

The Benefits of Completing a Residency with a Private O&P Company Located Within a Teaching Hospital

The introduction of *Orthopaedic Appliances Atlas* (J. W. Edwards, 1952) describes early O&P labs as being associated with early orthopedic practitioners known as bone setters. As surgery supplanted bone setting, brace makers replaced bone setters, allowing movement out of physicians' offices into labs where patients could be served by multiple orthopedic surgeons.

As larger numbers of orthopedic surgeons entered the field, brace and limb makers accepted opportunities to specialize. Children's hospitals, for example, often employed orthotists and prosthetists to care for their patients. Today, some of these types of practices still exist, but the most common practice model in the United States is a privately held, mixed O&P practice. Few private labs exist in public or private hospitals.

Since 1985, American Prosthetics and Orthotics, headquartered in Clive, Iowa, has practiced O&P in a large, university-owned, Level 1 trauma center teaching hospital. A large cadre of medical and surgical specialty practices demand versatile orthotists and prosthetists who are ready and willing to say yes when a challenging, unique need arises. This environment provides our residents with a rich and varied learning environment.

A unique feature this type of practice offers the residency experience includes easy access to other healthcare providers who share in the care of O&P patients. This logistic offers an open forum for discussions with staff physicians, residents, and fellows, as well as physical therapists



(PTs), occupational therapists (OTs), registered nurses (RNs), physician assistants (PAs), and nurse practitioners (NPs).

Patient care may be delivered in an operating room, recovery room, intensive care unit, coronary care unit, emergency room, burn unit, outpatient clinic, or cast room. Other less-often visited sites include the renal dialysis center, the chemotherapy suite, or any of a large number of outpatient clinics, including the sports medicine center. In addition, all O&P residents are expected to participate in regular on-call schedules so that care can be provided 24-7, 365 days per year.

Another advantage of being in a teaching hospital is the opportunity to participate in basic education for medical students, residents and fel-

lows, PTs, OTs, athletic trainers, and other mid-level practitioners. This includes attending and presenting lectures or participating in panel discussions about assorted types of patient care. Engineers are also included in these groups. Baccalaureate-level engineering students are often provided an introduction to the O&P profession, and over the years, a large number of biomedical graduates who are seeking a profession that combines their engineering background with the provision of patient care have become O&P clinicians.

Being located within a major teaching hospital brings with it the expectation for lifelong learning. A culture exists for working collectively to provide cutting-edge services with experts from other

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medical professions. Additionally, easy access to resources, such as a fully equipped and staffed gait lab affords opportunities to study various gait problems and potential solutions.

Topics such as energy efficiency for patients with amputations who are using new components, such as knees, feet, and suspension systems, have been evaluated. Patients with Charcot-Marie-Tooth disease, cerebral palsy, and congenital limb deficiencies who are using new O&P designs, materials, and strategies are studied. Before and after studies of patients using new devices allow staff clinicians to describe improvements in functional terms.

Finally, working in a private practice within a teaching hospital allows O&P residents to gain an up-to-date working knowledge of the many different insurance payers,

entitlements, and other policies and procedures necessary for a practice to receive successful payment of claims, which is vital to the fiduciary success of any private, for-profit business. Careful attention to detail is paramount. As with the many other opportunities afforded our residents, we believe these skills will serve them well no matter what model of practice they ultimately choose. This exposure is also beneficial to our company and staff, as constant questioning and explanation of day-to-day changes helps minimize errors that may result in the submission of erroneous or incomplete claims, which in turn slows the receipt of reimbursements. As new payers and models appear, exposure to this program provides experience for residents striving to become successful clinicians.

From a resident's perspective, receiving exposure to the most complete and satisfying residency possible requires an early start and a careful examination of your goals and objectives. From there, you need to search for mentors at the sites you are targeting. Finally, evaluate whether there is a culture for teaching and learning. The meld of a private O&P company set in a teaching hospital may prove to be an interesting and winning combination. ▲

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