Orthotic Therapy using chairside orthotics.

Presentation aims:

- Improve orthoses outcomes & patient satisfaction
- Link chair-side orthoses modifications to the FFO prescription form
- Increase podiatrist confidence when prescribing FFO

Why chairside orthoses?

- Prescription aid for customised orthoses
- Immediate intervention in painful presentations
- Longer effectiveness than strapping
- Temporary devices / fallback while FFO are being fine tuned / refurbished
- More realistic biomechanical change than strapping (Sx relief mainly)
- FFO not needed for various reasons

When to go orthoses?

- **Symptoms** – short term (heel pain) or long term (OA, TP dysfunction)
- **Signs** – bunions? Hallux limitus? Long 2nd met?
- **Severity** – how poor are the foot biomechanics?
- **Family History** – foot, knee, back problems

What to consider?

- Short term need–
  - Sx relief – one off temporary heel pain etc.
- Long Term need–
  - Chronic Sx e.g. OA of midfoot, TP dysfunction
  - Preventative
- Trial basis-
  - Trial for knee, back pain – will orthoses help?
  - Shoe requirements/restrictions

Where do you start?

- Determine foot type
- What do you want to achieve
  - Biomechanics – forces/pressure/change where?
  - Pain relief – tension/relief where? Sometimes you will do the opposite to what you want long term.
- Trial with chair-side orthoses
- Initial and f/up reviews
- Decide if FFO needed – better outcome with custom-made, cost saving etc.

Foot Type:

- Pronated, Neutral, Supination
- Severity

- NB Take into consideration – age, other potential problems such as weak ankles, severe back pain etc…

BIOMECHANICAL OBSERVATIONS			Mobs			
DATE:	Mobility:		DATE	L	DATE	R
Shoe wear patterns: L						
R						
Stance: L						
R						
Gait: L						
R						
Hips:						
Hams:						
LLD: → prone	→ against wall					
→ standing	- knee creases					
	- ASIS / PSIS					
→ functional / structural			Dry Needling			
Calf: → Gastroc	L	R				
→ Soleus	L	R	DATE	L	DATE	R
STJ:	L	R				
1st MPJ ROM:	L	R				
FHL:	L +ve / -ve	R +ve / -ve				
1st Ray motion	L	R				
F / F	L	R				
Mobs:	L	R				
Popliteus	L	R				
Strength (weakness)	L	R				
Trigger points: L						
R						
Orthoses (old):						
NCSP						
XLines: L						
R						
Coaptation	L	R				

Types of modifications:

- Wedging
  - Medial or lateral,
  - Extrinsic or intrinsic (e.g. Kirby skive)
  - Rearfoot or forefoot,
  - Amount - degrees
- Padding – eva/felt etc.
  - Medial or lateral
  - Midfoot or forefoot
  - Amount - how many layers?

Type of modifications (cont.):

- Miscellaneous
  - Pl fascia groove
  - Length - ¾, sulci
  - Domes
  - Met bars
  - Apertures or deflection padding
  - Heel raises
  - Morton's extension
  - Cluffy
  - Etc…

When do you know you have it right?

- Sx - improving
- Muscles improving
  - Less tight
  - Not fatiguing / less triggers
- Joints are holding position
  - Gliding and moving well
- Footwear assessment – improved wear
- NIL symptoms NOW & 6-12 months later i.e. backs, knees

From Chair-side to FFO

- Initial modification
- Review standing on device, in shoes and gait
- Make changes if needed
- Review at a later date
  - Sx, muscles, joints
- Further changes if needed
- Months/weeks later – are FFO needed? Design them based on what has worked.


Lateral tendonitis, general stiffness, severe shoe distortion laterally R>L

Low arch, lat min fill STEP, 0° post, large 6° FF valgus extension


Right- heel pain, 1st MPJ, lat > med ankle tendonitis
Left - MVA

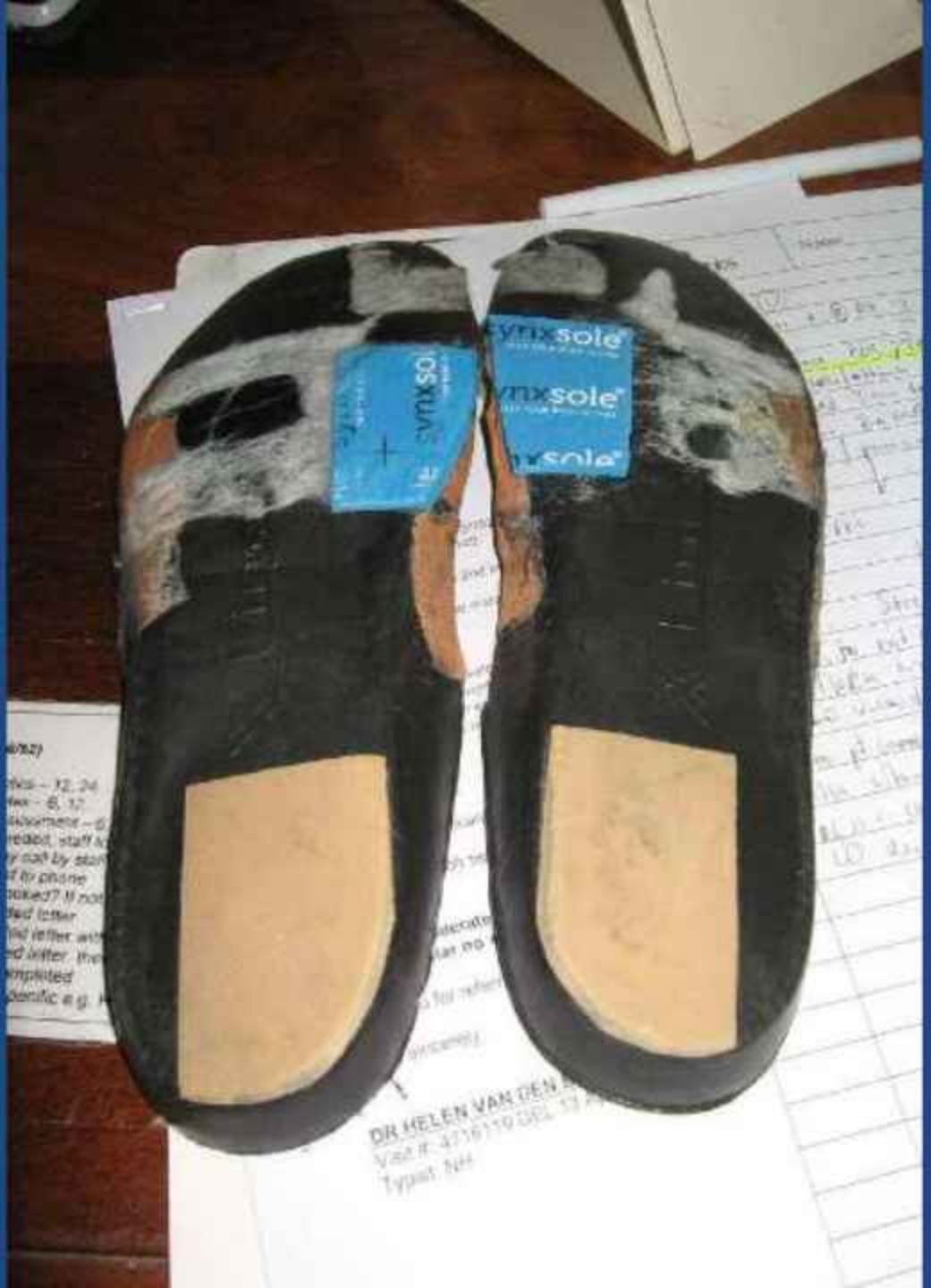

R gross pronation, tight calves, +ve FHL, 5° 1st MPJ dorsi

High arch height plus extra plaster removed
Large 15 kirby, 6/4 post, 5mm 2-5 bar, deflect IPJ padding

Low arch height
3mm poly with ppt fill
0° post, deflect IPJ padding


Uncomfortable orthoses – pressure to med midfoot OA prominence
1st MPJ not touching the ground


Grossly flat feet but minimal motion
Midfoot pain
Low arch, 15° kirby skive, 3mm poly ppt arch fill, lump added to cater for prominent 1st met/cun area



Sx - AH pain/burning

Callous 2nd met head
Short 1st met, long 2nd met
Supinatus – 1st bouncey
Increased likliehood of OA to 1st MPJ
Weak ankles

Best option with orthoses:
Small met dome as large raised 1st met more
5° RF control
3mm M ext to bring ground up to 1st MPJ

Months of trialling 2-5, cluffy to bring 1st met down failed


synx
synxsole

ORTHOTIC INFORMATION

Important information regarding your new orthoses.

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You need to be aware of the following:

1. Reviews to do with orthoses are ***free*** until both you and your podiatrist are happy with your orthoses. Generally only 1-2 reviews are needed. ***You should attend your review appointments*** even if you have no problems and your symptoms have gone away.

2. Your orthoses should be ***completely comfortable*** (i.e. you can wear them all day, they feel like they are part of your shoes, there are no pressure spots).

3 ***Your orthoses should fit well into the shoes*** you plan to wear. Please follow up with your podiatrist should you need to change anything to do with your orthoses to make them work better in your footwear.

4 ***We recommend you attend your annual review even if you feel you have no symptoms or concerns.*** At your annual review your podiatrist will do a comprehensive review of your joints and muscles to make sure your feet are functioning well and your orthoses are not over controlling or under controlling your feet. They will also assess your footwear pattern to again make sure your orthoses are performing well.

5. ***Your orthoses will generally last you for a number of years.*** Minimal adjustments may need to be made to your orthoses annually (a small fee involved for recovering or reposting may be incurred).

Aim of orthoses:

- Not cause harm or other problems
- Help Sx
- Prevent potential foot, ankle, knee etc. problems
- Be totally comfortable i.e. able to wear all day
- Fit well into shoes – patient and pod happy
- Help biomechanics – muscles and joints are holding
- FFO – should last for many years if you get it right the 1st time

Tips!!!

- Use chairside
- Have cheat notes to go back on
- Pod mentors
- Get friendly with your lab – tell the lab what to do but know how they do it
- Good recall system at work to review patients
- Stay at the same practice for years to learn from your mistakes


TRITON


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Line 70
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