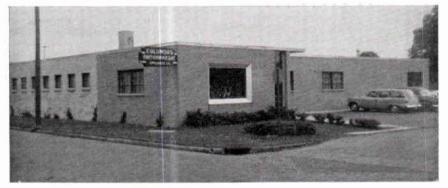
BUILDING A NEW FACILITY; A REPORT ON THE PLANNING

Editor's Note:

Several members of The American Orthotics and Prosthetics Association are planning new buildings for their certified facilities; other members have recently occupied new quarters or are engaged in planning and remodeling of old quarters. Because of this interest in construction and rebuilding we have asked some experienced orthotists and prosthetists to tell us their suggestions and advice. Those interested in pursuing the subject will also find some helpful hints in the article, "Planning Orthopedic Shops; Layout Suggestions," Thomas P. Galbraith and Peter N. Jensen, in the December 1958 issue of this Journal, pages 65-69.

PLANNING FOR EFFICIENT PRODUCTION By CHARLES W. ROSENQUIST, C.O.



The new building of the Columbus Orthopaedic Appliance Company.

The Columbus Orthopedic Appliance Company is now settled in its new and enlarged quarters at 588 West Gay Street. Behind and preceding this move I spent many hours in preliminary planning. This and the actual building brought with it many headaches but a satisfying sense of something accomplished. I hope this account of our move will be helpful to other establishments which are planning to build or rebuild.

Everyone who has started any type of business has tried to anticipate all the aspects involved and attempted to keep the costs within reason. The orthotist and prosthetist must do the same in building or rebuilding for their facility. They first think of location. This does involve price. Then they must figure how much room is needed, what the city codes say on light manufacturing plants, etc. The thought still remains: Make it near medical activity, on a main street, easy to find, and where it will be seen.

After the business is established and is well known to those who use its services, there are other factors that become important. Good service may no longer be possible in the old set-up, or it is not efficient to operate. Parking for both the patients and the employees becomes a source of irritation. This is when you begin to visualize a facility built, or properly modified, to take pride in. Improvements also give the handicapped person or child the opportunity of being treated in a clean, cheerful, and progressive atmosphere.

PAGE 82

As transportation has changed to the automobile, the location does not have to be in close down town, but rather in a relatively convenient location where space is available at not too high a price. Also, it is not too difficult to have a building built as an investment, with the chance of purchasing it when and if it's profitable. The rapid expansion of services we all experienced from 1946 to 1956 may never repeat itself to force us to expand so often to meet the demand. However, we do have to take careful stock of the extent and also the limits of service when building a new facility.

In our case, we wanted to serve both orthotic and prosthetic patients of all ages and conditions. Service was our product and it should be easy to obtain.

We tried to plan a layout that would have a neat, conservative and professional appearance to the patient, much like any medical service. Enough room was planned to allow sufficient space for their convenience. We tried to position the business part of the office so that it would be available to the reception room and the shop area, and still have enough privacy to operate apart from any confusion. The shop area had to be planned to save steps in relation to the fitting rooms and to keep most of the noise away from this and the office area.

As a basic square building is the most economical to build, our first venture was one roughly 87 ft. x 80 ft. on a lot 99 ft. x 100 ft. with head-in parking on the 87 ft. wall. When we had to move due to highway construction, we had to allow more room for head-in parking to permit backing out and making the turn off the street proper. This, on the same size property, forced us to elongate the building to more of a rectangle.

Our basic plan was still the same, with the reception room on the corner, the fitting rooms along the short wall, the business and private offices and the storage room and metal stock racks along the long wall at right angles to the fitting room corridor. On the opposite side of this corridor are located the utility units and the plaster room, to centralize the plumbing. This leaves the shop area much the same shape as the building itself.

The land area determined the extent we could go in size. Using cement block construction on concrete slabs, with metal truss and flat roof, the rest was flexible. We started from the end where the fitting rooms were side by side; allowed for the length, then the width of the corridor, and the depth of the lavatories and employees' dressing rooms.

Then we put the reception room on one end, wider than the depth of the booths and a corridor, and ran the office back wall in line with the reception room wall. At the other end of the corridor we put the walking training room for prosthetics. All the fitting table, desk, chair, and cabinet sizes we laid out on paper to scale.

This gave us waiting chairs for ten people, fitting rooms for eight patients, desks for four office girls and two extra desks for the orthotists and prosthetist to write up their orders. The private office has two desks and a large layout table. There is direct access from both these offices to the shop.

The plant layout started with the sewing and leather section and the final assembly and check out space, which is placed closest to the office with a direct corridor to the fitting area. A twelve-foot cement block wall

ORTHOPEDIC & PROSTHETIC APPLIANCE JOURNAL

divides the corset part of this area from the prosthetic section, which opens into the walking training room; but still leaves direct opening to the leather part. The shoe working area acts as the end of the prosthetic section and is adjacent to the leather working area. This gives the prosthetic work the use of all the shoe and leather equipment and assistance. A low wall about six feet high divides the leather department from the back of the shop which is all metal layout, stock, and fabrication.

Here again, by knowing each piece of equipment and machinery to be used, we were able to judge the space and allow adequate passage and workroom along with the proper electrical outlets and amount and type of power needed. The lighting is all overhead string florescent to eliminate shadows. Metal working, shoe, and prosthetic benches are back-to-back away from walls with the machinery off to one or both sides, Most of the power equipment, expect drill presses, is along the walls. The shoe machine, welding tables, and lathes are in toward the middle of the shop area, accessible to all.

The control desk in the plant is in easy reach of the office and the leather and metal areas. The stockroom and stock area are just back of the control desk. An effort was made to relate everything to each other in degree of importance, to make the best use of the existing equipment and space. We tried to produce a feeling of *openness*, so that everyone might work together as a team.

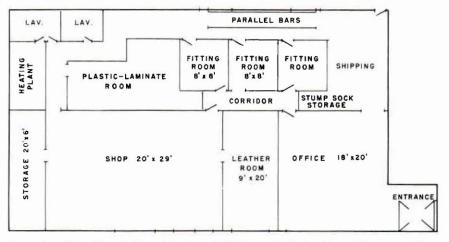
The shop staff for the past five years has consisted of two corsetieres and corset makers, three leather workers and finishers, three prosthetists, three shoe men, and five metal workers. The office has three and a half girls and there are three certified orthotists and a prosthetist plus the custodian.

In the last move, two years ago, we enlarged our prosthetic section only and now find some extra space in the metal work section due to the lack of polio cases. The increase in corset work, general brace repair, and back bracework has kept the leather section in demand for their space.

As we still feel that convenient and good service is our best selling factor, along with a good product, we try to have adequate space and staff to meet this demand without such restrictions as scheduled appointments unless it is convenient for all concerned. The area Columbus serves as a medical center extends fifty miles to the west and north and a hundred miles or more to the southeast, so we have the larger percent of our patients coming from out of town areas on a referral basis by our local doctors. We are just a cog in this overall medical machinery, but it is our privilege to act as a smooth-running part of it.

ANTHONY & WILLIAMS OPEN NEW FACILITY

EDITOR'S NOTE: Anthony and Williams, a certified prosthetic facility recently moved from Boston to new and modern quarters at 36 Spring Street, Watertown 72, Massachusetts. Because of the interest in new and improved facilities throughout the country, we asked Mr. Theodore G. Williams, C.P., for the following account of his building.



Floor plan of the New Facility of Anthony & Williams, 36 Spring Street, Watertown, Mass.

Mr. Anthony and I have tried to incorporate in this facility the features of efficiency and convenience that a modern prosthetic plant should have.

We looked for a place on the western side of Metropolitan Boston, on or close to a main highway, in a good neighborhood, with ample parking space and direct access from the sidewalk to the facility. The one-story building at 30 Spring Street, Watertown, satisfies these requirements.

The building is rectangular in shape, 70 feet long and 40 feet wide. Large windows along both long sides provide good light and ventilation. There are two toilets with new fixtures. The space was unpartitioned, so we were not hampered in arranging the floor plan. The basic idea of the floor plan is to insulate the public areas—office, three fitting rooms, toilets—from the noise and dust of the work areas. This is accomplished in several ways: By placing the leather-fabricating room between the office and the main shop; by partitioning a passage between office and shop, with a door at either end; and by placing the fitting room doors along the opposite side of this corridor. Each fitting room has another door opposite the corridor, opening upon a gait-training ramp.

The office, the corridor and the fitting rooms have been professionally decorated. Each fitting room has a mirror, a picture, a coat hanger, a clothes brush, a shoe brush, a waste basket, a table and two chairs.

We have resumed full production. Our clients seem pleased with what we have done. For our part, we are now in a position to conduct business more efficiently, in more pleasant surroundings, and with more room for expansion, than before.

ORTHOPEDIC & PROSTHETIC APPLIANCE JOURNAL