

# PROFESSIONALISM OR WHAT?

Are you a professional? If so, how do you know? Our field is struggling with this question. There must be more to being a professional than wearing a white lab coat!

Let's start with us, the Prosthetist or Orthotist. Sometimes the words that come out of our own mouths are the greatest obstacles to being fully recognized as professionals. We are engaged in advertising and are placed next to store ads in many publications that medical personnel read. We call our patients "customers," our lab and office a "shop" or "store"; our fee schedules are called "price lists." We go to hospitals to "sell our wares" without even charging a consultation fee! Prostheses and orthoses are called "appliances." (Does this sound professional, or like a washing machine and dryer?) We are called "low bidder" on contracts in which we need not even be involved. Maybe we would be happy to move up one more notch to a "vendor"! I hope we shudder at the term!

There are other areas in which we could improve our professional status in the community, such as what we call our facilities. The words "artificial limb," "brace" or "shop" are not conducive to our professional status. We refer to a patient's leg or residual leg as a "stump," prosthetic socks are called "stump socks." Patients feel rushed in clinical or office situations. Interoffice conduct, such as loud talk in patient care areas, the manner in which we answer our phones, or allowing patients in the lab, all reflect on our professionalism. Seemingly insignificant things are important, such as parking areas that say "customer parking" instead of "patient parking." Yes, we present ourselves to the patient in many ways. One of the most important is the appearance of our front offices, reception areas and examination rooms. Many times there are items for sale or on display, even prostheses and orthoses. This does not make us look professional to the patient but rather gives our office a store front appearance and lends to uncomfortable and impersonal feelings.

A professional practitioner should be opposed to anything or anyone who blocks patient care. We avoid calling the doctor if we disagree with prescription rationale, when the patient is the ultimate beneficiary. All medical as well as paramedical people must realize they are not the most important person in a clinical situation. It must be made clear, the patient reigns supreme!

The patient and medical community could view us as paramedical professionals. In this setting, it can be better understood that payment is not being made for a "piece of plastic" but for expert knowledge, ability and education. The device itself only represents a contributing factor in designing and implementing an efficient and successful prosthetic and orthotic program. A prosthesis or orthosis is the only tangible thing the patient sees, therefore patients tend to equate the fee

charged with the plastic object provided for him. When a doctor operates, does he charge \$5000.00 for the \$1.50 worth of cat gut? Again, this is the only thing the patient can actually see and feel.

The public at large is not familiar with the terms "Prosthetics" or "Orthotics". It would force them to become educated to these more professional terms if, under Artificial Limbs and Braces, the telephone books across the country referred the public to Prosthetics or Orthotics in a cross reference. Suppose you are John Doe looking up artificial limbs in the yellow pages. You simply would not find it because you would be referred to the word Prosthetic. Think how far that would go on a national scale to educate people to these important terms. In Oklahoma we were able to accomplish this goal. The practitioners in this state all agreed to be moved to the more professional title and even reduce their listings to only three lines. We will all feel more professional this year!

We must strive to increase our credibility by being more precise in our practices, turning away from the empirical and moving toward the scientific and quantitative approaches by increasing our support dramatically which can effectively increase our knowledge and technology. Our educational criteria must remain high. Board certification exams should remain comprehensive with lower level technical schools to supply the manpower.

I realize that I am also guilty; yet if we care enough, we must attempt to correct these problems for ourselves, our profession and, most importantly, for the patients who seek our help. My fellow practitioners, I suggest to you, this problem lies with us; our attitudes, what we say, what we do.

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#### Autumn Honarium

Charles H. Pritham, CPO has been awarded the \$100 honorarium for his article, "Knee Orthoses: Biomechanics."