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Open Book Management: Taking the Mystery Out of Business



Most of us entered the Orthotics & Prosthetics profession because we wanted to help people walk, work, and live better lives—not because we wanted to become business experts. Yet every O&P practice eventually runs into the same reality. Reimbursements become tighter, costs continue to rise, and owners are forced to make difficult decisions that are not always obvious to the rest of the team.

For years, that described my company.

After my father passed away in 2014, I took over management of Master's Orthotics & Prosthetics. Like many business owners, I believed it was my responsibility to make the tough decisions and shield employees from the financial side of the business. Every time we delayed a purchase, held

off on hiring, changed a process, or adjusted priorities, I found myself explaining—or defending—those decisions. It was not that our employees were unwilling to help. But in fact, they simply did not have the same information that I had.

Eventually I came to a simple realization: people cannot make business decisions if they do not understand how the business functions and operates.

That realization led me to Open-Book Management and eventually to becoming a Certified Great Game of Business Coach. Open-Book Management is a business approach that focuses on shared financial and performance data so that employees take responsibility for effective operation of the business.

The philosophy behind Open-Book Management is surprisingly simple. Teach employees the language of business, give them the information needed to understand how the company succeeds, and trust them to use that knowledge to make better decisions. Contrary to what many people assume, Open-Book Management is not simply handing everyone an income statement. Financial transparency is only one part of the process. The real goal is to help every employee understand how the behaviors and choices made each day influence the health of the company.

The roots of this philosophy trace back to Springfield Remanufacturing Corporation (SRC) in Springfield, Missouri. During the recession of the early 1980s, SRC was a struggling division of International Harvester. As layoffs swept through the company, plant manager Jack Stack and his leadership team made the extraordinary decision to buy the business. After dozens of banks turned them away, they secured financing with only about \$100,000 in equity to purchase an \$8.9 million company. With enormous debt and an 18 percent interest rate, failure simply was not an option.

Jack Stack realized something that has since become the foundation of The Great Game of Business®. If every employee understood how the company made money, where it lost money, and how their individual work affected those results, they could become active participants in improving the business rather than simply following instructions. Instead of hiding financial information, Jack and his management team taught everyone how to read and interpret the financial data. Instead of asking employees to trust management, they invited employees to understand the decisions made by management.

See *Mystery*, page 3

Mystery, cont'd

That idea resonated with me immediately.

One analogy used during Great Game of Business training has stuck with me ever since. Imagine trying to bowl while someone has pulled a curtain in front of the pins. You can throw the ball, but you have no idea where your ball is aiming or how close you came to hitting the pins. You might occasionally knock down a few pins by chance, but you cannot consistently improve because you never receive meaningful feedback.

Now remove the curtain.



Suddenly you can see the target. Every throw teaches you something. You begin adjusting your aim, correcting your mistakes, and throwing more strikes.

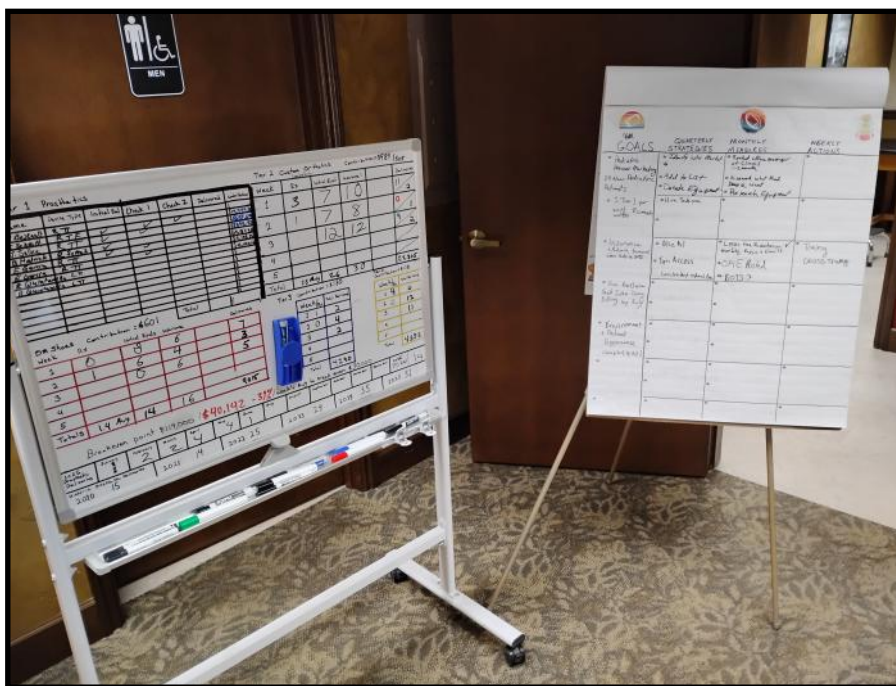
Traditional management often asks employees to bowl with the curtain closed. Open-Book Management removes the curtain.

In 2022, we made the decision to become an Open-Book company.

That did not mean posting financial statements on the breakroom wall and hoping everyone understood them. It meant teaching our team how our business actually works. We discussed revenue, gross margin, payroll, overhead, reimbursement challenges, and profitability. We explained why cash flow matters just as much as profit. Most importantly, we helped everyone understand how their daily decisions affected those numbers.

Every week our team gathers for a 30-minute huddle. About five minutes are devoted to reviewing the company's key numbers. We discuss what has changed, where we are headed, and whether we are on track to meet our goals. Employees are encouraged to ask questions, challenge assumptions, and offer ideas. Because everyone understands the numbers, those conversations are productive rather than intimidating.

Once each year, we complete a long-term planning process together. Rather than leadership developing goals behind closed doors, our entire team helps identify priorities for the coming year. We establish goals, define expectations, and select what The Great Game of Business calls our "Critical Number." The Critical Number is the single measurement that will have the greatest impact on the success of our practice during the coming year. Because profitability has fluctuated significantly over the past several years, profit has often become our Critical Number. Throughout the year we revisit established goals during our weekly huddles and adjust as conditions change.



Mystery, cont'd

What surprised me most was not the financial education. It was what happened when people realized they could genuinely influence the outcome.

One of our purchasing specialists approached us with a simple idea. If we bundled vendor orders instead of placing them individually, we could reduce shipping costs. It was not a revolutionary concept, and management certainly could have thought of it. The reality, however, is that managers have hundreds of competing priorities each and every day. This employee saw an opportunity because they understood that reducing expenses improved profitability—and that profitability benefited everyone.

We implemented that suggestion for placement of vendor orders.

Our shipping costs dropped by roughly 20 percent, saving several thousand dollars over the course of the year. Those savings flowed directly to the bottom line. Because we also have a profit-sharing program, the savings ultimately came back to every employee in the form of a larger bonus.

That experience perfectly illustrates what Open-Book Management is all about. It is not about management having all the knowledge and all the answers. In reality, it is about creating an environment where everyone in the company is looking for ways and opportunities to improve the business and the provision of care.

Our first full year as an Open-Book company resulted in an approximately 1,150% increase in net profit. While that statistic is technically true, it also deserves some context. We had made very little profit the previous year, so we were essentially moving from about \$10,000 in profit to roughly \$100,000. The percentage makes for an impressive headline, but it is not the real story.

The real story is that our employees stopped thinking like employees and started thinking like businesspeople.

Technicians began considering material waste.

Office staff began identifying process improvements.

Our appointment scheduler became more aware of how no-shows affected productivity.

In every department, our staff members began asking not only, "What is my job?" but also, "How can I help to make the company stronger?"

That shift continued long after that first year.

Open-Book Management has also helped to make me a better leader.

Transparency requires humility. When everyone understands the numbers, you cannot hide behind vague explanations or simply say, "Because I said so." I have had to admit to mistakes made, learned how to explain my reasoning more clearly, and willingly accepted a change when someone else had a better idea. That level of accountability can be, and is at times, uncomfortable, but it has strengthened trust and support throughout our organization.

Open-Book Management is not for every company, and it is not for every employee.

Tier 1 Prosthetics

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Mystery, cont'd

When we first adopted this approach, most of our team embraced the change, but a few employees chose to leave. They preferred a workplace where they could focus solely on individual responsibilities rather than think about or be involved in the business as a whole. There is nothing inherently wrong with that mindset. Every workplace has its own culture, and every employee may have different expectations.

Today, financial conversations have become a normal part of how the practice operates. Staff members ask thoughtful questions, suggest meaningful improvements, and understand why difficult business decisions sometimes must be made.

Perhaps the greatest lesson I have learned is that information and knowledge create ownership. When staff members understand the score, they naturally want to improve it. They stop feeling like cogs in a machine and begin seeing themselves as members of a team working toward a common goal that benefits everyone.

Healthcare organizations spend tremendous effort teaching anatomy, biomechanics, fabrication techniques, documentation, and patient care. Those skills and products are absolutely essential. But perhaps we should spend a little more time teaching the business operations and processes that make all of those essential skills and products possible.

When employees understand how the business succeeds, they become partners in that success. In my experience, that's where Open-Book Management delivers its greatest value—not in the numbers themselves, but in the people who learn to improve them together.

AUTHOR

Nathanael Feehan, LPO, Certified Great Game of Business



Nathanael Feehan, a Spokane native, began his business journey early, helping run a family-owned animal feed store in Washington state. The store's profits supported his and his siblings' college education. In 2003, his father started an orthotic and prosthetic business, where Nathanael took on various roles, including patient interactions and fabrication. He earned a business degree in 2008 and completed a program in Orthotics and Prosthetics in 2010.

In 2012, Nathanael returned to his hometown in Silverdale, Washington to join his father's practice Master's Orthotics & Prosthetics. Following his father's passing in 2015, Nathanael took over the family business. In 2019, he adopted "The Great Game of Business" principles, resulting in a 1,500% profit increase and enhanced employee engagement by the end of 2022. He advocates for transparency in business operations, valuing employee involvement.

Nathanael studied the impact of inflation on the orthotic and prosthetic industry and healthcare. He believes open book management and the Great Game can help businesses navigate current and future challenges. Nathanael became a certified coach to spread these principles to small businesses and healthcare providers, enabling them to provide essential care while remaining adaptable. He sees the Great Game as a path for healthcare providers to achieve both excellence and profitability.

Continuous Quality Improvement: The Relationship Between Experienced Professionals and Residents

While working in a clinic, whether as a technician or clinician, anytime I heard the phrase *continuous quality improvement* (CQI), I thought of improving clinical outcomes, fabrication processes, or patient satisfaction. It was not until transitioning into academia that I started to include *education* in that thought process. Yet one of the greatest opportunities for quality improvement within orthotics and prosthetics is the relationship between experienced professionals and residents. Every interaction with a resident (whether *traditional* or *integrated*) provides an opportunity not only to improve another professional's skills, but also to examine and improve our own.

Residency Training is a Transition, not a Blank Slate

Students entering residency training may be perceived as "starting from scratch," but that is rarely the case. By the time residents finish their didactic education, they have been exposed to simulated patient care, fabrication, multiple projects across the entire breadth of the field, and clinical shadowing experiences. Because these experiences occur within a limited period and under a relatively small group of instructors, students are intentionally taught a limited number of methods for accomplishing a task. This standardization might be seen as a weakness, but it is designed to allow learners to develop consistency before being asked to compare multiple approaches.

Using transfemoral management as an example (it is one of the classes I teach), students learn the method of transfemoral casting as a structured two-person technique with defined ischial containment modifications. This method provides an excellent foundational skillset, but it is only one of many successful approaches used throughout the profession. Residency education and training then represent a dramatic shift. Suddenly, residents encounter numerous ways of accomplishing the very same task. For that same transfemoral patient, they may observe a single-person cast one day, a two-person cast the next day, and a three-part cast later during the week. Residents may encounter static casting, dynamic casting, free-hand casting, or casting with premade jigs or brims.

What seemed straightforward in school suddenly becomes a landscape of seemingly endless variation. This variation appears during even the most routine tasks. One clinician prefers free-hand casting an AFO, while another clinician prefers casting using alignment blocks. One technician skives pads on a Sutton; another tech prefers the Trautman. One makes wedging out of crepe, the second tech uses 2-part Pedilen foam, and yet another tech 3d prints the wedges. Residents quickly discover that there is rarely only one correct way to fabricate a device. In fact, at a minimum, there are usually 10-12 different ways to fabricate a device.

Rather than viewing these differences as confusing contradictions, we should recognize them as opportunities for growth.

We Are All Products of Our Mentors

One realization that has become increasingly apparent throughout my career is that none of us have independently developed our skills and techniques.

As a graduate of Baylor College of Medicine, I had the privilege of learning from numerous clinicians and technicians, each with their own strengths. When I cast an AFO, I often find myself using techniques I learned from one particular CO. When casting a transfemoral patient, my approach is really a blend of methods taught by several different CPs and CPOs. When finishing an inner boot, I still remember the technician who showed me the simple trick of turning it inside out before finishing. Even something as seemingly straightforward as modifying a cosmetic cover often reflects techniques passed down from someone who taught me years ago.

I am the sum of the parts of everyone who has ever taught me.

None of us possesses a truly proprietary method. Most of our techniques have been inherited, refined through experience, and adapted to fit our own practice. Residency education and training is where that process continues for the next generation.

Teaching Principles Instead of Preferences

One challenge in residency education is distinguishing between principles and techniques.

A technique describes *how* we perform a task.

See *Quality Improvement*, page 7

Quality Improvement, cont'd

A principle describes *why* we perform it.

For example, one clinician may prefer a two-person casting technique while another clinician casts independently. Those are different techniques, but both clinicians are attempting to accomplish the same principle: obtaining an accurate, reproducible impression while maintaining control of the limb.

Similarly, technicians may have different approaches to skiving pads, finishing plastics, or modifying positive models. While the techniques vary, the underlying goals: accuracy, efficiency, repeatability, durability, and patient comfort remain consistent.

When we teach only our preferred technique, residents may mistakenly conclude that there is only one correct method or technique. When we explain the principle behind the technique, we equip them to evaluate new methods thoughtfully throughout their careers. Residents who understand this underlying principle will evaluate new techniques long after residency training has ended.

Approach Residents with Curiosity

Experienced professionals often begin evaluating a resident the moment they watch the resident complete a task. While assessment is important, curiosity should come first. Before teaching a new technique, first determine what the resident already knows. Ask the resident to cast a patient, fabricate a pad, align a prosthesis, or modify a model without interruption. The results of this work will provide a baseline that allows you to tailor your teaching. Some residents need refinement of existing skills. Others need exposure to entirely new techniques. Beginning with assessment makes mentorship more efficient and more meaningful for both learner and teacher.

Instead of immediately correcting a resident, consider asking three questions that I hope the resident is asking as well:

- Where did you learn that technique?
- What outcome are you trying to achieve?
- Why do you prefer that approach?

The reasoning of the residents can be very revealing and can help determine if their goal was correct even if they were trying to achieve it in a way you might not have chosen. The benefit to this approach is discovery of an efficient method you have never previously considered.

Teaching is not simply transferring information; it is a conversation between professionals at distinct stages of development.

Residents arrive imitating the people who have taught them. In time, they will modify those techniques, develop preferences of their own, and eventually teach someone else. Our responsibility is not simply to replace their previous knowledge with our own, but to help build upon it.

Measuring Growth

Technical skills can sometimes feel difficult to evaluate because there are many acceptable ways to accomplish the same task. However, that does not mean they cannot be measured. Instead of asking whether a fabrication technique is simply "good" or "bad," ask what concrete qualities can be observed, such as:

- **Safety:** Are the residents developing habits that will protect themselves and others throughout their career?
- **Repeatability:** Can the resident always give the desired/requested result? Or are the results inconsistent? If so, what fabrication skills or techniques are making the results inconsistent?
- **Efficiency:** Does the resident spend all day in the machine room for a 5-minute task? Or conversely, is the resident rushing and sacrificing quality to meet perceived deadlines?
- **Accuracy / Quality:** Is the resident giving the requested result? Or do you have to ask the resident to repeat the task?
- **Patient comfort / overall outcome:** Did the resident create a device in a different manner than expected? Was the outcome the correct one?
- **Communication during the process:** Do the residents communicate questions, concerns, achievements with you? Are they learning to be team players or a lone wolf?

See *Quality Improvement*, page 8

Mentoring, cont'd

Clear expectations also produce better learning. Feedback such as, "This pad is terrible," provides little guidance for improvement. Instead, consider specific observations such as, "The edges are feathered enough that removing this pad after gluing may destroy it," or "This trim line could be straighter for a more cosmetic finish for the patient."

Concrete, actionable feedback allows residents to understand not only that something should change, but why it should change.

The Technician's Role

Residents might enter residency training expecting to learn primarily from clinicians. Though, many of the most lasting lessons will come from experienced technicians.

Technicians teach efficiency, craftsmanship, troubleshooting, safety, and countless practical skills that are difficult to capture in a textbook. They demonstrate not only how to fabricate a device, but how to recognize subtle problems before they become significant. These lessons are frequently remembered long after the residency has ended because they shape the habits residents carry throughout their careers.

Experienced technicians often recognize subtle fabrication problems before they become visible to others. Technicians know which shortcuts save time and which create problems later. These instincts are difficult to teach in a classroom but become invaluable when passed from technician to residents every day through demonstration, repetition, and conversation.

Continuous Improvement Goes Both Ways

Perhaps the greatest misconception about mentorship is that learning flows in only one direction.

Every resident brings new perspectives shaped by current graduate education, exposure to emerging technologies, and experiences from other clinical sites. Remaining curious allows experienced professionals to continue improving along with the residents they are teaching. The mentorship relationship should not end when a resident completes a rotation. Staying connected, answering questions, and learning from former residents strengthens both individuals and, ultimately, the profession itself.

In a previous NCOPE technician newsletter, Alex Wright called for more defined terminology and training regarding hand skills. I believe that effort should extend beyond terminology alone. We need shared expectations about what we expect residents to be able to do, how we evaluate individual progress, and how we continue learning from one another.

Continuous quality improvement in prosthetics and orthotics is not simply about producing better devices. More importantly, it is about producing better professionals. Every resident who enters our clinics represents another opportunity to improve not only their skills, but also our own. If we approach mentorship with curiosity, humility, and a willingness to share what others have shared with us, we strengthen the profession for everyone who follows.

After all, none of us arrived here alone.

AUTHOR**Jeremy Bliss Sherman, MS, CPO, LPO**

Jeremy is an Assistant Professor and Associate Program Director for Curriculum in the Orthotics and Prosthetics Program within the School of Health Professions at Baylor College of Medicine. He earned his Bachelor of Science from The University of Texas at Austin and his Master of Science in Orthotics and Prosthetics from the Baylor College of Medicine.

A certified and licensed prosthetist-orthotist, Jeremy is dedicated to advancing orthotics and prosthetics education through curriculum development, innovative teaching strategies, and applied research. His scholarly work focuses on clinical education, patient education, practitioner ergonomics, and professional training models in orthotics and prosthetics.

Navigating a Busy Work Schedule

My eyes were opened to the O & P field from an early age. I grew up in a small eastern Montana town where the economy relied on agriculture and the oil field. Through my years growing up, I saw many individuals whose injuries resulted in amputation or the need for lifelong bracing. Seeing those individuals, I felt a strong desire to help give back to those in my community in whatever way I could.

In high school, I took a financial literacy class where we did a career research module, and I discovered Orthotics and Prosthetics. I had a strong interest in this healthcare field and decided that summer I would do a job shadow at a Hanger Clinic. At that job shadow I fell in love with the field and the hands-on aspect of it and I knew immediately that this was my career path. That same summer I toured Spokane Falls Community College specifically to see and visit the O&P Technology that was offered. After high school I enrolled in the program and completed my technician education in 2019. I was fortunate to be hired at a Hanger Clinic in Billings Montana immediately after my education.

After 7 years in this career, it has brought me so much growth and joy. Through my career in this field, I've had the privilege of working with some amazing clinicians and a fellow senior technician. When I first started, I mainly focused on in house AFOs while he focused on in-house Prosthetics. We give each other help in pulling plastic and lamination. With his 37 years of experience, he has shared many tips and tricks with me and I'm thankful that I have the opportunity to work with and learn from him.

Almost four years ago, I was presented with the opportunity to fabricate for other Hanger Clinic clinicians across Montana and parts of Wyoming. After a trial period, these clinicians have expressed their preference for the high quality and faster turnaround times that I provide compared to central fabrication locations. Through that experience I've had to navigate some minor challenges.

At any given time, I am fabricating for 4-5 clinics and roughly 5-6 clinicians. Fabricating for that many clinicians simultaneously, I've learned to become hyper organized just to keep everything in order and on time. To help manage fab requests, I maintain 2 calendars and update both multiple times throughout the day. One calendar is kept in the main fab area where the in-house clinicians are able to check it if needed. The other calendar is kept next to my computer so it's the first thing I see when I start my morning.

For tracking purposes, every item patient-orientated is color coded for each clinician. To help keep all fabrication operating smoothly, I've started implementing a day-by-day game plan for when I am multitasking fabrication projects. I'm very thankful that I have excellent communication with my in-house clinicians. However, one of the challenges with the clinicians from other Montana and Wyoming clinics is receiving a response on fabrication questions in a timely manner and trying to catch them in between patients. Fortunately, while I'm waiting, I have other fabrication projects that I can get started or completed.

I've definitely had to learn how to multitask to keep up with the fast pace. But I really enjoy the pace of the work I do as it keeps my mind and body busy throughout the day. Every now and then, I have a clinician ask if I can do a quick turn around on a device. Most of the time I'm able to fit it in and move things around to make it work. But if I'm too busy, I have to tell them no and we are able to find an alternate date that works for both of us and the patient.

What I love about this field is the diversity of devices I fabricate. Sometimes, it seems like I fabricate many different devices ranging from standard AFO's to complicated prosthetics all in the same week. I enjoy it when a practitioner comes to me with an idea for an unusual device. At first, it sounds complicated and like it might fail or be impossible to achieve. But the more we

brainstorm and discuss what we want the final product to look like and how it should function, the more I can envision what we're trying to achieve to benefit the patient in the best way possible. Between multiple conversations or long phone calls and talking the process through we are able to bring the vision to reality.



Mentoring, cont'd

Such experiences are what I love, the challenging cases that make you think and work harder for the end product. Even better when the final product turns exactly how we imagined it would be. Then when the clinician delivers the device and it fits perfectly and functions just like we wanted it to. Finally getting to hear that the patient can now do things they haven't done since the injury. These are my reasons and my joy and why I love what I do. This field brings me so much pride, knowing I played a key role in giving someone their life back.



While navigating the busy work schedule does have its challenges, it has been so rewarding and fulfilling.

Sometimes trying to navigate the heavy workflow while dealing with personal life can get complicated and stressful. Between medical appointments, car trouble, or buying my first home. But what matters the most is having a team that supports and understands you. One major thing that I'm incredibly thankful for is having a manager and clinicians who support, encourage, and value the work I do. Without that, I don't think I would be as successful and confident as I am today in this field. Because of them, and the value they have for my work, I was awarded Technician of the Year for the Hanger Clinic Northwest Region in 2025. This was an incredible achievement and I'm so thankful for all the people I work with. I couldn't have done it without them and their support.



AUTHOR

Kendal Wipperling, CTPO



Kendal Wipperling is an orthotic and prosthetic technician at the Hanger Clinic in Billings, Montana. She graduated from Spokane Falls Community College in Spokane, Washington in 2019 with an AAS degree in Orthotic and Prosthetic Technology. She became an ABC certified Orthotic and Prosthetic technician in 2021.

Kendal enjoys every aspect of the work she performs. She especially enjoys the hands-on craftsmanship involved in the field and takes pride in combining technical precision with creativity to help each patient achieve the best possible outcome.

Outside of work you can find her hiking or hunting in the mountains with her boyfriend while taking in all of Montana's stunning scenery. She appreciates opportunities to learn new skills and enjoys projects that allow her to combine creativity with problem solving. Her passion for helping others, both professionally and personally, continues to motivate her every day.

Effective Hazard Communication for Chemicals in the Prosthetic & Orthotic Workplace

Working in the prosthetic and orthotic (P&O) laboratory setting comes with occupational hazards that are unique among traditional clinical settings. Many of these hazards align more with industrial or manufacturing work environments. According to the Occupational Safety and Health Administration (OSHA), health hazards can be classified as chemical, physical, biological, and ergonomic.¹ Figure 1 outlines some of the health hazards that may be present in the P&O setting.

The OSHA sets and enforces standards to ensure that workers can operate under safe and healthful working conditions, and the agency has clearly outlined how employers can effectively communicate chemical hazards to workers.² This article will summarize the OSHA's six steps in implementing an effective hazard communication program for chemicals and describe practical ways that these steps can be applied in the P&O workplace.

Step 1: Learn the Standard/Identify Responsible Staff Members

The first step is to access and read the OSHA's Hazard Communication Standard (HCS) at www.osha.gov/hazcom. The HCS requires chemical manufacturers to inform customers about the hazards in the chemicals through standardized labeling and safety data sheets (SDS). The HCS also outlines requirements for employers to implement if their staff work with hazardous chemicals. Some examples of hazardous chemicals that may be present in a P&O workspace include solvents, adhesives, resins, and aerosols.

According to the HCS, employers must implement the following safety measures in their workplace: a) creation of a written hazard communication program; b) proper labeling for hazardous chemicals; c) safety data sheets; and d) ensure employee training. In addition, a responsible person must be delegated to coordinate and implement the HCS effective hazard communication program. This coordinator may be the clinic manager, lab manager, or lead technician. The employer also must identify who HCS will apply to, or specifically, which staff members will use the hazardous chemicals in the workplace.

Step 2: Prepare and Implement a Written Hazard Communication Program & Conduct a Chemical Inventory

The person responsible for implementing the HCS will draft a written hazard communication plan that must include details about how the workplace will label chemicals, provide and store safety data sheets, and provide employee training. Step 2 also involves conducting a thorough inventory of all hazardous chemicals present in the workplace. This list is created to simplify and track the status of your labels and the SDS. *It is imperative that the product identifier is the same name as the name listed on the original chemical container and its SDS.*

See *Chemicals*, page 12

P&O Lab Hazards Examples of common hazard categories in a Prosthetics & Orthotics laboratory	
Hazard Category	Examples
 Chemical	- Resins and hardeners (epoxy, acrylic/polyester resins) - Solvents (acetone, thinners) - Adhesives (contact cement, cyanoacrylate/super glue) - Aerosols & lubricants (silicone sprays, spray adhesives, WD-40)
 Physical	- Noise (pneumatic saw and chisel, hammering, grinding) - Airborne dust and fibers (plaster, plastics, fiberglass, carbon fiber) - Thermal hazards (heat gun, oven, propane torch) - Rotating machinery (grinding, polishing) - Flying particles (breaking out, grinding, using compressed air) - Point of operation hazards (bandsaw)
 Biological	- Exposure to bloodborne pathogens - Exposure to liners or devices that may contain bacteria, viruses, or fungi
 Ergonomic	- Heavy lifting (plaster bags, casts) - Repetitive motions (grinding, modifying, hammering) - Vibration (pneumatic saw and chisel, grinding) - Prolonged standing, awkward or sustained postures (grinding, modifying)

Figure 1 Examples of common P&O lab hazards

Chemicals, cont'd

Key information to include in a chemical inventory is the Chemical Name/Product Identifier, Chemical Abstracts Service (CAS) number, Manufacturer/Vendor, Physical State (liquid/solid/gas) and Container, Quantity & Unit, Location, Hazard Classification, and whether an SDS is available. The table below shows a sample chemical inventory entry for acetone.

Chemical Name/Product Identifier	CAS	Manufacturer/Vendor	Physical State	Container	QTY	Unit	Locations	Hazard Classifications	SDS
Acetone ³	67-64-1	Fischer Scientific	Liquid	Bottle	1	Gallon	West Chemical Cabinet	Flammable2 Serious eye irritation 2A Specific target organ toxicity 3	Yes

Step 3: Ensure Containers are Labeled

The next step is to ensure that all containers are labeled. All hazardous chemicals must include the product identifier (i.e., Acetone, Barge Contact Cement) and general information regarding the hazards of each chemical. The HCS requires that pictograms depicting the exact hazard be displayed on the label. These pictograms are available for download at

<https://www.osha.gov/hazcom/pictograms> and explanations of each pictogram is detailed in Figure 2.

Secondary Chemical Containers

If chemicals are stored in a container other than their original container, it is important to use secondary labels that contain the hazard information.

Health Hazard  • Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity	Flame  • Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides • Desensitized Explosives	Exclamation Mark  • Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic Effects • Respiratory Tract Irritant • Hazard Not Otherwise Classified (non-mandatory) • Hazardous to Ozone Layer (non-mandatory)
Gas Cylinder  • Gases Under Pressure • Chemicals Under Pressure	Corrosion  • Skin Corrosion/Burns • Eye Damage • Corrosive to Metals	Exploding Bomb  • Explosives • Self-Reactives • Organic Peroxides
Flame Over Circle  • Oxidizers	Environment (non-mandatory)  • Aquatic Toxicity	Skull and Crossbones  • Acute Toxicity (fatal or toxic)

See Chemicals, page 13

Figure 2 HCS Pictograms and Hazards (osha.gov)

Chemicals, cont'd

Acetone

DANGER or WARNING [Choose proper signal word from the SDS]
 Highly Flammable liquid and vapor. Causes serious eye irritation. May cause drowsiness or dizziness.

Chemical composition	%
Acetone	100

Name of Preparer: John Smith Date: 11/9/26

Figure 3 depicts a sample secondary chemical container label filled out for acetone. Pictograms that are not in the chemical's SDS may be blocked out.

Step 4: Maintain Safety Data Sheets (SDS)

involves acquiring and printing the safety data sheets for every chemical listed and included in your inventory. The SDS is provided with the chemical or may be downloaded from the supplier's web site. It is important to ensure that the SDS are readily accessible to staff members. Storing the SDS in a central location in a clearly visible, labeled binder may be the best option. In the event of an emergency, medical personnel must be able to immediately access a hard copy of a chemical's SDS. *Staff must also be trained in where and how to access the SDS and how to interpret them.*

Figure 3 Sample secondary chemical container label filled out for acetone.

Template at

<https://www.ehs.washington.edu/chemical/chemical-container-labels>



The [OSHA Brief on Safety Data Sheets](#) is a valuable resource on how to find vital information on the safety data sheets and can be found on the OSHA website.

Ensure that the SDS is in a central, visible, and readily accessible location in the P&O laboratory.

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Chemicals, cont'd

Step 5. Inform & Train Employees

Newly hired staff members must be trained on the hazardous chemicals at the workplace before beginning to use them. Staff members must be trained in how to read chemical labels and to understand the hazards of each chemical. Staff must also know how to locate the SDS for a particular chemical. Staff should have a general knowledge of what information is available on the SDS and what protective measures to use with those chemicals (i.e., Personal Protective Equipment/PPE such as gloves, safety glasses, or respirators, or use only at certain locations in the lab with proper ventilation). Guidance on handling, storage, exposure controls, and personal protection is all information that can be found on the chemical's SDS.

Step 6. Evaluate and Reassess Your Program

The hazard communication program should remain current because the workplace must be reviewed periodically as the chemicals and hazards change. Reviews and modifications to the program may also be necessary when safety incidents do occur.

In summary, working in the prosthetics and orthotics field comes with possible exposure to several different occupational hazards. This article focused on chemicals and how employers can best communicate to their staff the hazards that come with working with these chemicals.

Guidelines set by OSHA are the gold standard when it comes to implementing an effective hazard communication program. One person needs to be delegated to coordinate and implement the program, all chemicals must be inventoried, properly labeled, and safety data sheets (SDS) must be readily available to staff and/or medical personnel. In addition, management must ensure that all users are trained in the proper use of the chemical, where the chemical may be used in the lab, what PPE needs to be worn, and how to find more specific information in the chemical's SDS. Implementing a hazard communication program for chemicals in the P&O workplace is a vital component necessary to keep P&O clinicians and technicians healthy and safe!

- 1 [Safety Management - Hazard Identification and Assessment | Occupational Safety and Health Administration](#)
- 2 [Steps to an Effective Hazard Communication Program for Employers That Use Hazardous Chemicals](#)
- 3 [Acetone – Safety Data Sheet](#)



AUTHOR

Amanda S. Barizo, BS, CTPO

Amanda S. Barizo is a teaching associate and lab manager at the Division of Prosthetics and Orthotics at the University of Washington in Seattle, Washington. In year 2011, she completed the prosthetic & orthotic technical program at George Brown Polytechnic located in Toronto, Canada. Since graduation, Amanda has worked in various roles in orthotics and prosthetics, education, and the non-profit sector.

Introducing the International Institute of Orthotics and Prosthetics Integrated Residency Track

The International Institute of Orthotics and Prosthetics (IOP) in Tampa, Florida is excited to introduce our Integrated Residency Track for MSOP students! All students enrolling in the IOP MSOP program will have the opportunity to select either a traditional 16-month track, resulting in a Master of Science degree in Orthotics and Prosthetics, or the Integrated Residency Track for a combined total of 30 months resulting in an MSOP degree, placement for residency, and guidance through completion. Upon completion, students who select the traditional 16-month track will need to seek residency independently while students who select the Integrated Residency Track will be eligible to take ABC Board Exams for certification.

At IOP, all students will experience the same innovative and experiential didactic education implemented by our diverse and qualified faculty, with the addition of new practical clinical experience and comprehensive patient care learning opportunities. With the focus of real-world knowledge and practical application being center to our curriculum, all students will continue to learn fundamentals of patient care best practices, developing fabrication skills, and furthering research relative to the Orthotic & Prosthetic workforce.

The addition of the IOP Integrated Residency Track is not only an exciting new option for the students, but also an incredible opportunity for the O&P community to be involved and contributing to the next generation of clinicians' education and experiences. Unlike other integrated residencies, the IOP experience is designed to provide a long-term retainable clinician to your team, by allowing the resident to fulfill all 18 months of the combined O&P residency with one clinical or partnering team.

IOP recognizes that students face barriers to residency training outside of their control such as cost of living, unpredictable employment, and inconsistent residency education. IOP also recognizes the costs and challenges for an operating practice to host students and residents. IOP will be partnering with a variety of ABC Accredited O&P clinical locations across the country to host our talented students and provide structured, exceptional residency education without the added financial burden of hosting a resident.

Students enrolled in the IOP Integrated Residency Track will receive assistance for placement in a rewarding dual-discipline residency while maintaining their enrolled student status. Our students enrolled in the Integrated Residency Track will continue to have access to all resources provided as full-time students at IOP. These resources include full-time access to the entire IOP campus, all educational materials, all research resources and equipment, full-time access to all IOP faculty and staff, Mock Exams for exam preparation, and much more.

Additionally, all students enrolled in the Integrated Residency Track maintain full-time IOP student status throughout their residency, which allows them to continue to participate in all the IOP Continuing Education opportunities offered through the institution. These opportunities include additional certificate programs, manufacturer seminars and certifications, ongoing research furthering O&P innovation, and O&P special events hosted at the IOP campus in Tampa, Florida.

Making O&P education affordable from the first day of classes to completion of their certification exams is one of our top priorities at IOP. The orthotic and prosthetic field currently has a workforce replenishment problem. With 14 Masters of Science in Orthotics and Prosthetics (MSOP) programs in the United States, the average number of students graduating in a 12-month period is less than 200 students. While we celebrate growth as an O&P community when enrollment and graduations increase, our students are met with high competition and extended waiting periods for available residency positions. Many students experience financial hardship from the cost of education and continuing their education through residency, so they must rely on staying close to home or declining opportunities that may not be affordable to them. For several reasons, we have seen a decrease in the number of NCOPE approved O&P residency sites and active programs.

See Residency, page 16

Residency, con'td

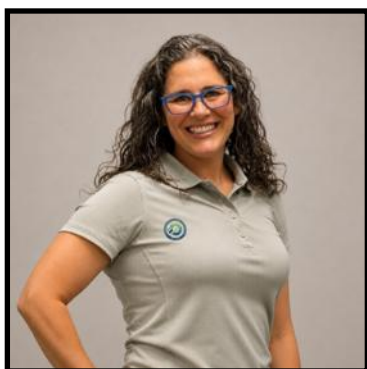
The IOP Integrated Residency Track will offer an affordable pathway for students to continue pursuing education in residency with the assistance of placement for their dual-disciplined O&P experience. This assistance will be provided through affordable tuition, cost of living assistance during the residency semesters, and continued access to the innovative and incredible resources of our institution. Students will benefit from continued guidance, structured curriculum, and a clear pathway for transition from the classroom to the clinic room.

Our program also provides direct guidance and assistance to our partner sites for building, implementing, and maintaining a successful residency program. Our orthotic and prosthetic clinical partner sites have the flexibility to be either exclusive IOP residency providers, or they can continue to host IOP students alongside other students and residents. We believe that this choice not only helps make access to clinical sites easier to obtain but also provides a diverse learning environment for all students.

For more information on how you can contribute and partner with International Institute of Orthotics and Prosthetics, visit our website at www.iiop.edu. Check-out our Continuing Education page which offers a variety of O&P education opportunities including compliance courses, the ABC approved Pre-Certification Course for Orthotic Fitters and Custom Molded Shoes, the ABC approved Pre-Certification Course for Pedorthics, the IOP Orthotic and Prosthetic Assistant Training Program, The IOP Business Certificate Program, a Certificate in O&P Exercise, and the Limb Loss Rehabilitation Specialist Certification Course.

AUTHOR

Brittany Jones, BS, BASOP, LCPO



Brittany Jones is a Licensed and Certified Prosthetist-Orthotist (LCPO) with more than a decade of experience in clinical care, leadership, residency education, and program development within the O&P profession. She currently serves as Residency Director, Clinical Rotation Coordinator, and Student Services leader at the International Institute of Orthotics and Prosthetics (IOP), in Tampa, Florida. In this role, Brittany develops innovative educational programs, oversees NCOPE residency initiatives, manages clinical partnerships nationwide, and leads continuing education opportunities for students and professionals.

As a recognized pediatric specialist, she has extensive expertise in scoliosis management, pediatric neuromuscular pathologies, and cranial remolding orthoses. Throughout her career, she has been dedicated to mentoring future clinicians as an NCOPE preceptor, residency coordinator, and guest lecturer for orthotics, prosthetics, and physical therapy programs across the country. Brittany is passionate about

advancing the O&P profession through education, advocacy, and leadership. She has developed residency pathways, created alumni and community outreach programs, established clinical partnerships nationwide, and contributed to clinical practice guidelines and outcomes research.

Brittany earned a Bachelor of Applied Science in Orthotics and Prosthetics from St. Petersburg College (2013) and a Bachelor of Science in Psychology from Virginia Tech (2009) where she participated in behavioral neuroscience research. She is committed to developing the next generation of O&P professionals while improving patient outcomes through innovation, education, and collaborative leadership.

Northwestern's First Masters of Prosthetics—Orthotics-Research (MPO-R) Cohort Successfully Defends Theses and Completes Program

CHICAGO, Ill. (September 2026) – The Northwestern University Prosthetics-Orthotics Center (NUPOC) is proud to announce the successful thesis defenses and graduation of the inaugural cohort of students in the Master of Prosthetics & Orthotics Research (MPO-R) program at Northwestern University Feinberg School of Medicine.

The six graduates comprise the inaugural graduating class of Northwestern University's Master of Prosthetics & Orthotics Research (MPO-R) program, the first and only degree program of its kind in the United States. Designed to develop future leaders in prosthetics and orthotics, the MPO-R combines rigorous clinical education with advanced rehabilitation research training to prepare graduates for careers as clinician-scientists.

Over the course of nine academic sessions, MPO-R students completed all requirements of Northwestern's renowned Master of Prosthetics & Orthotics (MPO) program while undertaking additional coursework in research design, biomechanics, statistics, and scientific writing. The program culminates in an original thesis project and formal thesis defense, equipping graduates with the skills needed to serve as both clinicians and researchers.

The inaugural cohort presented and defended six original research studies addressing critical questions in prosthetic and orthotic care:

Inaugural MPO-R Thesis Defenses

Amanda Kemper *Effects of Unilateral Myoelectric Prosthesis Use on Upper Body Musculoskeletal Dynamics During Goal-Oriented Tasks*
Advisors: Russell Johnson, PhD, and Matthew Major, PhD



Left to right: Matthew Major, Amanda Kemper, Russell Johnson

See Masters, page 18

Masters, cont'd

Owen Albrecht *The Kinematics and Kinetics of Walking with a Pediatric Powered Prosthetic Knee: A Single-Subject Study of Gait Training and Analysis*
Advisor: Matthew Major, PhD



Left to right: Matthew Major, Owen Albrecht

Christian Maron *The Effect of Prosthetic Foot-Ankle Stiffness on Rollover Shape Radius and Energy Return in Individuals with a Unilateral Transfemoral Amputation*
Advisor: Steven Gard, PhD



Left to right: Steve Gard, Christian Maron

Elyssia Robbins *Towards Precision Rehabilitation: Predicting the Effects of Personalized Ankle Foot Orthoses on Symmetry in Hemiparetic Gait*
Advisor: Russell Johnson, PhD



Left to right: Russell Johnson, Elyssia Robbins

Elizabeth Ibata-Arens *Effects of Damping Prosthetic Components on Dynamic Balance in Transtibial Prosthesis Users*
Advisor: Matthew Major, PhD



Left to right: Matthew Major, Elizabeth Ibata-Arens

See Masters, page 19

Masters, cont'd

"Maria Gamez *Impaired Lower Limb Proprioception and the Minimum Foot Clearance in People with Unilateral Chronic Post-Stroke*
Advisor: Russell Johnson, PhD



Left to right: Russell Johnson, Maria Gamez

The research presented by the inaugural cohort demonstrates the breadth and depth of inquiry fostered within the MPO-R program, encompassing upper-limb prosthetics, powered prosthetic technologies, gait biomechanics, orthotic intervention design, balance and mobility, and post-stroke rehabilitation. Through their thesis studies, students generated new knowledge with the potential to advance clinical practice and improve mobility, function, and quality of life for individuals with limb loss and neurological impairments.

The Northwestern University Prosthetics-Orthotics Center congratulates Amanda Kemper, Owen Albrecht, Christian Moran, Elyssia Robbins, Elizabeth Ibata-Arens, and Maria Gamez on their thesis defenses, graduation, and pioneering role as the first graduates of the Master of Prosthetics & Orthotics Research program.

A First-of-Its-Kind Educational Experience: More about MPO-R

The MPO-R program is unique within the United States prosthetics and orthotics profession. Building upon Northwestern's established MPO curriculum, the program provides students with intensive research training alongside the MPO clinical education.

Students work closely with faculty mentors and thesis committees to conceptualize, design, execute, and defend an original research study.

The result is a new generation of clinician-scientists prepared to bridge the gap between research and practice, translating scientific discoveries into improved patient outcomes while helping advance the evidence base that guides the profession.

About the Northwestern University Prosthetics-Orthotics Center

The Northwestern University Prosthetics-Orthotics Center (NUPOC), part of Northwestern University Feinberg School of Medicine, is a leader in prosthetics and orthotics education, research, and clinical innovation. Through its academic programs and research initiatives, NUPOC prepares practitioners and researchers to advance mobility, rehabilitation, and patient care worldwide.

TO ALL READERS.....

If you have items to sell or are looking for something specific, consider joining O & P Buy, Sell Trade group on Facebook. <https://www.facebook.com/groups/1566539167993769>

Patricia Rogel, CO. LO. OTR/L
Chicago Pediatric Orthotics
224-470-8550 (phone)

Associate Fabricator

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The Prosthetic Orthotic Technician fabricates and repairs custom prosthetic and orthotic devices to achieve optimal fit, function, durability, and appearance. This role requires strong technical skills, attention to detail, sound judgment in material selection, and expertise in fabrication techniques. The successful candidate will work independently while collaborating closely with practitioners to deliver exceptional patient outcomes.

What Sets You Apart

- Experience fabricating both standard and complex prosthetic and orthotic devices
- Commitment to craftsmanship, innovation, and continuous improvement
- Strong focus on quality, safety, and patient-centered outcomes
- Ability to exercise sound judgment and technical decision-making

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Prosthetic / Orthotic Technician

Company: Clinical Tech Center

Location: Johnson City, Tennessee

Position: Full Time Prosthetic / Orthotic Technician in a central fabrication facility

About Us: At Clinical Tech Center, we are a young, fast-growing Prosthetic and Orthotic Central Fabrication facility located in the heart of the beautiful mountains of Northeast Tennessee. We combine modern fabrication techniques with precise craftsmanship to deliver high-quality, custom devices that restore mobility and change lives. We foster a supportive, team-driven environment where your skills make a direct impact on patient outcomes—all while living in a region world-famous for its outdoor recreation, low cost of living, and mountain community charm.

Position Overview: We are seeking a skilled and motivated Prosthetic and Orthotic technician to join our central fabrication team. This position will be responsible for the modification, fabrication, finishing, and repair of custom prosthetic, and orthotic devices, as well as custom foot orthotics and shoe modification, all while maintaining a high standard of quality and craftsmanship.

Key Responsibilities

- Perform plaster pouring, mold modification, plastic thermoforming, and wet laminations for custom O&P devices.
- Working with CAD/CAM and 3D printed models based on clinical specifications.
- Execute shoe modifications, custom foot orthotic fabrication, and device finishing.
- Metal bending, and Leather covering custom braces.
- Inspect completed work to ensure strict quality control and compliance standards.

Who We're Looking For: While experienced technicians are always welcome, this role is an excellent fit for recent student graduates who have completed an accredited Prosthetic and Orthotic Technician program. If you are passionate, take pride in your work, eager to refine your skills alongside our very experienced team and want to build a rewarding career we encourage you to apply today.

Compensation: We offer a competitive compensation and benefits package designed to recognize experience, skills, and professional growth. Relocation assistance may also be available for qualified candidates.

How To Apply: Please email your resume and a brief introduction to:

Robert Abbott CPA, CTP

Clinical Tech Center

robert@ctcpo.com



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