



Orthotic Wearing Instructions

For best results, read all instructions carefully



Congratulations. You have received a pair of precision

medical orthotic devices. When used correctly they will provide many years of comfort and support. Below are detailed instructions which provide vital information on proper use of your orthotics. In order to get the most benefit from your orthotics, we highly recommend that you read the following instructions carefully.

The main portion of the orthotic is called the orthotic “plate.” The shape of the plate was determined by the cast of your foot and then very specific corrections were prescribed to control the abnormal motion of your foot. Using the image of your foot and the prescription a mold was made of your foot. The orthotic plate was made off of this mold.

Although the material itself may be somewhat firm, you will find that it will be very comfortable because it was made specifically for your foot. In most cases the orthotic will be about as wide as your foot. The wider the orthotic is relative to your foot, the more control it will give you. The narrower it is, the easier it will fit into smaller dress shoes. If your orthotic is made to provide you control during exercise walking and other athletic activities it probably will not fit into your dress shoes. On the other hand, if it was made to wear in your dress shoes, it may be too narrow to provide adequate control during athletic activities.

If you wish, additional pairs of orthotics can be made off of the same mold of your foot once we are sure the first pair is functioning correctly.

Your orthotic may or may not have a cover on top of it. Although usually not necessary, covers can provide extra cushion and allow for additions and adjustments to the orthotics. If your orthotics do not have a cover and either you or your practitioner decide later a cover would be beneficial, they can be easily added at your follow-up visit. Most patients, however, find their orthotics are so comfortable that they do not require a cover. Sometimes covers are applied, but only glued on the back half of the orthotic. This allows for easy adjustments if necessary and then the cover may be glued down once those are complete.

GETTING ACCUSTOMED TO YOUR ORTHOTICS

Although commonly called “orthotics” the correct name for prescription orthotics is “Functional Foot Orthoses.” They are called “functional” because, when properly prescribed, will improve the function of your foot. By improving the function of the foot, they also change the function of the muscles within your foot and the muscles entering the foot from the leg. In addition, by altering how much the foot rolls in, they also alter how the leg is positioned. Because of these changes in muscle function and leg position, it is important you break into your orthotics gradually. Otherwise you may experience foot, leg, knee or hip pain.

You should only wear them one hour on the first day, two hours on the second, three hours on the third and so on. On the eighth day you may begin wearing your orthoses full time.

You should not wear your orthoses while running or participating in other sports until after the first week and you are finding them comfortable for walking. After your one-week break-in period you should wear your orthotics as much as you can for the next two weeks. If you can, wear them full time. If you must wear smaller dress shoes at work and this pair of orthoses will not fit into dress shoes then wear your orthoses with stable shoes to and from work and wear them after work. During this two week period you should wear your shoes and orthoses from the moment you get up until you go to bed.

It is normal for the orthoses to feel a bit odd at first. However, if at anytime during the break-in period you experience pain that lasts for more than a day in your ankles, knees, hips, or back you should stop wearing the orthoses and call your doctor.

SHOES

The importance of shoes cannot be over-emphasized. The best orthoses in the world will be ineffective unless you wear them in the correct shoe. In order for your orthoses to work properly, they must sit on a stable base - thus a stable shoe is imperative. Having a major brand shoe does not mean you have a stable shoe. For example, Nike makes a dozen different running shoes, however, we have only found one particular model that provides enough support for most orthotic wearers. The list you receive will list the specific models we find appropriate.

There are three main features you will look for when evaluating shoes. These criteria are true for both athletic shoes and dress shoes. The area on the back is called the Heel Counter. The heel counter must be stable in order to support your foot and the orthotic. Try the “two-finger test”, grabbing the heel counter between two fingers, you should not be able to squeeze in. If you can, then the shoe is not stable enough for you. The shoe should also be very stable torsionally - the front of the shoe should not twist easily on the back part. Also, make sure the shoe bends where your toes bend. Shoes should naturally bend where your toes bend - not in the middle of the shoe.

The shoe should also be firm in the area called the medial - or inside - mid-sole. Athletic shoes will have different densities of foam, air or gel in the mid-sole. If this material is too soft the shoe will collapse under your foot allowing your foot to pronate or roll too much.

A firm mid-sole will prevent the shoe from collapsing underneath your foot.

TYPES OF SHOES

The shoe manufacturers offer an endless variety of shoe types. Running shoes traditionally have the best technology built into them and usually make for the best walking shoes - particularly for exercise walking. Don't let shoe company marketing make you think you need a separate shoe for walking and running. Right now a stable running shoe is the best walking shoe. If you need a shoe that is not quite as flashy in appearance as a running shoe, there are some very good walking shoes on the market. Walking shoes have improved in the last few years but most are not as stable as the right running shoe.

When looking for dress shoes, pay attention to the same stability features as with athletic shoes. Of course, the dress shoes will be smaller. This may require a smaller orthosis, such as a dress orthosis. These smaller orthoses can be made off the same mold of your foot as the original pair. The cost for additional pairs is substantially less. Once you have worn your orthoses for several weeks and we are sure they are working properly, you can talk to your practitioner about ordering a pair for dress shoes.

PLACING THE ORTHOSIS IN THE SHOE

When you are preparing to place your orthoses into your shoes, first **remove the insole from the shoe**. Most quality shoes now come with a removable insole. Most shoe insoles have a lip on the back. This lip will prevent the orthosis from sitting all the way back in the shoe and lead to arch or heel irritation. Thus, **you should always remove the insole that comes with the shoe**. To give cushion under the ball of your foot, you should replace the shoe insole with a flat insole such as a Dr. Scholl's Air Pillow Insole or a Spenco insole, unless your new orthotic device is already full length.

Place the correct orthosis into the shoe. Make sure that the heel sits all the way back against the heel of the shoe. There should be no gapping between the orthotic and the shoe. If there is, it is an indication the shoe is too narrow for the orthotic and your foot.

WHEN TO REPLACE SHOES

A quality shoe will provide adequate support for only about 400 miles. After this amount of wear the ability of the shoe to support your foot will decrease dramatically. If you are wearing a shoe on a daily basis, then you will get no more than about 8 months of good support. The shoe may still look to be in good shape but after this much time, the foams in the mid-sole lose their ability to "bounce back" after you take a step. Replacing your shoes on a regular basis is one of the most important things you can do for your foot health.

FOLLOW-UP

Following your one-week break-in period and two weeks of wearing your orthoses full time, you will return for a followup appointment. This visit is very important as it gives us a chance to evaluate the function of your orthoses. During that visit we may make adjustments to your orthoses to either make them more comfortable or to function better. A soft cover may be added on top of the orthoses if needed. We may also add additional therapies to help relieve your symptoms. Remember, our goal with orthoses is only to improve your foot function - they are not a magical cure-all for foot problems.

Do not expect more than 20% improvement of your symptoms in the first 3 weeks. You may need additional treatment to reduce inflammation or help you heal. Additional treatment may include medications, exercises, stretching, physical therapy or shoe modifications. The orthoses will then usually help prevent the return of your symptoms. It is important you let our office know if you have any problems.

ADDITIONS AND MODIFICATIONS

In order to enhance function or comfort, covers or additions are sometimes added to orthotics after the break-in period. If covers or other additions are added to your orthotics, there may be a charge to cover the cost of labor and materials.

ADDITIONAL ORTHOTICS

Once we are confident that your orthoses are comfortable and functioning normally, you may wish to order additional pairs of orthoses. The most common reason for this is women ordering orthoses for dress shoes. Additional pairs are made off of the same molds of your feet the first pair was made from. These molds are either stored on computer at the lab, or are made out of plaster. If your molds are stored on computer they are usually available forever at the laboratory.

