

Introduction	Method
Integrated models of lower-limb care are increasingly recognized as essential for patients with complex foot and ankle presentations. Evidence from multidisciplinary wound-care services demonstrates that coordinated practice reduces complications and supports optimal recovery trajectories. The orthotists contribute advanced biomechanical expertise and device-based interventions, while podiatrists deliver essential clinical management of foot pathology. Although these two professions share significant areas of overlap, structured interdisciplinary working remains variable across services and under-represented in current research.	This review synthesized findings from published literature, clinical case examples, and service models where orthotists and podiatrists delivered joint care. Particular attention was given to key shared clinical areas including diabetic and neuropathic foot management, plantar heel pain, and post-operative rehabilitation. The review also evaluated emerging orthotic technologies such as 3D-printed devices, digital pressure-analysis systems, and advanced scanning-to-manufacture workflows to determine how these innovations are being embedded within podiatric pathways. Their influence on long-term functional outcomes and patient-centered care was examined.

Results

Findings demonstrated that coordinated practice between orthotists and podiatrists consistently results in enhanced clinical outcomes for individuals with complex foot and ankle presentations. Joint assessments improved functional mobility, supported better engagement with prescribed interventions, and increased overall patient satisfaction. Integrated pathways were also associated with reduced incidence and recurrence of diabetic foot ulceration and more efficient use of clinical resources. The incorporation of advanced orthotic technologies such as pressure-mapped and 3D-printed devices further improved clinical precision when combined with podiatric evaluation. This integrated model enabled personalized treatment planning that addressed both immediate functional needs and long-term rehabilitation goals.



Discussion

➤ The study demonstrates that coordinated working between orthotists and podiatrists provides clear clinical advantages, particularly for patients presenting with complex foot and ankle dysfunction.

➤ When biomechanical assessment, device prescription, and podiatric management are aligned, treatment pathways become more consistent and functionally focused. This joint approach supports improved gait efficiency, greater tolerance of prescribed orthoses, and better adherence to longer-term management plans.

➤ The introduction of technologies such as pressure-mapped insoles, digitized foot scanning, and additive manufacturing further strengthens clinical decision-making, allowing orthotists and podiatrists to deliver highly targeted interventions. Overall, the evidence reinforces that structured interdisciplinary practice is fundamental to achieving reliable outcomes and reducing avoidable complications in lower-limb care.

Conclusion

This review identifies three key points that strengthen the case for a more unified approach between orthotists and podiatrists:

- ❖ Integrated biomechanical and podiatric assessment leads to more predictable outcomes, particularly for patients with complex or high-risk foot presentations. Shared decision-making improves the accuracy of orthotic prescription and supports better long-term function.
- ❖ Emerging technologies such as digital pressure analysis, foot scanning, and additive manufacturing enhance the precision of orthotic intervention when used within a collaborative pathway. These tools enable both professions to tailor devices more closely to patient need.
- ❖ Consistent interdisciplinary practice reduces avoidable complications, especially in diabetic and neuropathic foot management, and offers a more efficient use of clinical resources.
- ❖ These findings highlight clear opportunities for service development, shared training pathways, and further research to strengthen collaborative lower-limb care across clinical settings.