71%
Total	100%

**Table 16
Age of Respondents**

Under 25	1%
25 – 34	13%
35 – 44	24%
45 – 54	35%
55 – 64	22%
65 or over	4%
Total	100%

**Table 17
Racial/Ethnic Background of Respondents**

American Indian/Eskimo/Aleut	1%
Asian or Pacific Islander	4%
African American/Black	2%
Caucasian/White (non-Hispanic)	87%
Hispanic	4%
Multiracial	1%
Other	0%
Total	100%

Domains, Tasks, Knowledge and Skill Statements

Domains are global areas of responsibility performed by credentialed professionals; in the current delineation, the domains were defined as *Patient Assessment, Formulation of the Treatment Plan, Implementation of the Treatment Plan, Follow-up Treatment Plan, Practice Management, and Promotion of Competency and Enhancement of Professional Practice.*

Tasks are the activities performed within a domain in the course of practice; for example, *Review patient's prescription/referral in order to develop an appropriate diagnosis-specific assessment,* is a task performed within the domain of *Patient Assessment.*

Knowledge and skill statements describe the organized body of information and the physical or mental manipulation of information or things required to perform the tasks associated with each domain; for example, *Knowledge of clinical examination techniques, (e.g., range of motion (ROM), manual muscle tests, sensation, palpation),* is knowledge required in association with the domain of *Patient Assessment.*

A layout of the final structure of the delineation specifying the number of tasks and knowledge and skills statements associated with each domain is contained in Table 18.

Table 18
Certified Pedorthist Domains and Tasks

Domain	Number of Tasks
Patient Assessment	8
Formulation of the Treatment Plan	8
Implementation of the Treatment Plan	16
Follow-up Treatment Plan	9
Practice Management	8
Promotion of Competency and Enhancement of Professional Practice	7
Total	56

87 knowledge and skill statements were developed for the Pedorthic Practice Analysis.

Domains

Results and Discussion Related to the Domains

This section presents the results of the ratings related to the six domains of practice delineated in the survey. Respondents to the survey rated each of the domains on two ratings scales:

- *Percentage of Time*: Overall, what percentage of your work time did you spend performing the tasks related to each domain during the past year?
- *Criticality*: How critical is this domain to optimizing outcomes for patients, caregivers, and healthcare providers? *1=Not critical, 2=Minimally critical, 3=Moderately critical, or 4=Highly critical*

Table 19 presents the results of the Percentage of Time and Criticality rating scale for the domains for the respondents including those who hold the Certified Pedorthist credential. As can be seen, respondents indicated that they spend the most time performing tasks associated with Patient Assessment, and the least time performing tasks associated with Promotion of Competency and Enhancement of Professional Practice.

Three domains, Patient Assessment, Formulation of the Treatment Plan, and Implementation of the Treatment Plan, were rated as highly critical to optimizing outcomes for patients, caregivers, and/or healthcare providers. The remaining three domains, Follow-up Treatment, Practice Management, and Promotion of Competence and Enhancement of Professional Practice, were rated as moderately to highly critical.

Table 19
Descriptive Statistics for Domains
Mean for Percentage of Time and Criticality

	% of Time ¹	Criticality ²
Patient Assessment		
Perform a comprehensive assessment of the patient to obtain an understanding of the patient’s pedorthic needs.	28%	3.8
Formulation of the Treatment Plan		
Analyze and integrate information from patient assessment to create a comprehensive pedorthic treatment plan to meet the needs and goals of the patient.	16%	3.7
Implementation of the Treatment Plan		
Perform procedures necessary to provide the appropriate pedorthic services, including fabrication.	21%	3.7
Follow-up Treatment Plan		
Provide continuing patient care and periodic evaluation to assure/maintain/document optimal fit and function of the pedorthic device.	11%	3.5
Practice Management		
Develop, implement, and/or monitor policies and procedures regarding human resources, the physical environment, business and financial practices, and organizational management.	11%	3.3
Promotion of Competency and Enhancement of Professional Practice		
Participate in personal and professional development through continuing education, training, research, and organizational affiliations.	9%	3.4
Other	4%	3.1

¹ Overall, what percentage of your work time did you spend performing the tasks related to each domain during the past year?

² How critical is this domain to optimizing outcomes for patients, caregivers, and health care providers?

1 = Not critical, 2 = Minimally critical, 3 = Moderately critical, 4 = Highly critical.

Tasks

Results and Discussion Related to the Tasks

All survey respondents rated the tasks on two rating scales:

- Frequency: How frequently did you perform the task during the past year? *1=Never or rarely (quarterly), 2=Occasionally (monthly), 3=Frequently (weekly), or 4=Very frequently (daily)*
- Criticality: How critical is the task to optimizing outcomes for patients, caregivers, and health care providers? *1=Not critical, 2=Minimally critical, 3=Moderately critical, or 4=Highly critical*

Table 20 displays the mean Frequency ratings for tasks for respondents. As can be seen, the Frequency ratings of all but six of the 41 tasks in the four patient care domains indicate that Certified Pedorthists perform these tasks frequently to very frequently. They perform the remaining four tasks in those same domains somewhat less frequently.

Certified Pedorthists perform the tasks associated with one of the two remaining domains (Practice Management) occasionally to frequently and the tasks associated with the remaining domain (Promotion of Competency and Enhancement of Professional Practice) somewhat less frequently. A review of those three tasks associated with lower frequency ratings indicates that these tasks do not readily lend themselves to frequent performance (e.g., Conduct and participate in evidence-based practice, clinical trials, outcome studies, product development, and research).

Without exception, the mean Criticality task ratings for the respondents holding the Certified Pedorthic credential indicated that these tasks are all moderately to very critical to optimizing outcomes for patients, caregivers, and/or healthcare providers.

In summary, the overall pattern of the Frequency and Criticality ratings on the tasks indicates that the practice analysis delineation included critical tasks performed by Certified Pedorthists. This pattern of Frequency and Criticality ratings validates the use of these tasks in initiatives related to examination development.

Table 20
Task Statements
Means for *Frequency* and *Criticality*

	Frequency ¹	Criticality ²
Patient Assessment		
Review patient’s prescription/referral in order to develop an appropriate diagnosis-specific assessment.	3.6	3.7
Take a comprehensive patient history, including chief complaint, diagnosis, medical history (including allergies to materials), results of diagnostic evaluations, work history, vocational activities, demographics characteristics, family and/or caregiver dynamics, reimbursement status, patient compliance, patient expectations.	3.4	3.6
Assess patient’s previous and current use of pedorthic devices and/or footwear and other devices (e.g. lower limb orthoses/prostheses) using systematic assessment procedures to determine current status and the efficacy of previous pedorthic intervention.	3.5	3.7
Assess the patient’s feet for deformities and disorders by performing a biomechanical evaluation; and assessing range of motion, alignment, muscle functioning/strength, and gait to assist in the development of the pedorthic treatment plan.	3.6	3.7
Evaluate the patient’s skin integrity, level of protective sensation, and circulatory status to establish the patient’s limitations for footwear.	3.3	3.6
Consult with primary and other healthcare providers, and caregivers, when appropriate, about patient’s condition in order to formulate a treatment plan.	3.0	3.5
Verify patient care by documenting history, ongoing care, and follow-up, using established record-keeping techniques.	3.6	3.7
Refer patient, if appropriate, to other healthcare providers for intervention beyond pedorthic scope of practice.	2.9	3.6
Formulation of the Treatment Plan		
Evaluate the assessment findings to formulate a pedorthic treatment plan.	3.5	3.7
Formulate treatment goals and expected pedorthic outcomes to prevent injury, reduce pain, increase comfort, provide stability, reduce risk of deformity, prevent disability, and promote healing to enhance function and independence.	3.5	3.8
Develop an appropriate pedorthic treatment plan using assessment data to provide optimal patient care, including education and follow-up.	3.4	3.7
Identify design, materials, and components to support treatment plan.	3.5	3.7

¹ Frequency — How frequently did you perform the task during the past year?

1 = Never or rarely (quarterly), 2 = Occasionally (monthly), 3 = Frequently (weekly), 4 = Routinely (daily).

² Criticality — How critical is this task to optimizing outcomes for patients, caregivers, and health care providers?

1 = Not critical, 2 = Minimally critical, 3 = Moderately critical, 4 = Highly critical.

	Frequency ¹	Criticality ²
Consult with physician/referral source/appropriately licensed healthcare provider to modify, if necessary, the original prescription and/or treatment plan.	2.7	3.6
Communicate with patient and/or caregiver about the recommended treatment plan and any optional plans, including disclosure of potential risks/benefits in pedorthic care.	3.4	3.7
Document treatment plan using established record-keeping techniques.	3.5	3.6
Ensure that patient or responsible parties are informed of their financial responsibilities pertaining to the proposed treatment plan (for example, insurance verification/authorization, deductibles, co-pays).	3.4	3.6
Implementation of the Treatment Plan		
Inform patient and/or caregiver of the pedorthic procedure, potential risks, and time involved in the procedure.	3.4	3.7
Select the appropriate footwear and/or pedorthic device(s), and materials consistent with the patient's condition to maximize the effectiveness of pedorthic treatment.	3.7	3.8
Refer to manufacturer's specifications and other technical resources regarding components/materials.	2.7	3.1
Measure/fit shoes using assessment data to maximize the effectiveness of pedorthic treatment.	3.5	3.8
Measure/fit prescription and non-prescription compression garments and diabetic socks/hosiery using assessment data to maximize the effectiveness of pedorthic treatment.	2.2	3.0
For custom-molded foot orthoses and/or partial foot prostheses, obtain a negative foot impression using appropriate casting or computer-assisted techniques to fabricate the device.	3.4	3.7
For custom shoes, obtain a negative model of the patient's foot using appropriate casting or computer-assisted techniques to specify fabrication requirements.	2.4	3.5
Prepare and modify patient model/image for fabrication.	2.8	3.5
Fabricate foot orthoses and partial foot shoe inserts using assessment data to implement the pedorthic treatment plan.	3.0	3.6
Modify footwear, when required, to implement the pedorthic treatment plan.	3.0	3.6
Assess device prior to patient fitting/delivery for structural safety and ensure that manufacturers' guidelines have been followed.	3.4	3.6
Ensure that materials, design, and components are provided as specified in the treatment plan.	3.5	3.7

¹ Frequency — How frequently did you perform the task during the past year?

1 = Never or rarely (quarterly), 2 = Occasionally (monthly), 3 = Frequently (weekly), 4 = Routinely (daily).

² Criticality — How critical is this task to optimizing outcomes for patients, caregivers, and health care providers?

1 = Not critical, 2 = Minimally critical, 3 = Moderately critical, 4 = Highly critical.

	Frequency ¹	Criticality ²
Conduct fittings of a pedorthic device(s), making adjustments as needed, to ensure proper fit and function.	3.5	3.7
Provide the patient and/or caregiver with oral and written instructions on the proper use and care of pedorthic device(s).	3.5	3.8
Document treatment using established record-keeping techniques to verify implementation of treatment plan.	3.6	3.8
Refer patient and/or caregiver to appropriate healthcare providers for necessary ancillary care.	3.0	3.6
Follow-up Treatment Plan		
Obtain feedback from patient and/or caregiver to evaluate outcome (e.g., wear schedule/tolerance, comfort, perceived benefits, perceived detriments, ability to don and doff, proper usage and function, overall patient satisfaction).	3.4	3.6
Assess and document patient's function, efficacy of pedorthic device(s), and achievement of treatment goals.	3.3	3.6
Assess patient's skin condition (e.g., integrity, sensation, color, temperature, and volume) and note any changes.	3.1	3.6
Assess fit of pedorthic device(s) with regard to anatomical relationships (for example, trimlines, strategic contact, static/dynamic assessment) to determine need for changes relative to initial treatment goals.	3.4	3.7
Make or supervise modifications to pedorthic device(s) (for example, relieve pressure, change range of motion, alignment, and/or components) and inform patient and/or caregiver of changes.	3.4	3.7
Evaluate results of modifications and assess modified device(s) for structural integrity.	3.4	3.6
Reassess patient's and/or caregiver's knowledge of goals and objectives to ensure proper use of pedorthic device(s) relative to modifications.	3.2	3.6
Document all findings and pedorthic interventions and communicate, as necessary, with physicians, referral sources, and other healthcare providers to ensure patient status is updated.	3.3	3.5
Develop a long-term follow-up plan.	3.0	3.4
Practice Management		
Comply with universal precaution procedures, occupational safety and health rules, and disability accommodation guidelines to protect patients and employees.	3.5	3.7

¹ Frequency — How frequently did you perform the task during the past year?

1 = Never or rarely (quarterly), 2 = Occasionally (monthly), 3 = Frequently (weekly), 4 = Routinely (daily).

² Criticality — How critical is this task to optimizing outcomes for patients, caregivers, and health care providers?

1 = Not critical, 2 = Minimally critical, 3 = Moderately critical, 4 = Highly critical.

	Frequency ¹	Criticality ²
Plan, implement, evaluate, document policies and procedures in compliance with all applicable federal and state laws and regulations and professional and ethical guidelines (e.g., CMS, HIPPA, FDA, ADA, OSHA, ABC Code of Professional Responsibility).	3.3	3.6
Develop, document, and implement personnel policies and procedures (e.g., benefits, training, incentives, staff recognition, regular performance evaluations).	2.7	3.3
Ensure an appropriate environment for patient care by maintaining adequate inventory, equipment, and supplies to provide pedorthic services in a professional and timely manner.	3.5	3.6
Develop, document, and implement a quality assurance plan in order to track deficiencies in current operations and improve overall pedorthic care by reviewing outcomes and addressing complaints from patients, payment sources, and/or referral sources.	2.9	3.4
Develop, document, and implement procedures for patient care that comply with current medical and legal requirements.	3.1	3.5
Develop and implement procedures for comprehensive documentation of patient care.	3.1	3.5
Operate the pedorthic practice in accordance with sound business principles and governmental requirements.	3.7	3.8
Promotion of Competency and Enhancement of Professional Practice		
Participate in continuing education.	2.8	3.6
Provide education for pedorthists and other health care providers (for example, podiatrists, physical therapists, and orthopedists).	2.3	3.3
Participate in education of students and trainees.	2.1	3.2
Conduct and participate in evidence-based practice, clinical trials, outcome studies, product development, and research.	1.7	3.0
Participate in/with consumer organizations and nongovernmental organizations to promote competency, enhancement, and awareness of the pedorthic profession.	2.0	3.3
Promote a collaborative working relationship with other health care providers to enhance their understanding of the pedorthic scope of practice.	2.8	3.4
Participate in the development, implementation, and monitoring of public policy regarding pedorthics (e.g., provide testimony/information to legislative/regulatory bodies, serve on professional committees and regulatory agencies).	1.9	3.2

¹Frequency — How frequently did you perform the task during the past year?

1 = Never or rarely (quarterly), 2 = Occasionally (monthly), 3 = Frequently (weekly), 4 = Routinely (daily).

²Criticality — How critical is this task to optimizing outcomes for patients, caregivers, and health care providers?

1 = Not critical, 2 = Minimally critical, 3 = Moderately critical, 4 = Highly critical.

Knowledge and Skill Statements

All survey respondents rated the 87 knowledge and skills statements on two rating scales:

- *Criticality:* How critical is this knowledge or skill to optimizing outcomes for patients, caregivers, and health care providers?

With only six exceptions, these knowledge and skills were rated as moderately to highly critical to optimizing outcomes for patients, caregivers, and/or healthcare providers. The ratings for the remaining six statements indicate that they all make at least a minimal to moderate contribution to optimizing outcomes.

- *Acquisition:* At what point should this knowledge or skill be acquired by a Certified Practitioner?

A majority of respondents supported the acquisition of 75 of the 87 knowledge and skills primarily before passing the ABC examination.

Table 21
Knowledge and Skill Statements

Knowledge of musculoskeletal anatomy
Knowledge of basic neuroanatomy
Knowledge of basic neurophysiology
Knowledge of anatomical landmarks (surface anatomy)
Knowledge of basic kinesiology
Knowledge of basic pathokinesiology
Knowledge of normal human locomotion
Knowledge of gait training
Knowledge of pathological gait
Knowledge of tissue characteristics/management
Knowledge of volumetric control
Knowledge of planes of motion
Knowledge of biomechanics
Knowledge of pathomechanics

Knowledge and Skill Statements

Knowledge of pathologies

Knowledge of basic pharmacology

Knowledge of medical terminology

Knowledge of pedorthic terminology

Knowledge of referral documents

Knowledge of data recording procedures

Knowledge of policies and procedures regarding privileged information

Knowledge of roles and responsibilities associated with other healthcare professions

Knowledge of reimbursement protocols

Knowledge of material safety procedures and standards (e.g., OSHA, MSDS)

Knowledge of universal precautions, including sterile techniques and infection control

Knowledge of ethical standards regarding proper patient management, including ABC Code of Professional Responsibility

Knowledge of scope of practice related to pedorthic credentials

Knowledge of the extent and limitations of the scope of pedorthic practice (i.e., when to refer a patient to other healthcare providers/caregivers)

Knowledge of pedorthic design

Knowledge of shoe anatomy and construction

Knowledge of properties of various footwear styles, modifications, and designs

Knowledge of specific points of shoe fit

Knowledge of normal and abnormal wear patterns of footwear and other pedorthic devices

Knowledge of therapeutic and protective characteristics and features of various types of hosiery

Knowledge of pedorthic fitting criteria

Knowledge of clinical examination techniques, (e.g., range of motion (ROM), manual muscle tests, sensation, palpation)

Knowledge of impression-taking techniques, materials, devices, and equipment

Knowledge and Skill Statements

- Knowledge of rectification/modification procedures as they relate to specific pedorthic designs
 - Knowledge of pedorthic measurement tools and techniques
 - Knowledge of pedorthic forms (e.g., assessment, orthometry, measurement, evaluation, outcomes)
 - Knowledge of properties of pedorthic materials
 - Knowledge of componentry
 - Knowledge of alignment devices and techniques
 - Knowledge of hand and power tools
 - Knowledge of mechanics (e.g., levers and force systems)
 - Knowledge of theory and application of intrinsic and extrinsic posting
 - Knowledge of internal and external shoe modifications and their purpose
 - Knowledge of care and maintenance of pedorthic devices
 - Knowledge of computer-aided design and manufacturing (CAD/CAM)
 - Knowledge of item warranty and warranty limitations
 - Knowledge of loss control (e.g., risk management, inventory control)
 - Knowledge of professional liability insurance requirements
 - Knowledge of research methodology and literature
 - Knowledge of human development and aging, ranging from pediatric to geriatric, as they relate to pedorthic treatment
 - Knowledge of patient compliance issues
 - Knowledge of the psychology of the disabled
 - Knowledge of patient educational materials
 - Knowledge of federal and state rules, regulations, and guidelines (e.g., FDA, ADA, HIPPA)
 - Knowledge of ABC Facility Accreditation Standards
 - Skill in interpreting referral documents, (e.g., prescriptions, orders)
 - Skill in interpreting radiological images
 - Skill in communicating with patient/family/caregiver
-

Knowledge and Skill Statements

Skill in communicating with referral sources and appropriately licensed healthcare providers

Skill in performing physical examinations

Skill in identifying gross surface anatomy

Skill in interpretation of physical findings (e.g., recognizing skin pressures, dermatological conditions, osseous deformity)

Skill in analysis of normal gait/motion

Skill in analysis of pathological gait/motion

Skill in interpreting wear patterns

Skill in managing patients relative to their diagnosis or condition

Skill in impression-taking/measuring for pedorthic device(s)

Skill in using mechanical measuring devices

Skill in using electrical measuring devices

Skill in using computer-based measuring devices

Skill in patient delineation, rectification, and/or modification of patient model

Skill in pedorthic fabrication

Skill in use of safety equipment

Skill in using hand and power tools

Skill in use of materials and components

Skill in use of alignment devices

Skill in aesthetic finishing

Skill in evaluating fit and function of pedorthic device(s)

Skill in adjusting and modifying pedorthic device(s)

Skill in maintaining and repairing pedorthic device(s)

Skill in restoring optimal fit and function of pedorthic device(s)

Skill in solving patient's problems related to ADL

Skill in documentation

Results and Discussion Related to Orthotic and Pedorthic Devices

All survey respondents were asked to characterize the nature of their work in regard to an extensive list of orthotic and pedorthic devices. Respondents were asked to indicate each prescription-based pedorthic activity they performed independently (meaning no supervision was required.)

Respondents were asked to document the percentage of time they spend in various practice areas, including footwear, orthoses, pre-fabricated inserts, shoe modifications, and retail (no prescription, no medical condition). Table 22 presents time allocations for the respondents. Respondents indicated that they spend the most time with orthoses (41%) and footwear (30%), and less time in the remaining three areas.

Table 23 documents the percent of respondents performing various activities in regard to specific devices. Respondents are most likely to perform initial assessments, measure/mold/digitize/scan, fit, and/or perform follow-up/evaluation for the 26 devices listed. They are less likely to fabricate or modify these devices. Table 23 does not describe the percentage of time the Certified Pedorthist spends providing the device, it describes the breakdown of activities in which the C.Ped. participates in for each device.

Table 22
Percentage of Time in Practice Areas with Regard to Devices

Practice Area	Area	Device
1. Footwear	30%	
1.1 Therapeutic/Diabetic Shoes		16%
1.2 In-depth Shoes (non-diabetic)		5%
1.3 Custom Shoes		3%
1.4 Pediatric Corrective Footwear		1%
1.5 Athletic Shoes		4%
1.6 Other		1%
2. Orthoses	41%	
2.1 Accommodative Foot Orthoses		13%
2.2 Functional Foot Orthoses		15%
2.3 UCBL Orthoses		2%
2.4 Gait plates		1%
2.5 Toe Filler Foot Orthoses		2%
2.6 Custom Fabricated SCFO (Leather ankle gauntlet)		1%
2.7 Dorsi-assist Orthoses (Pre-fabricated Night-time)		1%
2.8 Dorsi-assist Orthoses (Pre-fabricated)		0%
2.9 Dorsi-assist Orthoses (Custom fabricated)		1%
2.10 Custom Fabricated Solid Ankle AFO		2%
2.11 Custom Fabricated Articulated AFO		1%
2.12 CROW Orthoses (Neuropathic Walking Orthosis)		1%
2.13 Pre-fabricated fixed ankle walking boot (Cast walker)		1%
2.14 Other		0%
3. Pre-fabricated Inserts	11%	
3.1 Pre-fabricated Accommodative Foot Orthoses		8%
3.2 Pre-fabricated Rigid Foot Orthoses		3%
3.3 Other		0%
4. Shoe Modifications	9%	
4.1 Shoe modifications (sole)		6%
4.2 Shoe modifications (other)		3%
4.3 Other		0%
5. Retail: (no prescription, no medical condition)	9%	
5.1 In-depth Shoes		3%
5.2 Athletic Shoes		3%
5.3 Pre-fabricated Accommodative Foot Orthoses		1%
5.4 Pre-fabricated Rigid Foot Orthoses		1%
5.5 Other		1%

Table 23
Breakdown of Activities Performed by Certified Pedorthists Within Each Device Type

	Perform Initial Assessment	Measure/ Mold/ Digitize Scan	Modify	Fabricate	Fit	Perform Follow-up/ Evaluation
Footwear						
Therapeutic/Diabetic Shoes	94%	90%	78%	N/A	96%	92%
In-depth Shoes	95%	87%	76%	N/A	93%	89%
Custom Shoes	94%	88%	67%	25%	91%	92%
Pediatric Corrective Footwear	92%	86%	71%	N/A	90%	89%
Athletic Shoes	94%	80%	67%	N/A	91%	83%
Orthoses						
Accommodative Foot Orthoses	94%	91%	85%	65%	94%	91%
Functional Foot Orthoses	93%	91%	83%	63%	92%	91%
UCBL Orthoses	91%	89%	81%	62%	92%	91%
Gait plates	90%	82%	73%	56%	86%	89%
Partial Foot Shoe Insert	93%	92%	81%	66%	92%	92%
Custom Fabricated SCFO (Leather ankle gauntlet)	89%	89%	64%	30%	89%	89%
Dorsi-assist Orthoses (Pre-fabricated night-time)	93%	83%	56%	20%	92%	86%
Dorsi-assist Orthoses (Pre-fabricated)	94%	81%	66%	22%	92%	88%
Dorsi-assist Orthoses (Custom fabricated)	91%	90%	78%	48%	92%	92%
Custom Fabricated Solid Ankle AFO	86%	84%	70%	42%	89%	86%
Custom Fabricated Articulated AFO	86%	84%	70%	41%	87%	88%
CROW Orthoses (Neuropathic Walking Orthosis)	92%	90%	73%	38%	88%	89%
Pre-fabricated fixed ankle walking boot (Cast walker)	91%	81%	64%	N/A	92%	86%
Inserts						
Pre-fabricated Accommodative Foot Orthoses	94%	84%	75%	N/A	94%	85%
Pre-fabricated Rigid Foot Orthoses	93%	84%	77%	N/A	93%	88%
Modifications						
Shoe modifications (sole)	91%	73%	78%	61%	85%	88%
Shoe modifications (other)	93%	75%	82%	61%	88%	88%
Retail (no prescription, no medical condition)						
In-depth Shoes	95%	85%	61%	N/A	94%	80%
Athletic Shoes	94%	82%	57%	N/A	93%	79%
Pre-fabricated Accommodative Foot Orthoses	94%	84%	68%	N/A	93%	81%
Pre-fabricated Rigid Foot Orthoses	93%	84%	70%	N/A	92%	84%

Finally, respondents were asked specific follow-up questions. Respondents spending time on custom foot orthoses were asked to document the percentage in each of the following—hand casted, impression foam, digitized/scanned, and other. Respondents indicated that the majority of their custom foot orthoses were impression foam (61%), rather than either hand casted (25%) or digitized/scanned (11%). See Table 24.

Table 24
Percentage of Custom Foot Orthoses by Category

	%
Hand casted	25%
Impression foam	61%
Digitized/scanned	11%
Other	3%

In regard to the use of computer-aided design and manufacturing (CAD/CAM), respondents indicated that they incorporate CAD/CAM while providing custom pedorthic devices 18% of the time. See Table 25.

Table 25
Percentage of the Custom Pedorthic Devices Provided for Patients Incorporating the Use of Computer-Aided Design and Manufacturing (CAD/CAM)

	%
Pedorthic Devices Utilizing CAD/CAM	18.6%

Respondents were nearly twice as likely to fabricate custom foot orthoses onsite than to outsource them (see Table 26).

Table 26
Percentage of All Custom Foot Orthoses Fabricated Onsite or Outsourced

	%
Onsite	65%
Outsourced	34%

Respondents were more likely to outsource the fabrication of custom AFO's than to fabricate them onsite (see Table 27).

Table 27
Percentage of All Custom AFO's Fabricated Onsite or Outsourced

	%
Onsite	48%
Outsourced	52%

Highlights Related to Professional Background, Work Setting and Demographic Information

- More than three fourths of the respondents held only the ABC Certified Pedorthist credential. If they held any other ABC-related credential, it was most likely the Certified Orthotist (CO) or Certified Fitter–orthotics credential (CFo).
- Sixty percent of the respondents indicated that their initial qualifying educational degree/certificate/diploma for the Certified Pedorthist credential was a HS/GED and 120 hour pedorthic course.
- In describing their primary work setting, 25% of the Certified Pedorthists indicated that they work in a single-location retail setting, privately owed, and 14% indicated that they work in a single location pedorthic practice, privately owned.
- Respondents spend the most time in clinical pedorthic patient care (36%). Respondents only spend about one fourth of their time in retail pedorthic services (20%), and somewhat less time in either administration (17%) or pedorthic fabrication (14%).
- Respondents described the patients to whom they delivered direct patient care. Nearly one half each of the patients were either adult patients (47%) or geriatric patients (45%). Only a few were pediatric patients (8%). About one half of the respondents' patients present with diabetes (48%), and about one fourth of the patients present with either posterior tibial tendon dysfunction (12%) or arthritis (14%).
- The overall sample responding to the survey was predominantly male, over the age of 35, and Caucasian/White (non-Hispanic). This demographic picture of the sample is quite consistent with the population of Certified Pedorthists in the ABC database.

Highlights Related to Domains, Tasks, Knowledge and Skills, and Pedorthic and Orthotic Devices

- Respondents indicated that they spend the most time performing tasks associated with Patient Assessment, and the least time performing tasks associated with Promotion of Competency and Enhancement of Professional Practice. Three domains, Patient Assessment, Formulation of the Treatment Plan, and Implementation of the Treatment Plan, were rated as highly critical to optimizing outcomes for patients, caregivers, and/or healthcare providers. The remaining three domains, Follow-up Treatment Plan, Practice Management, and Promotion of Competency and Enhancement of Professional Practice, were rated as moderately to highly critical.
- The Frequency ratings of all but six of the 41 tasks in the four patient care domains indicate that Certified Pedorthists perform these tasks frequently to very frequently. They perform the remaining four tasks in those same domains somewhat less frequently.

- Without exception, the mean of the Criticality task ratings for the respondents indicated that these tasks are all moderately-to-very critical to optimizing outcomes for patients, caregivers, and/or healthcare providers.
- The overall pattern of the Frequency and Criticality ratings on the tasks indicates that the practice analysis delineation included critical tasks performed by Certified Pedorthists. This pattern of Frequency and Criticality ratings validates the use of these tasks in initiatives related to examination development.
- With only six exceptions, the 87 knowledge and skills were rated as moderately to highly critical to optimizing outcomes for patients, caregivers, and/or healthcare providers. The ratings for the remaining six statements indicate that they all make at least a minimal to moderate contribution to optimizing outcomes.
- A majority of respondents supported the acquisition of 75 of the 87 knowledge and skills primarily before taking the ABC examination.
- The overall pattern of the Criticality and Point of Acquisition ratings on the knowledge and skills indicates that the practice analysis delineation included critical knowledge and skills required by Certified Pedorthists. The ratings validate the use of these tasks in initiatives related to examination development.
- Respondents were asked to document the percentage of time they spent in various practice areas, including footwear, orthoses, pre-fabricated inserts, shoe modifications, and retail (no prescription, no medical condition). Respondents indicated that they spend the most time with orthoses (41%) and footwear (30%), and less time in the remaining three areas.
- Respondents are most likely to perform initial assessments, measure/mold/digitize/scan, fit, and/or perform follow-up/evaluation for the 26 devices identified. They are less likely to fabricate or modify the devices.
- Respondents indicated that the majority of their custom foot orthoses were impression foam (61%), rather than either hand casted (25%) or digitized/scanned (11%).
- Respondents were nearly twice as likely to fabricate custom foot orthoses onsite (65%) than to outsource them (34%).
- In the case of custom AFOs, respondents were slightly more likely to outsource fabrication (52%) than to fabricate onsite (48%).

Highlight of Results Related to Qualitative Comments

Respondents were asked to describe the knowledge and/or skills they had acquired during the past year. About 50% of the respondents answered this open-ended question, indicating a broad focus on new learning. Five or more of the respondents had indicated that they had acquired each of the following knowledge and/or skills sets during the past year:

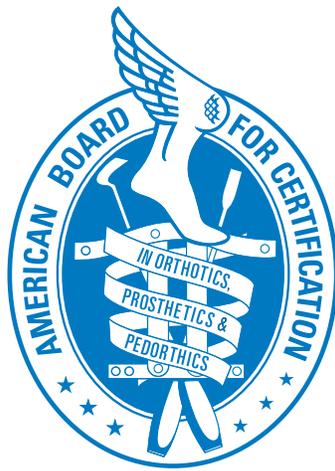
- biomechanics
- billing and reimbursements issues
- business management and marketing
- casting techniques
- CAD/CAM
- computer skills
- dermatological issues and wound care
- diabetes-related care
- fabrication techniques

When asked to “describe the benefits you have received as a result of obtaining your ABC credential,” the respondents provided extremely positive comments. The most frequent response was related to enhanced recognition followed by an appreciation of the knowledge that the credential signified. Respondents were also likely to describe enhanced opportunities, personal fulfillment, and salary and wage increases. The following comments are representative of the positive feelings of the majority of the survey respondents.

- ABC credentialing adds credibility to our practice and enhances public image and gave us a critical look at the way we conduct our business and helped us to become better providers and pedorthists.
- After over 30 years as a C.Ped, I don't know of any profession that immediately enhances the quality of life of the patient as pedorthics can. Thank you for changing my life is heard almost daily in our profession.
- Being a part of the Gold Standard.
- Comfort in being part of a bigger organization, and being a team member of the health care field in working with patients who need biomechanical assistance.
- As an RPOA and CFo with 16 years experience I have a good job in a stable field. As a C.Ped I have a credential that I can use independently in licensure states if I wish to go out on my own.

PRACTICE ANALYSIS OF CERTIFIED PEDORTHISTS

- With our C.Ped. credential, physicians can now be assured that the patients they refer to our practice are getting professional, appropriate care. This means we get many more referrals and are extending our links into the medical community. At the same time, it separates us dramatically from other sports retailers in the area because we have without question the most educated, specialized staff available in our region.
- I have been recognized in my area by local Podiatrist and other Doctors on the footwear and modifications I can perform for their patients.
- I have the confidence that my knowledge, skill level and experience in the field of orthotics and pedorthics make me a worthy practitioner in this field.
- I'd worked in the field under my Podiatrist for 8 years and since becoming a C.Ped. I have more knowledge and can handle most situations by myself. My referral sources appreciate that they have someone who cares about their patients like they do. My salary has increased and the care that I give to our patients is rewarding.



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