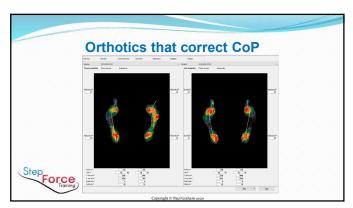


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5

Orthotic design Consider, what is: The patient's main concern? Your diagnosis and treatment strategy? The aim of the orthotics? What were the outcomes of your Intervention tests? The material that the resupination test indicates is needed? The correction type that is required for each foot? The required extra prescription options? What footwear will they be wearing the orthotics in?

A Clear focus on the Outcome

Be crystal clear in your mind regarding:

- 1. The patient's main concern?
- 2. Your diagnosis and treatment strategy?
- · What role do the orthotics have in the overall plan?
- What other therapy are you including?
- Does the orthotic correction need to be altered?

Step Force Training

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What is the aim of the Orthotics

- 1. Provide support and increased proprioception?
- 2. Offload area and reduce chance of further injury?
- 3. Address dysfunction and correct CoP trajectory?

"If you don't know where you are going, you will probably end up somewhere else."—Lawrence J.

Force

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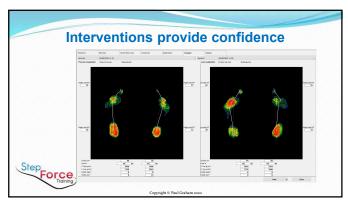
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What was the outcome of your Intervention tests?

- 1. Arch collapse test
- Frontal Plane Correction Test
 5.
- 3. Improving 1st MTPJt function
- 4. Forefoot weight redistribution
- 5. Improving Heel loading
- Offloading by changing CoP pressure trajectory

Step Force Training

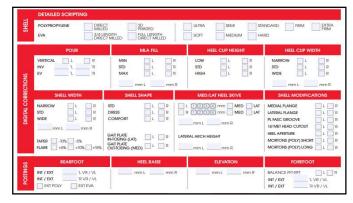
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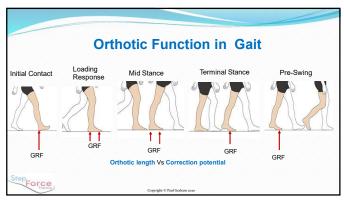


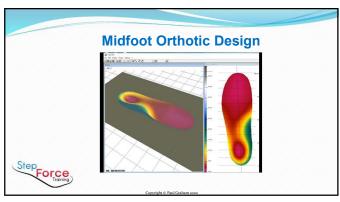
Material and Function The following guides your choice of Orthotic material 1. How hard is the Resupination Test? 2. What is the position of the Subtalar axis? 3. What is the patient's activity type and frequency? 4. What is the weight and lifestyle of the patient? Also there will be special cases such as: • Polypropylene for Gait plates because of the anterior extension • Carbon Fibre insoles to rest forefoot structures

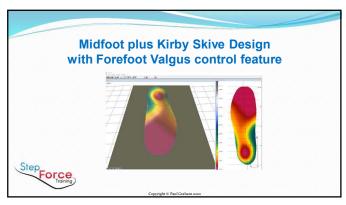
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Orthotic Correction Type Based on a number of variables • Force pathways based on skeletal structure • Subtalar Joint Axis • Resupination • Medial Column Function • Muscle strength / Joint mobility • Other: Age / Activity levels / medical history / Footwear choice













	FINISHING								
		LEFT	RIGHT		LEFT	- 11	RIGHT		
ADDITIONS	MET DOME SIZE	0000	0000	MORTONS EXT	EVA DØ3mr	n	EVA 023 mm	n	
	MET DOME POSITION	00000	02346		PORON 1.6mm	m 3.2mm	PORON 1.6mm	n 3.2mm	
	MET BAR SIZE	000	000	REVERSE	EVA DOGmr	n:	EVA (123) mr	n	
	FFT VL EXTENSION	3' 4' 5'	3' 4' 5'	MORTONS EXT	PORON 1.6mm	m 3.2mm	PORON 1.6mm	n 3.2mm	
	FFT VR EXTENSION	3' 4' 5'	3 4 5	ARCH PADS	PORON 1.6mm	m 3.2mm	PORON 1.6mr	m 3.2mm	
				HEEL CUSHIONS	PORON 1.6mm	m 3.2mm	PORON 1.6mr	n 3.2mm	
	DURAFIT" SMOOTH	BLACK	SKIN		-				
	LEATHER	BLACK	SAND						
	DURAFIT"	ANTHRACITE	BEIGE	BLACK	BLUE	CAMEL	CREAM	LIME	
	SEMI-PERFORATED	MARINE (NAVY)	MAGENTA	ORANGE	SILVER	SKIN	STONE		
40	EVA 2mm	BLACK	BLUE	RED	NATURAL	YELLOW	PURPLE		
TOP COVERS	3mm	BLACK/GREY	PINK	BLUE SWIRL	LIME SWIRL	PINK SWIRL	LIME		
	NORA"	DIABETIC ANTI SHEAR 3mm LUNALASTIK FLESH 2mm LUNAL					TIK SKY BLUE 2mm		
	LUNASOFT 2mm	CORK	BLK/RED	BLK/WHITE	BLK/YELLOW	BLK/PURPLE	BLK/PINK	QUATTRO	
	NEOLON 1.5mm	BLACK	BLUE	PORON FFT	EXT		-		
	3mm	GREY BAMBOO	(Allenda)						
	PLASTAZOTE	3mm	ómm	\$		LENGTH	SULCUS		
	PORON	1.6mm	3.2mm	EVA FFT EXT		<u> </u>	*ALL BULCUS/FULL I	PROPERTY IN	
	PORON SR	3.2mm		imm Imm	2mm 3mm		CAMBRELLE BACK	ED CO	
INSTRUCTIONS	R								

Additional prescription options							
 Correction for LLD 	 1st Metatarsal Cut-out and/or Backfill 						
 Rearfoot Valgus (careful) 	 Forefoot supinatus allowance 						
Heel lift:	 Metatarsal Pads or Domes 						
 Soft or Firm 	 Shaft for HL or HR 						
 Intrinsic or Extrinsic 	Cluffy Wedge						
 Lateral Arch Support 	 Hallux and toe positions 						
 Calcaneocuboid Support 	 Custom addition 						
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Footwear Issues Ensure you discuss the expectations clearly with the patient: 1. Will the orthotics fit and work with the shoe choice? 2. Will the correction be enough or too much in different shoes? 3. Do you need to make more than 1 pair to satisfy this? It is always good to have this discussion before you dispense them to the patient, so neither of you get a nasty surprise!

