



NoteWorthy

Orthotic and Prosthetic Assessment Lab (OPAL) at the University of Washington

- Stefania Fatone, PhD, BPO (Hons)

“The Orthotic & Prosthetic Assessment Lab (OPAL) is an academic research lab at the University of Washington (UW) dedicated to advancing orthotic and prosthetic care through interdisciplinary research aimed at improving mobility, comfort, and quality of life for individuals who use orthoses and prostheses.”

Read the full story on page 2.

Harnessing the Power of Industry Surveys: A Roadmap for O&P Clinicians

- Coleson Chase, Vice President, Strategic Accounts Hanger Products & Services

“In today’s rapidly evolving orthotics and prosthetics (O&P) profession, clinicians are constantly challenged to adapt to new technologies, shifting patient expectations, and the ever-present pressure to deliver better outcomes.”

Read the full story on page 9.

A Minute That Matters: Leadership, Service, and the Responsibility to Use Time Well

- Teri Kuffel, JD, Executive Director,
American Orthotic and Prosthetic Association (AOPA)

“I’ve only just a minute, Only sixty seconds in it.”

Read the full story on page 12.

Built by the Bench: People, Plaster and Retention in O&P

- Brooke Manz, CTP

“I became fascinated with robotics and imagined myself building futuristic limbs and machines, replacing, and improving what was missing.”

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Practical Mentoring Tips for Busy O&P Professionals

- Joshua Utay, CPO, Ed.D.

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Orthotic and Prosthetic Assessment Lab (OPAL) at the University of Washington

- Stefania Fatone, PhD, BPO (Hons)

About the Author



**Stefania Fatone,
PhD, BPO (Hons)**

Dr. Fatone is a Professor and Associate Chair in the University of Washington Department of Rehabilitation Medicine, Program Director of the [UW Prosthetics and Orthotics Program](#), and Director of OPAL. She has an undergraduate degree in prosthetics and orthotics and a PhD from La Trobe University in Australia and completed a postdoctoral fellowship at Northwestern University.

Dr. Fatone's research examines the effects of prostheses and orthoses on human movement and function to increase understanding, establish efficacy, and improve effectiveness of orthotic and prosthetic interventions for people with disability. She has nearly 30 years of experience conducting O&P research. Her research includes a broad range of experimental, qualitative, and review studies in areas such as transfemoral prosthetic socket biomechanics and design, orthotic management of upper motor neuron lesions, and partial foot amputation.

Dr. Fatone is the co-developer of the [Northwestern University Flexible Sub-ischial Socket technique](#) and the [Patient Decision Aid for People Facing Partial Foot Amputation due to Peripheral Arterial Disease](#).

What is OPAL?

The Orthotic & Prosthetic Assessment Lab (OPAL) is an academic research lab at the University of Washington (UW) dedicated to advancing orthotic and prosthetic care through interdisciplinary research aimed at improving mobility, comfort, and quality of life for individuals who use orthoses and prostheses. By integrating engineering, rehabilitation science, and patient reported outcomes, OPAL aims to create research that informs orthotic and prosthetic practice and drives innovation in orthotic and prosthetic care.

The OPAL was established in 2022 by Stefania Fatone, PhD, BPO(Hons), when she joined the faculty at University of Washington. Dr. Fatone is a Professor and Associate Chair in the Department of Rehabilitation Medicine, Director of the Division of Prosthetics and Orthotics, and Director of OPAL. Dr. Fatone's primary duties include overseeing the UW Master in Prosthetics and Orthotics (MPO) Program and conducting research. Dr. Fatone is a prosthetist-orthotist with nearly three decades of experience conducting clinically-relevant prosthetic and orthotic research.

Space and start-up funding to establish OPAL was provided by the UW Department of Rehabilitation Medicine. OPAL is housed in ~300 sq feet of space co-located with the UW MPO education program on the 8th floor of the Magnuson Health Sciences Building on the UW Seattle campus, adjacent to the UW Medical Center-Montlake. OPAL is equipped with electronic equipment such as an oscilloscope, signal generator, multimeter, soldering unit, signal conditioning and data acquisition units, and high-resolution video camera. The lab is also equipped with a Versana Active ultrasound system (General Electric, Cincinnati, OH) and height and weight scales. Computers with software that include Microsoft 360, MATLAB, and LabView are also available. OPAL researchers also have access to multiple workshops within the MPO Program, including a P&O fabrication lab, plaster room, thermoforming room, sewing room, and machine room.

OPAL emphasizes the design and evaluation of orthoses and prostheses but to do that effectively, new instrumentation was needed. To assist with this work, Dr. Fatone recruited Al Forghani, PhD, to the University of Washington in July 2023. Dr. Forghani is a Research Scientist in the Department of Rehabilitation Medicine and Manager of OPAL. Dr. Forghani is an experienced mechanical engineer and biomechanist. Together, Drs. Fatone and Forghani are working to develop instrumentation to enhance the evaluation of orthotic and prosthetic fit and function.

OPAL Research Projects

A website (Figure 1) was recently launched to showcase some of the orthotic and prosthetic research being conducted at OPAL, in collaboration with colleagues across the country. The website's logo pays homage to Dr. Fatone's Australian upbringing by incorporating the iridescent flashes of color of the indigenous gemstone that is the lab's namesake. Current research efforts are arranged around three key topic areas.

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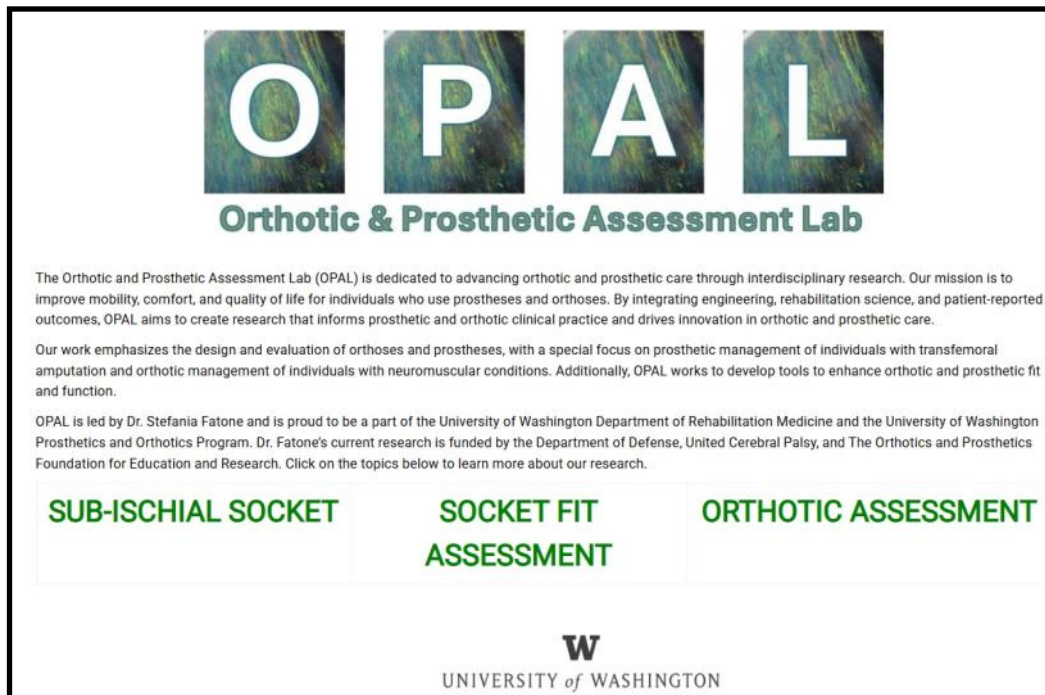


Figure 1. Orthotic and Prosthetic Assessment Lab (<https://sites.uw.edu/o-p-a-l/>)

Topic 1: Sub-Ischial Socket

With long-time collaborator, Ryan Caldwell, CP, FAAOP, Dr. Fatone is the co-developer of the Northwestern University Sub-Ischial Socket technique [1, 2]. Originally funded by the Department of Defense (DOD, W81XWH-10-1-0744), Dr. Fatone, Ryan, and collaborators at Northwestern University and the Jesse Brown VA Medical Center...

“...developed an approach to fabricating sub-ischial sockets for individuals with transfemoral amputation that can be used both with vacuum assisted suspension (NU-FlexSIV, [1]) and passive suction suspension...”

...(NUFlexSIS, [2]), and demonstrated that the technique can be taught successfully to prosthetists [3]. Since 2015, Dr. Fatone and Ryan have taught thirty-one hands-on workshops to 343 prosthetists in eight countries. The technique has garnered both national and international interest [4-6] and has seen steady adoption into clinical practice over the last decade. Subsequent funding from the DOD ([W81XWH-15-1-0708](https://www.dodig.mil/reports-and-statements/reports/2017/07/2017-07-07-001)) led to the evaluation of sub-ischial socket performance in high mobility civilian, Veteran and military populations with unilateral transfemoral amputation [7-10].

Most recently, Dr. Fatone was funded by the DOD (W81XWH-22-1-0362) to conduct a clinical trial in collaboration with the Hanger Institute (Site PI: Shane Wurdeman, PhD, CP) and Minneapolis VA Health Care System (Site PI: Sara Koehler-McNicholas, PhD) to evaluate the sub-ischial socket in civilian and Veteran populations with lower mobility and unilateral transfemoral amputation [11]. The OPAL Sub-Ischial Socket page of the website (Figure 2) includes information about the DOD-funded clinical trial that is currently underway, highlighting study team members and presentations arising from this work by both UW MPO students and the study team.

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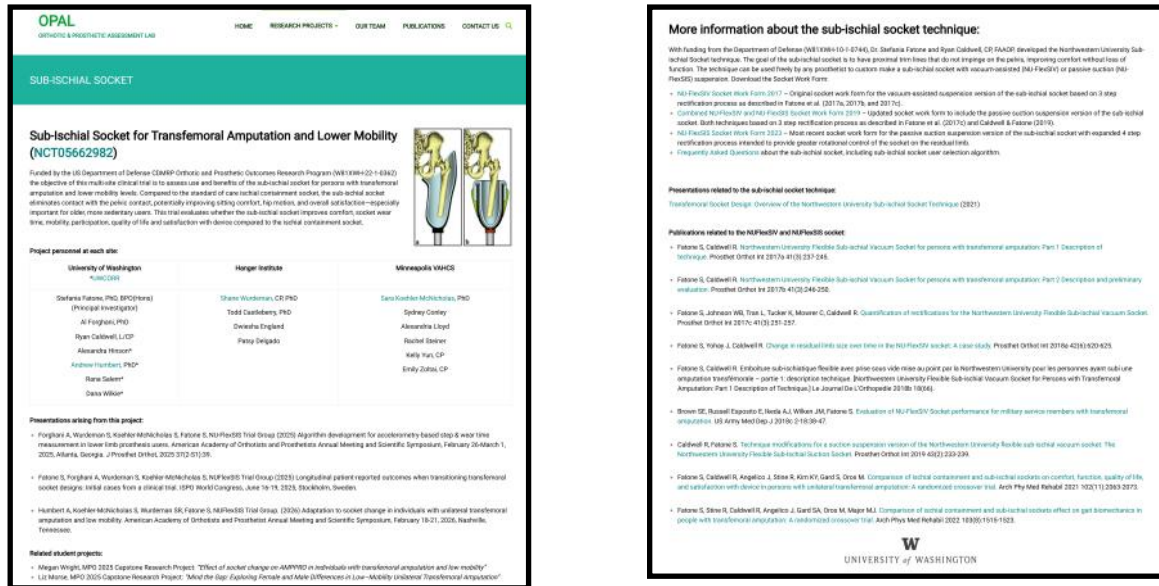


Figure 2. The Sub-ischial Socket web page (<https://sites.uw.edu/o-p-a-l/sub-ischial-socket/>) includes information about (A) the DOD-funded clinical trial and study team, as well as (B) links to useful information, such as work forms and presentations related to the sub-ischial socket technique.

“One of the dissemination goals of the current clinical trial is to create knowledge products that facilitate clinical implementation of the sub-ischial socket.”

We are working on making this website a helpful resource for prosthetists interested in finding information about this technique in a single place by providing links to useful information, such as work forms, presentations, and publications, related to the sub-ischial socket technique. Recent work has included updating the sub-ischial socket teaching materials, compiling a list for prosthetists of frequently asked questions about the sub-ischial socket technique, and creating and maintaining this sub-ischial socket website. The OPAL Sub-ischial Socket page provides access to three versions of the sub-ischial socket work form and mold reduction algorithm, the most recent created for the current clinical trial and describing an expanded 4-step rectification process. This research is currently underway with a completion date of September 2026. We believe that a single repository of information on the sub-ischial socket will facilitate visibility, communication, and access to information about the technique.

Topic 2: Socket Fit Assessment

While the above research builds on prior research collaborations and interests, we are trying to expand our work to develop relatively simple, non-invasive instrumentation to assess socket fit. We seek to address challenges we encountered in previous research when trying to assess the comfort and fit of the sub-ischial socket. Similar challenges exist in clinical practice where prosthetic socket fit assessment is largely a qualitative process.

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“We seek to develop two devices that can be used to assess different aspects of socket fit in either research or clinical practice ...”

...and that can be used either independently or in tandem.

As shown on the OPAL Socket Fit Assessment page of the website (Figure 3), this work involves two components:



Figure 3. The Socket Fit Assessment web page (<https://sites.uw.edu/o-p-a-l/socket-fit-assessment/>) includes information describing two devices we are developing: a socket fit testing system and a hand-held indenter combined with B-Mode ultrasound.

1. In collaboration with Dr. Todd Farrell at Liberating Technologies Inc., we have developed a prototype socket fit testing device that can be used with any diagnostic or definitive lower limb prosthetic socket to assess how well the socket is coupled to the residual limb. We recently received a Pilot Grant from The Orthotics and Prosthetics Foundation for Education and Research to evaluate feasibility of the prototype socket fit testing protocol with individuals with transtibial amputation. We hope to demonstrate the system’s ability to quantify coupling between the socket and residual limb as measured by movement metrics such as duration and error, while validating the movement metrics with patient-reported Socket Comfort Scores. This pilot research is currently underway, with an anticipated completion date of January 2027. Additional funding from the University of Washington Institute of Translational Health Sciences was recently awarded. The Early-Stage Product Development Award will allow expansion of the research funded by The O&P Foundation assessing feasibility of the socket fit testing system with transfemoral prosthesis users. This award is scheduled to begin in March 2026.

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- Inspired by Nolwenn Fougeron’s PhD dissertation [12, 13], we are constructing a hand-held indenter that, combined with B-Mode ultrasound imaging, maps the mechanical stiffness of residual limb tissues. This instrumentation is intended to assess the residual limb more accurately, reducing dependency on manual palpation. Aidan Montiel, a UW Masters student in Mechanical Engineering, helped initiate this project. And UW Master of Prosthetics and Orthotics student, Madeline Richardson, is currently volunteering on this project.

Topic 3: Orthotic Assessment

Dr. Fatone has long had interest in research focused on orthotic management of individuals with upper motor neuron lesions (e.g. stroke and cerebral palsy, CP). Prior to joining UW, Dr. Fatone established a successful collaboration with Dr. Kristie Bjornson, PT, MS, PhD, Professor in the UW Department of Pediatrics. Over the years they collaborated on multiple research projects related to the use of the ankle-foot orthosis-footwear combination approach in children with CP [14-17].

Recently, we expanded our research to better understand multi-modal treatment of toddlers with CP who are just learning to walk. As shown on the Orthotic Assessment page of the website... (Figure 4),

“...we are currently conducting a pilot project funded by the non-profit organization, United Cerebral Palsy.”

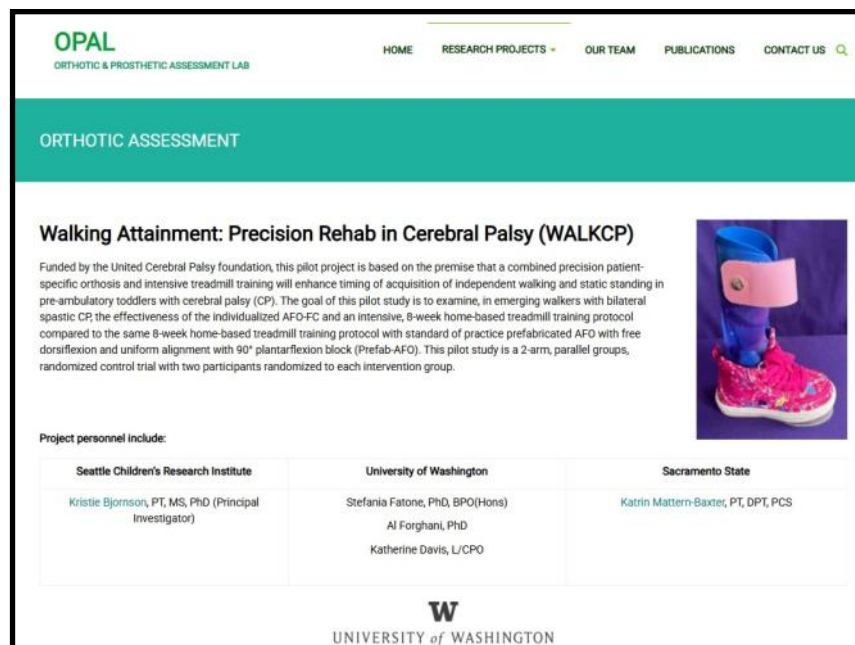


Figure 4. The Orthotic Assessment web page (<https://sites.uw.edu/o-p-a-l/orthotic-assessment/>) describes a pilot study assessing multi-modal treatment of toddlers with cerebral palsy learning to walk.

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This pilot project is based on the premise that a combined precision patient-specific orthosis and intensive at-home treadmill training will enhance timing of acquisition of independent walking in pre-ambulatory toddlers with CP. The goal of this pilot study is to examine, in emerging walkers with bilateral spastic CP, the feasibility of conducting a clinical trial comparing the effectiveness of the individualized AFO-FC and an intensive, 8-week home-based treadmill training protocol to prefabricated AFOs with free dorsiflexion and 90° plantarflexion stop (Prefab-AFO) and the same treadmill training protocol. This project expands our collaboration to include Dr. Katrin Mattern-Baxter, PT, DPT, PCS, at Sacramento State University and Katherine Steele, L/CPO, a UW Master of Prosthetics and Orthotics alum and local clinician. This pilot research is currently underway, with an anticipated completion date of October 2026.

Publications

No research lab website is complete without a page dedicated to publications. The OPAL website includes a complete listing of all of Dr. Fatone's publications with each article title hyperlinked to the open access article where available or the abstract if the article is not openly accessible. Many of our recent publications are available via open access including the results of a recently completed clinical trial comparing hand and hydrostatic casting [18], finite element analyses exploring the effect that socket design may have on the mechanical stimulation of bone density in transfemoral prosthesis users [19], and an updated systematic review and meta-analysis of comparing mortality in persons with dysvascular partial foot to those with transtibial amputation [20].

We hope those interested in our research will find the OPAL website a useful tool for information and updates on the status of our ongoing projects.

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Harnessing the Power of Industry Surveys:

A Roadmap for O&P Clinicians

Turning Data into Action for Personal and Professional Growth

- Coleson Chase, Vice President, Hanger Products & Services

About the Author



Coleson Chase
Vice President,
Strategic Accounts
Hanger Products & Services

Coleson Chase has 20+ years of leadership experience across healthcare, non-profit, and Fortune 500 companies. He joined Hanger, Inc. 8 years ago, where he grew through the ranks of SPS, ultimately serving as Vice President and General Manager, SPS for the past 4 years.

Recently, Coleson transitioned to a wider role within the organization as Vice President, Strategic Accounts for Hanger Products & Services (P&S). In this role, he is leveraging his experience and relationships to precede growth across the Products and Services ecosystem. Coleson holds a BBA in Management from the University of Georgia and a Master's in Marketing from Georgia State University. He lives in Canton, Georgia with his wife and three children.

“In today’s rapidly evolving orthotics and prosthetics (O&P) profession, clinicians are constantly challenged to adapt to new technologies, shifting patient expectations, and the ever-present pressure to deliver better outcomes. Amid these changes, industry data becomes more than just numbers on a spreadsheet, it becomes a vital compass for navigating growth, improvement, and competitive advantage.

One of the most powerful sources of such data comes from industry-wide participation in the AOPA Operating Performance and Compensation and Benefits surveys; their impact is felt throughout the entire field. Decisions shaped by these survey results ripple outward, influencing practice policies, compensation structures, and the overall quality of care.

AOPA’s Surveys: What Are They and Why Should You Care?

Each year, AOPA conducts comprehensive Operating Performance and Compensation and Benefits surveys. These surveys collect insights from practices and clinicians nationwide, compiling a robust dataset that reflects the realities of O&P business and clinical practice. Please note:

“AOPA’s surveys are administered by an independent third party, ensuring that all individual responses remain strictly confidential and are never shared beyond that party.”

But why should clinicians care about these surveys? The answer is simple: knowledge is power. The data collected provides the basis for informed decisions that affect compensation, benefits, workflow, and clinic culture. By participating in these surveys, clinicians help shape the industry benchmarks that their own careers and workplaces are measured against.

- Clinics can use this data to set salaries, establish benefits, and refine operational procedures.
- The aggregated data supports advocacy work, helps the profession stay competitive, and ensures that evolving standards reflect real-world experiences.
- Broad industry participation improves data accuracy and ensures changes are widely relevant.

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Surveys (continued)

The Ripple Effect: How Survey Participation Fuels Industry Growth

Participation in industry surveys is powerful. Every clinic's response contributes to a more accurate and meaningful pool of information, which individual clinics can use to:

- Foster transparency around compensation, benefits, and performance metrics
- Promote healthy competition, encouraging each clinic to meet or exceed industry standards
- Support advocacy efforts with credible, real-world data
- Guide the development of educational programs and clinical best practices

The results influence practice policies and professional development opportunities, ultimately shaping the environment in which every clinician works.

Key Insights from the Latest Surveys

Take a look at some interesting data points from the recent Compensation & Benefits reports that illustrate this chain of influence:

- **Vacation Time:** Data showing that clinicians and staff receive three weeks of vacation after five years provides a benchmark managers use to update or maintain competitive benefits.
- **Remote Work Trends:** With 17% of administrative staff working remotely at least 20% of the time, clinics may consider offering similar flexibility, benefiting staff based on industry trends.
- **Competitive Compensation:** Survey results help set fair salaries for clinicians and specialty roles, using market insights to support transparent, equitable pay policies.

Why Every Clinician Should Engage with the Survey Process

It is easy to think of surveys as tools for managers or owners, but every clinician stands to benefit by engaging with this information. Here is how:

1. Participate to Shape the Industry

“By responding to surveys, clinicians make their voices heard, providing data that steers the profession toward fairness and innovation.”

Their collective input shapes standards that define compensation, benefits, and clinical practices for everyone.

2. Stay Informed Through Communication

Ask your manager to share key takeaways from the latest surveys. Many clinics review industry summaries or use data to justify policy changes; being part of these conversations helps you understand how industry trends affect your role.

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Surveys (continued)

3. Advocate for Transparency

Encourage an environment where leadership communicates how decisions are made. Knowing that your compensation, benefits, and workplace policies are grounded in national data builds trust and engagement within your team.

4. Drive Practice Improvement

Use information from the surveys to propose changes or improvements. Demonstrating an understanding of industry benchmarks shows initiative and a commitment to excellence.

5. Support Talent Acquisition & Retention

Recruitment and retention strategies are often built on industry data. By participating in surveys, clinicians help ensure their clinic remains attractive to talented professionals.

Turning Insights into Action: Practical Steps

- Participate in Surveys: Your input strengthens the quality of industry data.
- Request Summaries: Ask management to share highlights or summaries of key survey findings.
- Discuss Benchmarks: Use available information to advocate fair policies and workplace improvements.
- Pursue Professional Development: Align your career path with trends and opportunities identified by industry leaders.

Real-World Scenarios: The Impact of Survey Data

- Contract Negotiation: Clinics use survey data as a reference for salary discussions, ensuring offers are competitive and fair.
- Policy Updates: Trends like flexible work arrangements or enhanced benefits are implemented in response to industry data, improving workplace satisfaction.
- Retention Strategies: By knowing what benefits matter most, clinics can keep their teams engaged and supported, directly benefiting every clinician.

Conclusion: Elevating the Profession Together

Engaging with industry surveys is more than a bureaucratic task...

*“...it is a professional responsibility and an opportunity
for collective growth.”*

While individual clinicians may not always have direct access to the data, the decisions and policies crafted from it shape the landscape of O&P practice.

Contributing to these surveys ensures that the realities of front-line clinicians are reflected in industry standards. Staying informed allows clinicians to advocate for themselves and their teams, while trusting that national data guides the evolution of their workplace. By working together—owners, managers, and clinicians—the O&P field continues to advance, creating a dynamic and supportive environment for all.

So, remember: your participation makes a difference. Every response helps build a stronger profession for you and your colleagues.

About the Author



Teri Kuffel, JD
Executive Director, American Orthotic and Prosthetic Association (AOPA)

Before becoming Executive Director in July of 2025, Teri served eight years on the AOPA Board of Directors, including as President from 2022 to 2023. Prior to becoming President, she served on various AOPA committees. Her leadership proficiencies in advocacy and policy earned her AOPA's Ralph R. "Ronney" Snell, CPO, FAAOP, Legislative Advocacy Award in 2015.

Teri is a newly appointed director to the Amputee Coalition's board and previously served for 15 years on both the boards of the Minnesota Society of Orthotists, Prosthetists and Pedorthists and Wiggle Your Toes, an amputee nonprofit organization. She also taught for 10 years in the master's program in Prosthetics & Orthotics at Concordia University in St. Paul, Minnesota. Teri earned her Juris Doctor from Mitchell Hamline School of Law in St. Paul, Minnesota.

As a founding co-owner of Arise Orthotics & Prosthetics, Inc. in Spring Lake Park, Minnesota, Teri has more than 25 years of experience in the business practice management of orthotics and prosthetics.

A Minute That Matters: Leadership, Service, and the Responsibility to Use Time Well

- Teri Kuffel, JD, Executive Director, AOPA

I've only just a minute,
Only sixty seconds in it.
Forced upon me, can't refuse it,
Didn't seek it, didn't choose it,
But it's up to me to use it.
I must suffer if I lose it,
Give an account if I abuse it,
Just a tiny little minute,
But eternity is in it.

— *Dr. Benjamin E. Mays*

Those words, penned by Dr. Benjamin E. Mays, have stayed with me throughout my career. I recited this poem when accepting the gavel to serve as president of the American Orthotic and Prosthetic Association (AOPA) in 2023. Dr. Mays was a pioneering civil rights leader and a powerful influence on Dr. Martin Luther King Jr. Dr. Mays understood something fundamental about leadership: it is not defined by titles or tenure, but by what we choose to do with the moments and minutes entrusted to us.

*"Leadership, at its core, is stewardship of time,
people, and purpose."*

And while each of us is given only a minute at a time, the way we use those minutes shapes not only our own journey, but the lives and futures of others. "Just a tiny little minute," Mays reminds us, "but eternity is in it."

That idea has guided me through every leadership role I have held, whether as a facility owner, lead advocate, graduate-level educator, board member, or now, as Executive Director of AOPA. Each role has required a different set of skills, but all have demanded the same foundational qualities: integrity, humility, courage, and a deep commitment to service.

A Minute for Family: Where Leadership Begins

Before all other titles, I am a daughter, wife, and mother. My family means everything to me. I cherish simple joys, acts of kindness, serving others, and the sense of connection we feel when we belong to something larger than ourselves. As a child, my dad taught my brothers and me the importance of living and leading with a level head, a full heart, and a strong gut.

As a Hungarian freedom fighter who immigrated to this country to escape communism after the 1956 Hungarian Revolution, he taught us the value of the shirt on your back, the true meaning of democracy, the importance of walking a faith-filled journey and how to lead a life with purpose.

See Minute, Page 13

Minute (continued)

A Minute for O&P Facility Ownership: Leading Where it is Most Impactful

Those who know me know Charlie as well. I am the proud wife of one of the hardest-working CPOs in our profession, Charles Kuffel, MSM, L/CPO, FAAOP. Charlie was a recipient of the Distinguished Practitioner Award from the American Academy of Orthotists & Prosthetists in 2016. About 20 years ago, we founded Arise Orthotics & Prosthetics in Minnesota. Like so many of our colleagues, we built our practice with equal parts passion, perseverance, and purpose.

We are honored to be the parents of Veronica, Zach, Nick, and Gabe. Our four children form the foundation of both our personal and professional worlds. Quite literally, they appear as the four roots of the tree in our Arise logo. As did my father, they remind me daily that leadership begins at home, and that balance, empathy, and resilience are not abstract concepts, they are lived experiences.

Owning and operating an O&P facility has taught leadership at ground level. It teaches how reimbursement policies affect real patients, how staffing challenges impact care delivery, and how regulatory decisions ripple through businesses large and small.

“It teaches you to listen first, act thoughtfully, and remain accountable, not just to outcomes, but to people.”

I have applied these learned lessons to all leadership positions I have held.

A Minute for State Advocacy: Where Change Often Begins

A great deal of progress in advocacy can be accomplished within our own states. I have seen this firsthand in Minnesota, where I have been honored to collaborate with a team of dedicated O&P professionals to achieve results that have improved access to orthotics and prosthetics care for the patients we are privileged to serve.

For 15 years, my work on the boards of the Minnesota Society of Orthotists, Prosthetists & Pedorthists (MSOPP), and the Wiggle Your Toes amputee non-profit, taught me that patience, persistence, and perseverance can indeed effectuate real change. During that time, a devoted group of passionate individuals worked together to pass into law three out of four state legislative bills. These individuals worked with the managers of the MN State Medicaid program to revise O&P coverage, prior authorization, and reimbursement policies, and to implement the So EveryBODY Can Move (SEBCM) legislation. To date, the work of these MN groups has resulted in some of the most comprehensive access to O&P care laws within the United States.

State advocacy requires dedication, coalition-building, and an understanding that meaningful change is often incremental. Advocacy is where relationships matter deeply, where local voices carry significant weight, and where leaders must be willing to invest time and resources without immediate recognition.

These experiences have greatly shaped my leadership style. They have taught me that advocacy is not episodic, it is sustained. And, that ..

“...success depends on empowering others with the tools, information, and confidence to engage.”

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Minute (continued)

A Minute for Federal Advocacy: Bridging Policy and Practice

One of the most defining aspects of my leadership journey has been the ability to bring my two worlds together: my legal education and my passion for O&P care. Becoming a federal lobbyist for AOPA is one of the greatest achievements of my professional career. Through my nonprofit legislative advocacy work at both the state and federal levels, with AOPA, the Amputee Coalition, MSOPP, Wiggle Your Toes, and SEBCM, I have seen how policy decisions made far from the clinic can profoundly affect patient access and provider sustainability.

Federal advocacy requires strategic thinking, an understanding of regulatory language, patience with complex systems, and the ability to translate real-world impact into compelling policy narratives. It also requires credibility, earned through consistency, collaboration, and respect for the federal advocacy process.

These experiences confirm that ...

“...AOPA must remain a trusted voice with regulators and legislators...”

...and that advocacy is about partnership, education, and a continued commitment to demonstrating O&P values.

A Minute to Teach and Mentor: Investing in the Next Generation

I am very proud to have taught many O&P graduate students at Concordia University, in St. Paul, Minnesota. For ten years I helped to educate the brightest minds about ethics, compliance, and business practice management in O&P. Teaching these individuals profoundly shaped my leadership abilities. When you stand before students, you are reminded that leadership is not about preserving power, but about passing it on. Leadership is not about the now, it is about the future.

Mentorship requires patience, vulnerability, and honesty. It requires leaders to share not only successes, but failures, and the lessons learned along the way. When I work with the next generation of practitioners, I emphasize the same core elements that guide AOPA’s vision and mission: service, advocacy, education, and equality.

Education and training are a great responsibility that our O&P educators carry, and one that we all take part in when we impart our wisdom to students, residents, and new practitioners. The future of our profession depends on how well we prepare the students, residents, and new practitioners who will become our future leaders.

A Minute to Lead at a National Level: Serving the Whole Profession

In 2023, standing before the AOPA community as its fourth female president in more than one hundred years was both humbling and profound. During my one-year term as president, it was an honor and privilege to apply my leadership experiences to guide the association to serve its members and advance the profession.

And now, as I serve as AOPA’s Executive Director, I am committed to building upon the strong work of the AOPA Board and staff, to execute thoughtfully on our strategic priorities, and to remain deeply connected to our members and the broader O&P community. A big part of doing this successfully will be maintaining old connections and working to make new ones.

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Minute (Continued)

“I will continue to visit and connect regularly with members, keep-an-open-door approach, and invite direct communication, even when challenges arise.”

Leadership is not distant; it is accessible. Leadership is also personable.

If my years and experiences have taught me one thing, it is that strong leaders surround themselves with stronger leaders and I accomplished this lesson. Members of the AOPA Board and staff comprise many of the brightest minds and hardest workers in the O&P profession. I am grateful for each of my colleagues. I depend on their expertise, their dedication, and their commitment to sustain the vision, mission, and strategic priorities of the AOPA.

A Minute Grounded in Purpose: The AOPA Vision and Transitional Leadership

AOPA’s vision is clear: *A world where orthotic and prosthetic care transforms lives.*

This vision guides our mission, one centered on advocacy, research, education, and equality across our profession. It is a vision that resonates deeply with me, not only professionally, but also personally.

As leadership transitions from one individual to another, symbols and values matter. When Dave McGill handed me the AOPA gavel, I felt grounded in the fact that his focus had always been exactly where it should be, on patient care. After a long day’s work in the clinic, we seek to celebrate the fitting of a device and restoration of mobility for the patient, not the profit margin. That patient-centric mindset matters most. It is a value I am committed to carrying forward as I lead in my current role as executive director.

Transitional leadership is about continuity of values, clarity of purpose, and the thoughtful evolution of building upon a strong foundation laid by those who came before us.

A Minute to be Accountable: Using Time Well

Dr. Mays warned that we “must give account if we abuse” our minute. Leadership demands that accountability.

“Leadership asks that we use our time intentionally, serve with humility, and act with resolute conviction.”

I am deeply grateful for the opportunities I have had to serve, to lead, and to remain connected to this extraordinary community. I encourage you to embrace any leadership opportunities that come your way. Giving of your time, talents, and treasures will not only strengthen you personally and professionally, but it will also construct profound impacts on those receiving these gifts.

While each minute we have has “only sixty seconds in it,” what you do with your minute may have impact far beyond as “eternity is in it.” So, dare to dream big, know “it’s up to you to use it,” and enjoy each opportunity to make the most of your minute.

Built by the Bench: People, Plaster, and Retention in O&P

- Brooke Manz, CTP

About the Author



Brooke Manz, CTP

Brooke Manz is an orthotic and prosthetic technician at Gillette Children’s Specialty Healthcare. She graduated from the University of Minnesota with a B.S. in Kinesiology in 2020, received her AAS in Prosthetic Technology from Century College in 2021, and became an ABC Certified Prosthetic Technician in 2022. After graduation, Brooke began working at a central fabrication center making custom prepreg carbon orthotics and prosthetics.

In the fall of 2023, she joined the OPS team at Gillette Children’s Specialty Healthcare and jumped in headfirst into every area of fabrication offered. In her time away from work, she may be found knitting hats or socks in a coffee shop, paddle boarding with family members at the cabin, or exploring the local food scene with friends.

My career as a prosthetic technician has an unorthodox origin story: as a child, I watched the 2004 movie *I, Robot*, starring Will Smith, an embarrassing number of times. I became fascinated with robotics and imagined myself building futuristic limbs and machines, replacing, and improving what was missing. That interest did not survive my first real exposure to coding, but the desire to work with something mechanical, yet human, never went away. Prosthetics felt like a cyborg-adjacent compromise that kept the spirit of that childhood obsession alive.

I shadowed at an orthotics and prosthetics (O&P) clinic for a single day and was immediately drawn to the mix of traditional craftsmanship, problem-solving, and medical device design. Watching a technician make devices by hand, troubleshoot fit issues, and contribute to something that would become part of someone’s body felt meaningful in a way I had not anticipated. The experiences that day planted a seed, and while I did not know exactly what role I wanted within the field, I knew I wanted to be a part of it.

Now, after 5 years of experience in the O&P industry, I have worked in both central fabrication and hospital settings and have fabricated a wide variety of device types. I am comfortable looking back over the course of my career offering opinions on what kept me within the field where others may have felt pushed away and left.

Education as Exploration, not a Straight Line

When I entered the University of Minnesota Twin Cities in the fall of 2016, I was unsure whether I wanted direct patient contact. Thinking about keeping options open, I initially pursued a bachelor’s degree in biomechanical engineering. Because I was unaware of the separate roles within the O&P profession, I chose a field that had related topics to my end goal of prosthetics. While I gained valuable scientific knowledge, it became clear that the program was not the right fit because the curriculum focused heavily on smaller-scale aspects of the body—cells, tissues, heart valves—and rarely addressed the kind of large-scale, multi-system problems that originally triggered my interest in prosthetics.

After two years and what felt like an endless stream of math, chemistry, and physics courses, I transferred into the Kinesiology Program at the University. That shift felt less like changing direction and more like finally aligning with my end goal. Courses such as biomechanics, motor learning and control, and motor development across the lifespan helped me understand not just how bodies move, but why they move the way they do. That perspective fundamentally shaped how I approach fabrication work...

“...every device exists within a complex, adaptive, human system, not in isolation.”

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Most of my classmates at the University had little exposure to O&P, so many of my projects turned into shared learning experiences. I introduced prosthetic concepts into broader discussions, like injury risks for athletes with a lower-limb prosthesis compared to those without a device. In March 2020, during my final semester, I left for spring break and never returned to campus. Like many other students, I finished my degree during COVID lockdown, graduating with a PowerPoint slide instead of a walk across the stage. That anticlimactic ending reinforced a lesson I keep relearning: ...

“...progress in this field rarely ends the way you expect.”



In fall 2020, I enrolled in the Prosthetic Technology AAS program at Century College, and my experience there was anything but typical. My prosthetics class consisted of only four students, including myself, all at different points in the program. While that was unusual, it created opportunities for highly individualized instruction and direct access to tools and equipment. Something that would not be available to larger class sizes or allow special projects that still stand out as defining moments in my early career.

One such project, almost as foreshadowing, involved fabricating a pediatric Syme’s prosthesis with a window smaller than my palm (shown left). Another project involved taking a check socket made by fitter students, transferring alignment, and fabricating a definitive prosthesis to allow practice fitting. An experience as close to “real world fabrication” within the program and not commonly offered for students. I still have a video of that patient walking on the leg I made, and on difficult days, I watch it to remind myself why I chose this profession.

“Seeing a device move so naturally with someone’s body, knowing I played a role in that, cemented my commitment to this line of work.”

COVID restrictions severely limited our lab time; in total, we spent only about three and a half class days on hands-on fabrication. That limitation could have been discouraging, but our instructor adapted quickly, and we learned in other ways. Weekly Zoom calls that featured industry professionals were scheduled including leaders from Ottobock Canada’s custom silicone lab, representatives from Click Medical discussing the then-new RevoFit BOA system, demonstrations of transfemoral foam cover shaping, and presentations from Curbell on manufacturing the same thermoplastics we were using every day.

At the time, it felt like theory-heavy topics trying to compensate for lost lab hours. Now, working in the field, I see how important that exposure and connection-building was. I have since met several of the presenters at conferences and still find myself referring to the notes I took during those presentations.

Weekly discussion posts became another unexpected highlight of our new program. Topics ranged from osseointegration to microprocessor knee training and experimental nerve surgeries aimed at reducing phantom limb pain. Those conversations fostered intellectual engagement and underscored O&P as an evolving field rather than a static set of techniques. That mindset has been invaluable as I have progressed in my career.

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Industry Culture and the Reality of Fabrication

One of my earliest professional experiences provided a clear picture of the work environment I wanted to avoid. To earn my AAS degree, I completed a three-week unpaid residency at a central fabrication lab supporting multiple clinics nationwide. Despite the scope of its operation, the lab employed only two technicians, both visibly overwhelmed.

A few days into my residency, a practitioner entered the lab holding an elbow mold and asked how quickly a brace could be fabricated. The lead technician, already juggling multiple sockets, estimated a week and a half. The practitioner responded bluntly, "That's not good enough."

"That interaction stuck in my mind leaving a sour feeling."

It was my first real exposure to the hierarchical culture that has long affected the O&P profession where technicians are often treated as secondary contributors rather than skilled professionals. I knew immediately that I could not build a career in an environment where collaboration was not valued, and clinicians did not appreciate the expertise possessed by technicians.

My first true O&P position was at a central fabrication facility specializing in prepreg ankle-foot-orthoses (AFOs) and knee-ankle-foot-orthoses (KAFOs). Prepreg carbon fiber fabrication often felt repetitive, and I joked that my job was mostly cutting and placing expensive stickers. Still, it was an excellent introduction to how industry operates: production turnaround expectations, communication with clinics, coupled with the unpredictability of workflow.

When I pushed my way into the company's growing prosthetics department, I faced a steep learning curve. Many of the combustible materials and techniques taught in school are not commonly used in modern fabrication. Due to the cost of materials, carbon fiber and fiberglass were absent from my formal training but were now standard in almost every socket. My educational training also did not teach how to use many of the modern components commonly used today, such as Ossur Icelock systems, Bulldog pin-&-lock systems, or any teaching about the posterior-mount running legs available on the market. All of my practice Below Knees in school had wooden ankle blocks for SACH feet. To date, I have yet to see one in the field!

On reflection, it seemed that everything we learned was stuck in the past. While we were getting bits of helpful information on how to laminate and hand skills, a major disadvantage was the lack of teaching about components and materials, another large part of the field. I learned quickly (and sometimes painfully) that mistakes are inevitable. But ...

"...even more important was learning which mistakes could be fixed, which could be ignored, and which required starting over entirely."

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I passed the ABC Prosthetic Technician Certification exam after working for two and a half years. By that point, I had fabricated prepreg AFOs of all types, KAFOs, and even created upper limb devices and prepreg prosthetics on top of more “standard” prosthetic devices. I was focused on learning as much as I could, wherever I could but despite my personal growth, I felt stuck. I was training newly hired staff while managing my own workload without any financial gain. The prosthetics department showed little sign of expansion, and time for cross-training in plaster or pulling thermoformable plastics was not available. My skills and credentials felt undervalued, and while I did not want to leave O&P, I knew that continued growth in this environment was at a dead end.



Why I Continued Working as a Technician

In November 2023, I began working at Gillette Children’s Specialty Healthcare, a local children’s hospital, as an orthotic technician. From the beginning, I was encouraged to be adaptable. I was paired for training with a jack-of-all-trades technician, which meant every day brought something new to learn and expand my knowledge.

My work assignment started in the plaster room and I struggled heavily. Orthotics required far more modification than my previous work and my lack of formal orthotics technical training made the work more challenging. Then as I became more efficient, I was added to the hospital’s internationally recognized spine team. Fabricating emergencies and post-op spinal braces quickly became my favorite work. With these projects, I could follow patients through multiple stages of treatment and see tangible progress over time. Seeing the effect of my corrections on devices illustrated the reasoning behind the modifications and propelled my skill to the next level of understanding.

As the orthotics department shifted toward digital workflows, I learned alongside my trainer and soon became responsible for modifying most of the lower extremity orthotics digital models. When the cranio remolding orthosis (CRO) technician left, I stepped into that role as well. Later, when CROs transitioned to outsourced 3D printing, several technicians worried about job security. I felt that pressure too, but it reinforced my belief that versatility is one of the technicians’ strongest assets.



More recently, I applied for a prosthetics position within our lab to replace a technician with 30 years of experience. That learning curve was the steepest and the resulting skepticism from my peers was understandable. Management paired me with a prosthetic practitioner who had once been a technician herself. Having that support made all the difference in meeting this challenge. Then, I had the opportunity to apply all my previous work experience on a project with our prosthetics’ lead. This project involved a shoulder disarticulation device (shown left), complete with a custom 3D-printed shoulder cap and custom shaped foam cover over the componentry. The recognition I received, praise from my peers, a smile from the patient, all made me feel valued, even though I was just beginning my prosthetics journey with the children’s hospital.

Over the years, I have contemplated why so many technicians leave the role only a few years after graduating and beginning their careers.

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From my experience, this decision rarely focuses solely on a lack of interest in the O&P profession. More often, the decision seems to center on how technicians are regarded within the systems and roles in which they work.

“When technicians are viewed as interchangeable labor rather than skilled professionals, when their insights are ignored, their workloads are unsustainable, or their growth is limited, it becomes easy to feel stuck or invisible.”

There are still workplaces that limit measurement of “career growth” to unusual circumstances or by time worked in the position. In these environments, leaving can feel less like a choice and more like self-preservation. This reaction is especially true if the wages are reminiscent of the “unskilled labor” approach numerous practices consider for the technician position.

Another factor is stagnation reinforced by simply following and executing instructions. Fabrication can become repetitive if there is no opportunity to gain experience with new techniques, to rotate through specialties, or to participate in problem-solving exercises and discussions. Without variety or a sense of progression, even techs who genuinely love working with their hands may burn out quickly

“Often, talented technicians leave a practice not because of a lack of skills or abilities, but because they are no longer challenged or supported by mid-level and senior management.”

What has kept me working in the technician role is the opposite experience. I have been encouraged to adapt, cross-train, and step into unfamiliar areas—even when that meant being uncomfortable or slower initially to produce. I stayed because my input and involvement were valued. I was trusted to grow into larger responsibilities and not confined to a narrow task list. Feeling respected as a collaborator, not just a producer, has made a measurable difference in my commitment to this career.

I have come to believe that technicians who continue to work long-term often redefine what success looks like. Advancement does not mean leaving the lab or moving away from fabrication into a management position. From my perspective,...

“...growth means becoming more versatile, more knowledgeable, and more confident in abilities to contribute meaningfully across disciplines.”

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The technician's role is not a temporary stop on the pathway to seeing patients, it is a profession that evolves for each of us as we continue to grow and learn.

So, What Can You Do?

I believe that keeping technicians within the O&P field is a task that all of us need to become involved in, regardless of our role within the industry. That consequence starts with the education and training of students to become O&P technicians. Instructors need to tell and reinforce to students that being a technician is a professional career, not an entry-level position while you train to be an assistant, fitter, or practitioner. With this change in approach and attitude, higher numbers of technicians will continue to work and grow in a practice or fabrication center. During my time at Century College, the technician faculty continually strives to correct hierarchical ideas and reinforce the belief that technicians can have a fulfilling career in O&P without seeing patients. If this attitude was believed and supported by all throughout the O&P profession, more highly skilled technicians will be retained in our profession.

“Practitioners can help support technicians and bolster retention by treating technicians as peers and collaborators...”

...rather than as back-office workers. We all want to provide the best care for our patients, and an “us versus them” mentality often makes every day work unpleasant and difficult. Technicians can offer expert knowledge of materials and fabrication techniques, areas in which many clinicians have less exposure during their master's programs and undervalued within the industry. I enjoy tackling complex cases, bouncing ideas to other technicians and practitioners alike. Discussions of our unique experiences in the field can help us work together more effectively to better meet a patient's needs.

Leaders of technical and fabrication teams can meaningfully impact technician retention by cultivating a culture of teamwork, collaboration, and mutual respect. This behavior includes safeguarding technicians from boundary violations by clinicians and affirming the value of the technicians' expertise beyond the fabrication form. The advanced skills and knowledge required to produce custom orthoses and prostheses efficiently and accurately should be acknowledged through fair compensation.

Ultimately, some technicians will leave because the role and past experiences do not offer sustainability, recognition, or room to grow intellectually. Since I found an environment that does offer sustainability, recognition, or room to grow, I have continued to work as a technician. As the O&P field continues to change—through digital workflows, outsourcing, and innovative technologies, the technicians who remain will be those who are supported in learning, trusted in their expertise, and included as essential members of the care team. And I intend to be one of them!

Practical Mentoring Tips for Busy O&P Professionals

• Joshua Utay, CPO, Ed.D



Joshua B. Utay
CPO, Ed.D.

Josh Utay is an orthotist/prosthetist who started his career by attending UT Southwestern's P&O Program in Dallas in the late 1990's. His early clinical career consisted of pediatric and adult O&P practice with experience in both institutional and private settings. Josh credits professional mentorship and familial support for his appreciation of the educational processes and the enormous potential that a quality education can unlock.

Armed with a master's degree in education, he became a full-time O&P educator in 2012 as a founding faculty member of the O&P Program at Baylor College of Medicine in Houston. Over the next decade, Josh was inspired by the transformation repeatedly witnessed as students became graduates, graduates became certified clinicians, and young professionals became motivational leaders.

Further exploration of the learning process led to a Doctor of Education in 2022 with special emphasis on training clinicians to become effective educators, too. Along the way, Josh volunteered with NCOPE as a self-study reviewer and site visitor for both technician and practitioner education programs. He also has a specific interest in exploring and developing global O&P educational capacities through his efforts with ISPO's Education Committee and Human Study e.V. He may be reached at joshua.utay@gmail.com.

1. **Make the Invisible Visible**

Think out loud during tasks. Narrate why you chose that foot plate stiffness, why you adjusted trimlines, or how you weigh patient goals against gait deviations. Small explanations create big learning.

2. **Use the "One Minute Teaching Moment"**

You do not need to lecture. Offer short, focused nuggets:

"Here is a quick trick for avoiding panel gaps..."

"Let me show you a shortcut for measuring clearance..."

These micro-lessons add up.

3. **Ask Before You Tell**

Try: "*What options do you see?*" or "*What would you try next?*"

Questions grow confidence faster than answers.

4. **Normalize Uncertainty**

Say things like, "*There are a few good ways to do this,*" or "*This part is more art than science.*"

It makes learners feel safe to think, try, and err.

5. **Share Your 'Near-Misses'**

Nothing inspires trust like someone admitting, "I used to struggle with this too — here is what helped."

The story sticks longer than the technique.

6. **Catch Goodness in the Wild**

Celebrate small wins publicly: good listening, clean modifications, thoughtful patient questions, clever improvisation. It sets a tone of growth, not fear.

7. **Model Professional Curiosity**

Let people see you flipping through a journal, emailing a colleague for input, or testing a new material. Curiosity is contagious.

8. **Protect Psychological Safety**

Don't critique in front of patients unless it is supportive and constructive. Give corrective feedback privately and kindly. Praise in public; correct with dignity.

9. **Let Mentees Drive**

Ask them what they want to work on:

"What skill do you want more reps in?"

"Where do you want more clarity?"

People commit to goals they help define.

10. **Remember: You Are Always Mentoring**

Someone is watching — a resident, a tech, a fitter, a student, a new hire, even a colleague. And all are absorbing more from your daily habits than you realize. Make those habits count.