Managing Patient Expectations & Compliance

Communication Framework for Orthotic Prescribing Consultations

Patient compliance is the most underappreciated determinant of orthotic outcomes. A well-prescribed device that is not worn — or not worn correctly — will not achieve the desired effect. This reference provides a framework for setting realistic expectations, explaining the wear-in process, and managing the most common compliance barriers before they become problems.

1 Setting Realistic Expectations at Issue

Aspect	Detail
What orthotics do	Orthotics alter the mechanical environment of the foot — they change the direction and magnitude of forces acting on tissues. They reduce load on symptomatic structures. They do not 'fix' deformity, 'strengthen' muscles, or permanently change foot structure in adults.
Realistic outcome timelines	Most patients notice improvement in symptoms within 4–8 weeks of consistent use. Full benefit may take 3–6 months. Patients who expect immediate relief within days are at high risk of abandonment. Communicate this clearly at issue.
What improvement looks like	Reduced symptom frequency and intensity during/after activity, improved tolerance of activity, ability to progress load. Complete pain elimination is not always achievable — significant functional improvement with manageable symptoms is a realistic and meaningful goal.
Orthotics as part of treatment	Orthotics are most effective as part of a broader management plan including load management, exercise rehabilitation, footwear advice, and activity modification. Framing them as a standalone cure leads to disappointment.
Individual variation	Response varies significantly between patients based on activity level, body weight, tissue health, compliance, and footwear. Avoid making specific numerical promises (e.g. 'you'll be 80% better in 6 weeks').

2 The Wear-In Schedule

Standard Wear-In Protocol — communicate this at every issue

Week	Daily Wear Duration	Guidance for Patient
Week 1	2 hours/day	Start in the most comfortable, supportive footwear. Remove if any new pain develops. Normal mild arch/calf awareness is expected.
Week 2	4 hours/day	Continue building time. If no adverse symptoms, increase gradually. Mild muscle awareness is normal — sharp pain, blistering, or new joint pain is not.
Week 3	6 hours/day	Most patients comfortably wearing for majority of waking hours by end of week 3. Continue gradual increase.
Week 4+	Full-day wear as tolerated	Aim for wear in all compatible footwear. Transition to sport/activity-specific use once comfortable in everyday footwear.
Note	—	High-control rigid orthoses may require a slower wear-in than accommodative devices. Patients with previous orthotic experience may tolerate a faster schedule.

3 Common Compliance Barriers & Solutions

Barrier	Why It Happens	Clinical Response	Prevention Strategy
"They hurt my feet"	Pressure point, incorrect positioning, or overcorrection	Identify exact location; assess fit; modify or adjust prescription	Pre-emptive: discuss normal adaptation vs abnormal pain at issue; give specific 'red flag' symptoms to watch for
"They don't fit my shoes"	Footwear not assessed pre-prescription	Assess footwear compatibility; may need to modify top cover length or shell trim	Assess footwear at every consultation before prescribing
"I can't feel any difference"	Unrealistic expectation of dramatic relief; may be correct device worn too little	Check wear schedule; reassess biomechanics; consider if prescription is appropriate	Set realistic expectations at issue; prescribe baseline outcome measure
"I forget to wear them"	Low compliance habit; inconvenient to transfer between shoes	Prescribe for most-used shoe pair; consider second pair of devices	Frame wear schedule as treatment compliance, not an optional extra
"They made my knees/back worse"	Proximal kinetic chain effect of rearfoot correction; overcorrection	Reduce posting angle; reassess rearfoot prescription; check for LLD overcorrection	Start conservative; review at 4–6 weeks; explain proximal effects are possible
"They've worn out quickly"	Inappropriate material for patient weight/activity; thin top cover	Assess wear pattern; upgrade material (Poron Vive, TPU); check posting integrity	Match material durability to patient demands at prescription stage

Barrier	Why It Happens	Clinical Response	Prevention Strategy
"I only wear them sometimes"	Pain has resolved; motivation dropped; not understanding ongoing role	Explain maintenance role of orthotics for chronic/structural conditions; discuss activity-specific use	Distinguish between symptom management (PRN) and structural support (ongoing) at issue

4 Outcome Measurement at Issue and Review

Aspect	Detail
Why measure baseline	Without a baseline pain/function score at issue, it is impossible to objectively determine whether the orthosis is working at review. Both the clinician and patient rely on subjective recall, which is unreliable.
Recommended PROMs	NRS pain score (0–10) — simplest and universal. FAAM (Foot and Ankle Ability Measure) for foot/ankle presentations. VISA-A for Achilles. KOOS-PF for patellofemoral. PSFS (Patient-Specific Functional Scale) — most versatile across all MSK presentations.
At issue	Record: NRS pain (worst / average / best over last week), PSFS (3 patient-chosen activities), and a brief activity tolerance description. Takes 2–3 minutes.
At review (6–8 weeks)	Repeat same measures. MCID (Minimum Clinically Important Difference) for NRS = 2 points; PSFS = 2 points average across activities. If change is below MCID, reassess prescription.
Documenting non-response	If no improvement at 8 weeks with confirmed wear compliance, reassess biomechanical driver, prescription, footwear, and loading factors before modifying. Document reasoning for any prescription change.

5 What to Say at Issue (Key Communication Points)

WEAR-IN TIMELINE

'These devices work by changing the mechanical load on your tissues — it takes time for your muscles and joints to adapt. Build up gradually over 4 weeks, and don't judge the result until you've been wearing them consistently for 6–8 weeks.'

WHAT NORMAL FEELS LIKE

'You may notice some mild awareness or mild aching in your arches or calves in the first 1–2 weeks — this is normal adaptation. Stop wearing them and contact us if you develop a sharp pain, blistering, or increased joint pain.'

ORTHOTICS AS PART OF THE PLAN

'The orthoses are one part of your treatment. The exercises, activity management, and footwear advice are equally important. They all work together.'

MANAGING THE REVIEW

'We'll review in 6–8 weeks. Between now and then, please keep a brief note of any discomfort and which shoes you've been wearing them in — it helps us make any adjustments at your review.'

Compliance is built at the issue appointment — not rescued at review. Time spent on expectation-setting, wear schedule communication, and identifying barriers at the start of treatment is the most efficient use of clinical time.