INTRODUCTION
Degenerative Disc Disease, (DDD) is most prevalent in the lumbar and cervical spine. DDD is a common but apparently ill-defined ailment. This may be why there appear to be no clear standards on the orthotic management of Lumbar Degenerative Disc Disease, (LDDD). The purpose of this study is to determine via questionnaire, a) the extent to which orthotic management of LDDD correlates with the severity of the condition, and b) if the orthotic management is based on evidence based practice or tradition- i.e. on clinician preference, training, and regional trends.

METHOD
The study was conducted via distribution of questionnaires to American physicians and orthotic providers. The surveys were created electronically on survey monkey. The Orthotic Provider Survey was a 15-question survey distributed to the Orthotic and Prosthetic Professional mailing list, the NCOPE (National Commission on Orthotic and Prosthetic Education) Resident mailing list, the ABC (American Board for Certification) facebook page, the NCOPE facebook page, the O&P social webpage, and by emails and facebook messages to personal acquaintances in the field. Other groups were asked to distribute the survey but did not agree to. The Physician Survey was an 18-question survey sent to nine medical associations for distribution, and to personal acquaintances who met the inclusion criteria. The North American Spine Society (NASS) and The International Society for the Advancement of Spine Surgery (ISASS) were the most interested. NASS mailed out a one-time link to the physician survey with N/A as an addition to each question. The other organizations either ignored the request or denied it because it did not have IRB (Institutional Review Board) approval. Neither ABC nor NCOPE has an IRB and this author lacks an affiliation with an institution with an IRB. The surveys were open from April 22, 2012 to June 12, 2012. Demographic variables such as region of the country (Census, Medicare, and state median income regions) were assessed within the practitioner categories stated above. Analysis of questions was done both individually and with cross tabulations and multivariate regression.

RESULTS
30 Orthotists and 3 Physicians responded to the surveys. There were not enough responses to the physician survey to merit contrast with the orthotic survey. Orthotic Question 1 measured the average severity of LDDD for different orthoses. Results were consistent with more orthotic control being provided for more severe cases of LDDD. Question 3 asked, “Does the orthosis utilized reflect more upon which spinal motions will be controlled or an assessment of expected patient compliance with it?” 80.0% responded with both, 13.3% responded with motions controlled, and 6.7% responded with patient compliance. Question 11 and 12 referred to whether the orthotic management prescribed increased with the severity of the patient’s condition when the orthotist was not involved in the prescription formulation process and when they were. When they were not involved, 86.7 % said the orthotic management increased with severity of the condition, and 13.3% said it did not. When they were involved, 93.3% said the orthotic management increased, and 6.7% said it did not. Analysis of the orthotic survey results also noted that geographic variations in treatment protocols were present. Corset type devices, defined as lumbosacral corsets, dorsolumbrosacral corsets, and Lumbosacral Orthoses Sagittal Control (“Chairbacks”) were more likely to be used in states with below median state income. Higher income states opting for LSO pull string lever devices and body jackets. Additionally, the consistency of responses with a standard derived from the 1975 and 2008 Atlases of Orthotics varied greatly among orthotists. Answers provided did not match the standard closely, but the guidelines are reasonable topics for discussion. The range of responses was wide, ranging from 19 to 91 percent agreement.

CONCLUSION
A larger sample size and a more random sample would provide results that are more conclusive. Whether or not Medical doctors may be able to better classify the disease severity and Orthotists may know more about which motions each orthotic device controls could not be determined due to the inadequate response rate to the physician survey.

CLINICAL APPLICATIONS
This examination of prescription trends may aid in the development of protocols for the treatment of LDDD that can be evaluated by other researchers.

REFERENCES