

## **In-office Dispensing Products Targeted for Your Diabetic Population**

In-office dispensing is defined as the selling of products within your office to patients and in many cases the public. This practice has been common for many years, especially within the offices of dentists, dermatologists and plastic surgeons. In-office dispensing has come into increasing favor over the past few years due to economic forces such as managed care and increased overhead, as well as the physician's desire to offer patients a more comprehensive approach to treatment.

In our practice, we have found the following benefits to in-office dispensing:

- Improved patient satisfaction due to convenience and professional quality of the product delivered.
- Significant increase in compliance from myself and staff providing instructions for use with the product in hand.
- More complete approach to patient care that our patients greatly appreciate. They often articulate how great their feet feel due to use of the products we offer.
- Viable and ethical source of income that has dramatically enhanced our bottom line.
- Profit sharing with our staff, increasing job satisfaction and reinforcing the importance of the team approach.
- More patient contact with my office when they return just for purchase of a product.
- Increased patient referrals by virtue of current patients discussing their satisfaction with products and care with others. We frequently have customers whom are not currently being seen for foot care come to our office to purchase products upon a recommendation from one of our patients. Our patients are out in our community spreading the word of our practice due to our comprehensive approach and delivery of in-office dispensing.

Products targeted for our diabetic patients have provided a significant benefit to their foot health. Here are the products that many practices throughout the country have found to work well with the diabetic population. Even though I discuss specific products below there are others of similar quality and efficacy offered by many companies.

- **Amerigel Care Lotion ([www.amerigel.com](http://www.amerigel.com))** is particularly effective for dryness in the ankle and lower extremity for patients with venous stasis and associated discolorization (purpura), which we have found is present in almost all middle aged and elderly diabetic patients. This reduces scratching and related venous stasis ulcers, resulting in patients being more pleased with the appearance of their lower extremity. This is also an anti-fungal, anti-microbial, and anti-inflammatory. This is one of the few lotions that is dimethicone-based and can be put in web spaces without worry of maceration.

- The group of our patients most frustrated by chronic pain and symptoms are diabetics with peripheral neuropathy. **Biofreeze ([www.biofreeze.com](http://www.biofreeze.com))** has a safe and simple solution that works well with this patient population. Many of our diabetic patients have indicated that this is the first thing that has helped to “cut the edge”, and in many cases, has helped to improve their ability to sleep without frequently waking up from neuropathy related pain. The new Biofreeze spray has made it simple to apply for those not able to reach their feet to rub on Biofreeze gel or apply the roll-on. The spray also has improved penetration and is affordable for the patients.
- **Gordon Laboratories** has many foot products we use on our diabetic patients. **Gormel Crème** (20% Urea) is an excellent general purpose cream for dry and scaly skin. Our diabetics like it because they say it absorbs well and “works so much better than all those creams I have tried in the past.” We have the patients use this crème on their feet and the Amerigel Care Lotion on their ankles and legs. For fissured heels, we recommend **Calicylic Crème (Exfoliating)** because it works very well in conjunction with **Healthy Foot Buffing Pad ([www.mccofootcare.com](http://www.mccofootcare.com))**, which serves as a very effective pumice stone (much better than those available in the stores).  
Hyperhydrosis is seen in many diabetics and if not treated can lead to various complications. This is treated with **Formadon or Forma-Ray** depending on the severity for six weeks followed to significantly dry up the feet followed by maintenance on a daily basis with **Bromolotion** , which moisturizes and controls sweating.
- We recommend **Powersteps ([www.powersteps.com](http://www.powersteps.com))** (well priced and prefabricated orthotics) devices to all young diabetic patients and Medicare patients that do not qualify for diabetic shoes and insoles, but are being treated for non-biomechanical related problems with the thought of provided support to prevent future chances of Charcot. Our diabetic patients who wear these seem to always purchase multiple pairs and relate how much better their feet feel in general by wearing them daily.
- **Dr. Jill’s Foot Pads ([www.drjillsfootpads.com](http://www.drjillsfootpads.com) and Silipos)** have an array of products that help to protect and cushion all parts of the feet and ankles. We use a variety of their products, but the most common are pads to reduce pressure on corns, bunions and plantar lesions. These differ from what is typically available in local stores and are packaged nicely by Dr. Jills. I suggest you check out their long list of products at their web site.
- We have recently started dispensing non-custom compression hosiery and socks through **Florida Orthopedics ([www.flaorthopedics.com](http://www.flaorthopedics.com))**. Their Activa series has been incredibly well accepted by our patients because this product has addressed the three main reasons why patients do not want to wear compression stocking: comfort, appearance, and price. We recommend these to all age groups with any degree of edema, mild spider veins and varicose veins that are not in

need of custom stockings. The majority of diabetics fall into this class. We now have many young patients who are on their feet for many hours daily, which have helped to relieve leg fatigue.

Our diabetic patients are most accepting of products dispensed in our office because of their focus on the importance of ongoing foot health and possible complications relating to non-compliance and complacency. With the advent on managed care and competitive nature of medicine, dispensing of products has addressed these issues very successfully. I advise that for those who are reluctant because of issues of professional appearance, space and time constraint, and lack of patient willingness to pay for the products, that you re-visit this concept. Consider starting with one product and get comfortable with the concept. Then explore products in each category to have available for your patients. The doctors, staff, and most importantly, your patients, will all be winners.

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