

WHY NOT INCLUDE A SURGICAL SUPPORT DEPARTMENT?

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SPEAKING FROM EXPERIENCE—We are very happy that we finally started such a department. For one reason, it rounds out the service that you can contribute to your community and to your doctors. Who is better qualified to fit surgical supports? Certainly the Orthotic and/or Prosthetic facility is better equipped than the average surgical supply dealer, corset shop, drug store or department store. These items go "hand-in-hand" with our business. The prescribing physician much prefers to send his patients to a facility where the personnel are trained to fit properly and are familiar with anatomical terminology, whether it be for a dorso-lumbar support or just an elastic knee cap or ankle.

The surgical support department also helps materially to augment incomes which may have declined because of the decrease in brace requirements with more modern surgical procedures, the decline in polio incidences, and other factors. We gradually added to our lines until today we carry just about every type of surgical corset and belt for men, women and children, including abdominal, obesity, post-operative, hernia, colostomy, visceroptosis, rib fracture, corset-type shoulder brace, maternity and, of course, orthopedic corsets for sacro-iliac, lumbo-sacral and dorso-lumbar conditions.

Mastectomy bras and long line bras for women corset patients are good items to carry also. Some women are accustomed to wearing one-piece foundation garments. Suddenly, it becomes necessary for them to wear a surgical corset. If they have a "roll" above the corset, the only way they will be happy "figure-wise," is to fit them with a long-line bra that extends down over the top of the corset.

Elastic hosiery is a "must" in the field of surgical supports. We carry every conceivable type—from just an ankle; to below-knee length in both surgical one-way stretch for your fracture cases to sheer two-way stretch. We also carry above knee hose in sheer, medium and heavy surgical weights in all lengths from normal stocking height or clear to the groin or any length between. Expanded top sizes are important, so you can properly fit the patient who has a large thigh in comparison to the lower leg.

Trusses are not to be forgotten. Crutches, canes, walkers, wheel chairs, patient lifts, and home traction equipment should all be included in your stock. In other words, any appliance that the physically handicapped would need should be part of your service. Then, eventually, you can hope the doctor will only have to think of one place to send all his patients for any item in that line. You may wish to either rent or sell such items as wood, adjustable crutches or Canadian crutches, walkers and wheel chairs.

Now—you say—how do I go about establishing this new department? One very important factor in its success is trained fitters for surgical corsets, elastic stockings and trusses. An Orthotist should have no trouble fitting his male patients with a surgical corset. If he knows how to fit a back brace, he can fit a corset even for an obesity condition without further training. However, he should have some training in fitting elastic stockings to

familiarize himself with the conditions that require elastic hose and the types used in various conditions if the prescribing doctor does not specify. If in doubt, always call the doctor and discuss it with him rather than fit something other than he had in mind. You will find the doctor will appreciate your interest in taking correct care of his patient, rather than fitting the wrong thing, just to make a sale. That training also is important so you will be familiar with your size ranges.

To properly fit trusses, training is also necessary to know the different types of hernias and the type of truss to use for each condition. This the doctor usually leaves up to the technician. You also will fit many people who have had hernias for years and just come to you for a new truss, without having seen a doctor or being referred by one. If you are a good truss fitter, many times you can correct a bad fitting that has perhaps been done by an untrained fitter and by using a different type of truss, that does the job properly, make a permanent customer of that person.

To get back to the subject of surgical corsets. I had said, "An Orthotist should have no trouble fitting his male patients with surgical corsets." What about the female patients? That is quite another story. Of course, you should have a woman fitter for your women patients. Here is where training is very important. Women's figures vary so much that selecting the proper model corset for her figure and for the condition requiring one, is the key to her being happy wearing that garment. Also, do not make the mistake of trying to carry only two or three models and plan to do extensive alterations to make them fit everybody. Labor is too costly to be spent at the sewing machine. If you carry a well rounded stock of different models for different figure types in a good range of sizes, you will find you can fit a big percentage of your women patients without any alterations except maybe just shortening a garter.

Where do you get this training? Both Truform Anatomical Supports and S. H. Camp Co. hold excellent schools in these subjects at least once a year in different sections of the country. Their curriculum includes the anatomy of all the physical conditions requiring supports and the fitting of their proper appliances. In fact, Truform is contemplating holding a school in our fair town in April, 1961. Speaking from experience, I took both Truform and Camp and a short, concise Akron Truss Co. course and I found them very beneficial. If you gain nothing more than confidence from these courses, that is very worth-while. For confidence in yourself as a fitter is very important in your relationship to the patient. Many times have I heard these words from a patient, "I certainly will never go anyplace else for my garment from now on. I can tell you people know what you are doing." Believe me, that only happened after I had gained confidence in my own fitting. The person requiring these services, whether it be a corset, elastic stocking or hernia support, needs to feel that the person fitting them knows what he is doing and is filling the doctor's prescription exactly. I can not reiterate too strongly how important trained fitters are to the success of a surgical support department. The ultimate success, financially speaking, is not necessarily in the initial fitting. Your repeat sales make you an even better profit. But if the patient and the doctor are not happy with the initial fitting, that patient will probably never come back.

For the efficient working of your repeat sales, always fill out a card to be kept in a file for every patient. We keep one file on all elastic hosiery patients, another file on all men's supports, whether it be a corset or truss, and another file for our women's corset patients. The information on these cards should be—Name, address, telephone number, date fitted, model and

size used, price charged, the referring doctor's name (if any) and detailed, necessary alteration information. Always tell the patient you are keeping their record card on file, so even if they move out of town, you can supply them with the same thing, as long as their weight does not change too much. In that case, of course, you would either need new measurements or they would have to be refitted. But in the case of a repeat sale, if you have a card on your previous fitting and the person wants the same thing, you merely have to pull their card and perhaps just hand them the item, eliminating the time of fitting them again. That especially applies to elastic stockings, bras, an elastic support, etc. Of course, if it is a lumbo-sacral corset with posterior, bilateral steels, you would put the garment on the patient, so you could check if the same size still fits, and then shape the steels.

Another small service we extend, which seems to be appreciated, is to send a printed "Thank You" form to the referring doctor, filling in the patient's name, date fitted, and service performed with any pertinent remarks, and enclosing a few printed prescription blanks.

In closing, there are only a couple more points to bring out. Adequate sized, soundproof, clean fitting rooms are very important. There is nothing like a professional atmosphere to please everyone. The doctor, the customer, and your fitters are all much happier where these conditions prevail. Keep the ash trays emptied, floor and mirrors clean, and clear the fitting room of any stock from the previous fitting and change the linen, if necessary, before you escort the next patient in. Also, never carry your stock into the fitting room in their boxes—it invariably brings on unnecessary conversation about what size the patient thinks they should wear. We try to sew our name and address labels into garments so the patient can not forget where they purchased it. It is a good idea to take out or cover up the model and size information, if possible. Just remember, though, not to go overboard in loading up on stock. Judge your potential volume of business by your location and competition. If you are located in a small community or town, such as we are, your potential is limited by the number of referring physicians you can hope to depend on and by the population of that town. Also, expect to pay a good fitter a satisfactory salary, to which they will be entitled.

ENGEN EXHIBIT WINS PRIZE

An exhibit on "Orthotic Devices for the Paralyzed Hand" won third prize in international competition. The exhibit, prepared by *Thorikild Engen*, Certified Orthotist who heads the Orthotic Department of Baylor University, Houston, Texas, was one of those shown at the International Congress of Physical Medicine and Rehabilitation at Washington, D. C. the week of August 22nd.

The exhibit was also shown at the National Assembly of Orthotics and Prosthetics sponsored by A.O.P.A. at the Waldorf-Astoria, New York City, the week of September 2-6.

The exhibit described and displayed late developments in hand appliances. Some of these were described in the article by Mr. Engen, which appeared in the *Orthopedic and Prosthetic Appliance Journal* for March 1960.