

Clinical Orthotic Prescription Manual

Materials • Modifications • Posting • Corrections



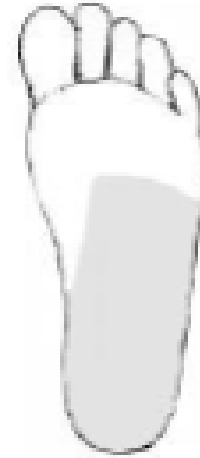
SHELL MODIFICATIONS

Heel Cup Height

Shell Depth Description	Typical Usage	Lab Standard
Flat	Minimal-no heel cup. Ideal for high heel dress shoes	n/a
Shallow	Default option for dress orthotics.	< 12mm
Standard	Default option and most common	12-14mm
Deep	Increases control and accommodation	16-18mm
Extra Deep	Maximum depth and support	~20mm
Custom	Custom options- enter desired value in mm	Clinic discretion

1st Ray Cutout

- Used to increase plantar flexion of the first met shaft/mobility off the 1st ray and 1st MPJ
- Medial wedge cut out of the orthosis
- Indications:
 - Sesamoiditis
 - Plantarflexed 1st ray
 - 1st met head pain
 - Hallux Valgus (Bunions)
 - Functional Hallux Limitus (FHL)

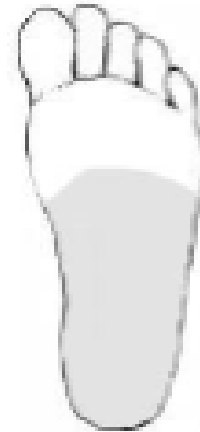


1st Met Cutout

<45° cutout of medial/distal end of shell
under 1st MPJ

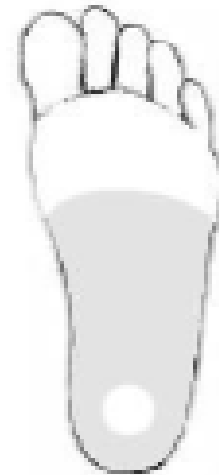
Indications:

- Hallux Valgus (Bunions)
- FHL
- 1st met head pain



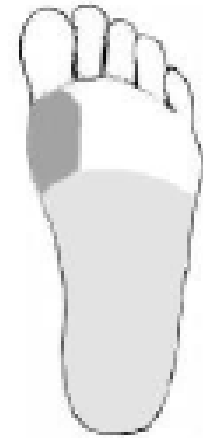
Heel Hole

- **Standard 1” and 1.25” hole centrally located in heel cup – filled with poron plug**
- **Indications:**
 - **Heel spurs**
 - **Apply extra relief**
 - **Localized Plantar Fasciitis pain**
 - **Calcaneal relief due to weight and pressure**



Rigid Morton's Extension

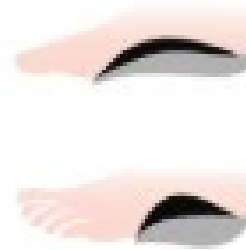
- An extension under the 1st MPJ to either immobilize the hallux
 - Rigid-extension ONLY out of a polypropylene shell
- Indications:
 - Hallux limitus/rigidus



Medial/Lateral Flanges



Shell vs Soft vs Cork

- A medial flange (shell) is an extension of the arch of the shell which projects upward with the apex at the area of the navicular tuberosity
- A lateral flange (shell) is an extension of the lateral shell which projects upwards on the lateral foot
- The purpose of the flange is to provide a more direct force at the medial or lateral-plantar aspect of the foot in order to offer more control
- For some patients, fitting a device with a flange in their shoes can become a problem due to the added bulk of the device in which case a soft flange may be applicable (made as an extension of topcover material)
- A third option is an additional piece of cork going vertically on the medial or lateral side using firm cork



Gait Plates

- These are for adducted or abducted gait patterns in very young children as well as in adults if necessary
- Gait plates limit in-toeing or out-toeing gait caused by rotational deformities of the hip/lower limb
- Consist of both medial and lateral flanges and a deep heel cup as well as the gait plate (to induce in-toeing or out-toeing)

<u>Gait Pattern</u>	<u>Shell Extension</u>
Out-toed gait	Lateral extension 
In-toed gait	Medial extension 

Sweet Spot Accommodation

- Created by selective relief or depression in the orthotic shell, or cushioning (location dependent)
- Area of concern is relieved or excavated during fabrication
- Allows the surrounding shell to maintain structural
- Pressure is redistributed away from the sensitive region
- Can be combined with topcover padding for additional comfort
- Does not alter overall correction or posting
- Common sweet spot locations:
 - Navicular
 - Cuboid
 - Base of fifth
 - Plantar fascial groove
 - Plantar fibroids

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