Evidence Based Orthotic Clinical Services

Cost Effective Care
Improving Patient’s Lives

- Save the NHS at least £400 million per year
- Dramatically Improve Patient’s lives
- Improve health outcomes
- Prevent extended episodes of primary, community and acute care
- Avoid surgical interventions
- Reduce inpatient admissions and lengths of stay

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Orthotic Services

Nationally, there are 1,200,000 orthotic users who are assisted in their everyday life by what appears to be deceptively simple technology. In fact, orthotic services have the potential to deliver important health and quality of life improvements to patients.

There is substantial evidence-based research that demonstrates significant benefits to the wider health economy from increasing the provision of orthotic services. The York Health Economics Consortium estimate that for every £1 invested in orthotics, the NHS saves £4. Yet the NHS is currently cutting the expenditure on orthotics.

Conditions where orthotic devices are a vital and successful element of treatment include:

- Diabetes - reducing ulceration rates and preventing limb loss
- Stroke - improving independence and mobility
- Orthopaedics - pre & post operative joint support and pain relief
- Rheumatoid arthritis and osteoarthritis - pain relief from custom bracing and footwear
- Elderly medicine - improving mobility
- Cerebral palsy - to help prevent muscular contraction
- Polio limb dysfunction - improving independence and mobility
- Achilles tendon repair – comparable to surgical alternatives
- Trauma – removable casts for fractured limbs, bracing and support for back and neck injuries and pain relief during rehabilitation
- Child development – joint support; structural integrity of limbs and spine
- Vascular complications – pressure relief
- Sports injuries – joint rehabilitation
- Foot deformities – biomechanical alignment and prevention of deterioration

Diabetes & Orthotics

Diabetes is one of the biggest health challenges facing the UK today. Diabetes is a serious condition that can lead to life-shattering complications of heart disease, stroke, kidney failure, blindness and amputation.

Disease of the foot is a complication of diabetes caused by damage to the nerves and blood vessels that serve the limbs, but worryingly one in three people with diabetes do not realise that having the condition puts them more at risk of having an amputation.

Poor blood circulation in the limb results in a loss of sensation, which means that people are frequently unaware that they are developing a foot ulcer.

It is reported that up to 100 people a week in the UK have a limb amputated as a result of diabetes. People at highest risk are those who have a previous history of ulcers, neuropathy or nerve damage and circulatory problems.

It is estimated that 85% of these amputations are preventable and orthotic devices can cost less than five pounds for a shoe insert to a few hundred for specialist protective footwear.

Foot ulcers and other changes need to be assessed as soon as possible by an expert team. The longer they are left untreated, the greater the risk of deterioration and loss of the limb, with all the resultant adverse effects on mobility, disfigurement, mood and independence.

Diabetes patient ages are reducing and people are living longer, hence the impact on the UK economy is increasing as people are losing their ability to work and lead independent lives.

Case Study – Orthotic Treatment for Diabetic Foot Ulceration

Studies show that high-risk diabetic patients without prescribed orthotic footwear will develop ulcers. The cost of healing one ulcer costs the NHS between £3000-£7500 and should this progress to amputation the cost is estimated to rise to £65000. A recent case study by Lisa McKenzie, HPC registered Orthotist, detailed the use of a soft scotch cast foot and heel protector to offload diabetic foot ulceration measuring 55x25mm with a reported pain score of 7/10. Over a period of 3 months the ulcer gradually reduced and completely healed with a reported 0/10 pain score demonstrating the effectiveness of this new treatment pathway. The patient was subsequently fitted with diabetic footwear to protect the healed ulceration and new tissues and prevent further pressure to the high-risk diabetic foot that could result in further ulceration.

<table>
<thead>
<tr>
<th>Country</th>
<th>Prevalence</th>
<th>Number of People</th>
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</thead>
<tbody>
<tr>
<td>England</td>
<td>5.4%</td>
<td>2,338,813</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>3.7%</td>
<td>68,980</td>
</tr>
<tr>
<td>Scotland</td>
<td>4.1%</td>
<td>223,943</td>
</tr>
<tr>
<td>Wales</td>
<td>4.9%</td>
<td>153,175</td>
</tr>
<tr>
<td>UK Average</td>
<td>4.26%</td>
<td>-</td>
</tr>
</tbody>
</table>

Therefore the known diagnosed population is now 2.8 million people. By 2025 it is estimated that the number of people with diabetes will rise to more than 4 million.
What the NHS Needs to do:

- Promote awareness - clinical guidelines and referral pathways
- Improve the commissioning process
- Move from “commodity based procurement”
- Increase the evidence base - validate existing research
- Fix the existing fragmented service provision
- Work with the private sector providers
- Measure the outcomes

Case Study - Direct Access Treatment Pathway for the Treatment of Plantar Fasciitis

Plantar Fasciitis (PF) is a commonly diagnosed condition and affects 15% of all adults, Martin et al, 2001. Success rates in treating PF vary between 46% and 100%, Wolgin et al, 1994. This range is attributed to incorrect diagnosis. The prevalence of PF in our modern society is very likely to increase due in part to weight increases, thus identifying faster, more effective and less costly modes of treatments are essential.

The current care pathway is often via a convoluted, time consuming route from GP to consultant and eventually to an orthotist at an estimate cost of £1015 over one year (based on DH figures). The ideal and improved pathway is from the GP direct to an orthotic department where the patient can be treated effectively and much more quickly at a cost of £115 - £155 - reduced cost to NHS of 90%.