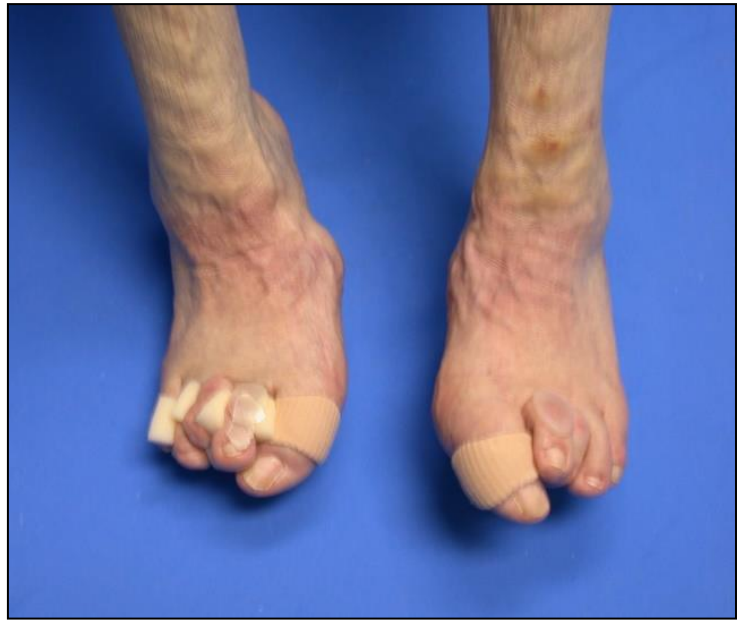
Custom Shoes:
Indications and Construction

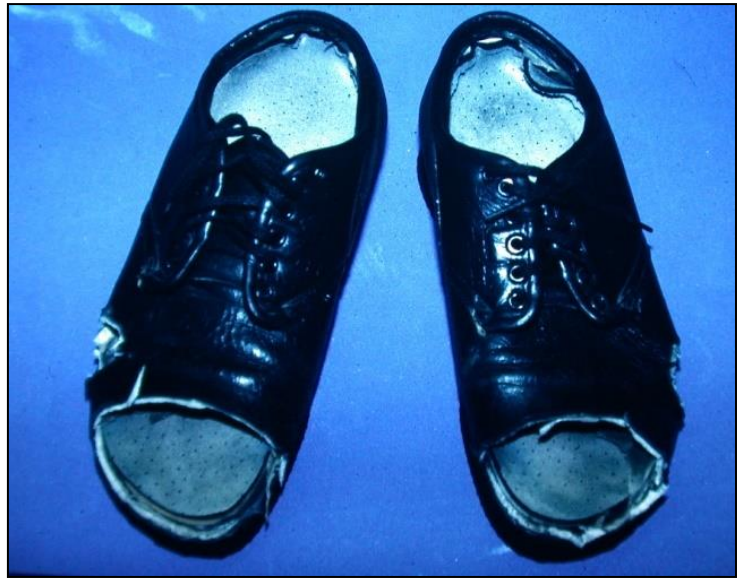
What are custom shoes?

- Custom shoes are often the best option for patients whose condition cannot be effectively treated with readily available footwear options, modifications or customization.
- When the need for such footwear arises and the therapeutic goals have been defined, molds and measurements of the feet are taken in their entirety. These molds are turned into the actual lasts over which the shoes are constructed.

Custom Shoes

- Often, people who think they need custom shoes really just need properly fitting shoes.
- Pros
  - Shoe should (in theory) fit the foot perfectly
  - Will accommodate any degree of deformity
  - Should be quite comfortable for the patient
  - Design and feature possibilities are endless
- Cons
  - Cost
  - Turnaround time of 1-3 months
  - Appearance
- Consider structural and functional demands of foot and patient when configuring shoe and choosing materials.
  - E.g. Don’t order a featherweight construction for a 300-pound patient.





The Key to Success

- The most important thing when it comes custom shoes and your patient is *expectation management*.

- If your patient has a severely deformed foot and the shoe is made from a cast of that severely deformed foot and is made to fit that severely deformed foot perfectly…guess what the shoe is going to look exactly like.

- Don’t simply show them a catalog or the shoemaker’s website. Have a sample or pictures of actual patients’ custom shoes to show them.

EXPECTATION

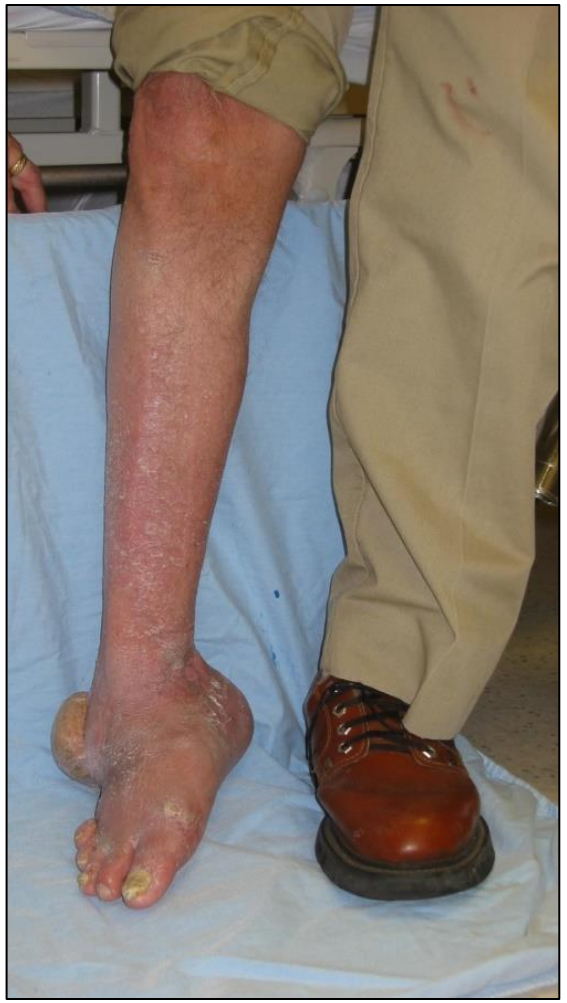
REALITY

Objectives

- Accommodate deformity
- Relieve pain
- Provide support, control and stability
- Improve mobility
- Restore safe, energy-efficient gait
- Prevent further deformity or worsening of condition

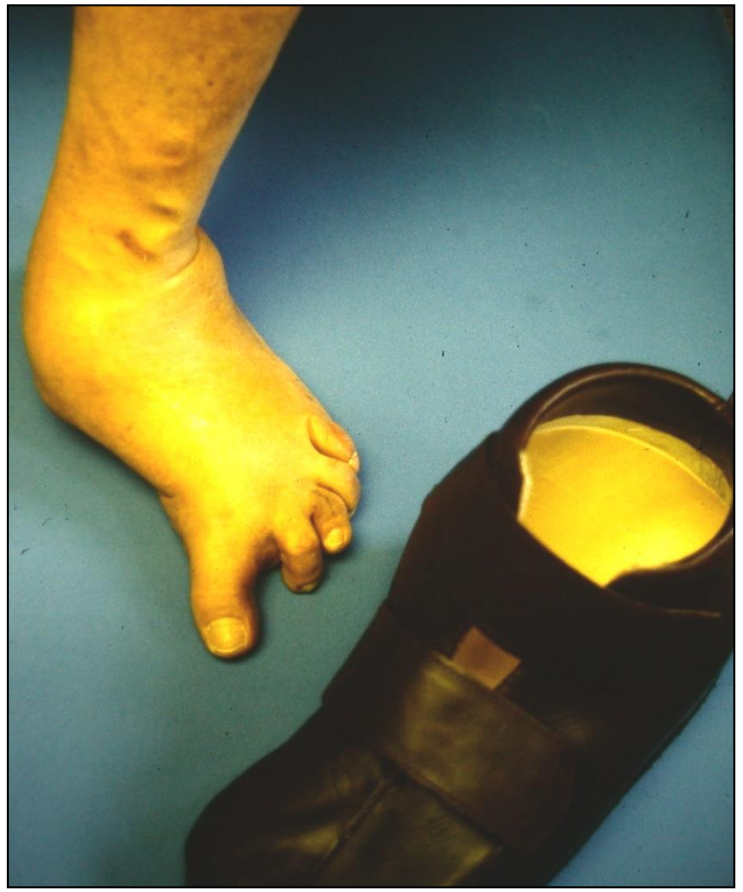
Indications

- In most cases, custom shoes are used when there are no factory-made footwear options that will work for a particular patient. Most of the time, they are necessitated by severe deformity.
- Indications:
  - Extreme size differences in feet such as in a post-polio patient
  - Congenital foot deformities and conditions such as clubfoot, cerebral palsy or spina bifida
  - Charcot arthropathy
  - Rheumatoid or psoriatic arthritis
  - Charcot-Marie-Tooth disease
  - Lymphoedema
  - Severe forefoot deformities
  - Partial foot amputation
  - Severe adult acquired flatfoot deformity
  - Trauma such as crush injuries, burns or gun shot wounds
  - Accommodation of bulky AFO



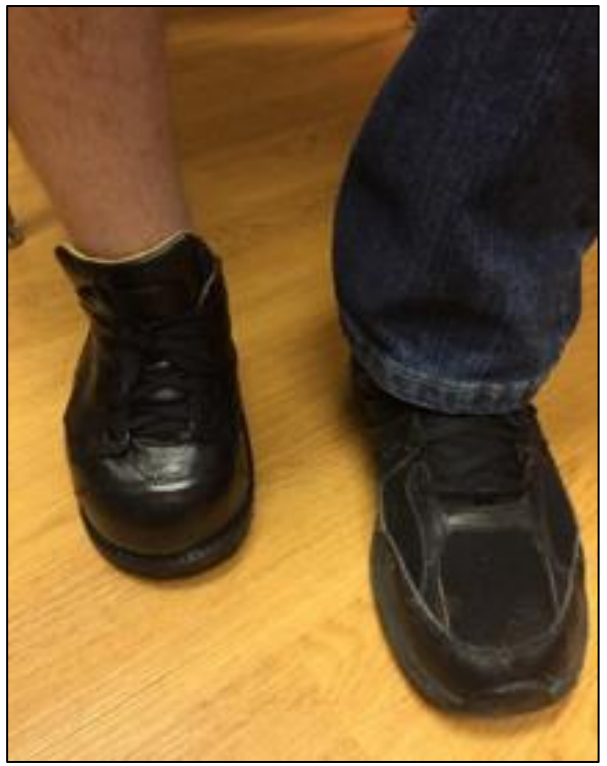
Features and Benefits

- Custom shoes offer many material choices that simply aren't available (anymore) in factory-made orthopedic/therapeutic footwear.
  - Deerskin
  - Plastazote® lining
- Custom shoes offer features that are incredibly difficult or impossible to incorporate into, or add onto, a factory-made shoe.
  - Extra, extra, extra depth
  - Internal heel lifts to accommodate severe equinus
  - Accommodation for posterior heel deformities
- Custom shoes allow the pedorthist to adequately care for patients with:
  - Chronic and severe fluctuating edema
  - Asymmetric forefoot shapes and widths
  - Severe rocker bottom feet



Alternatives

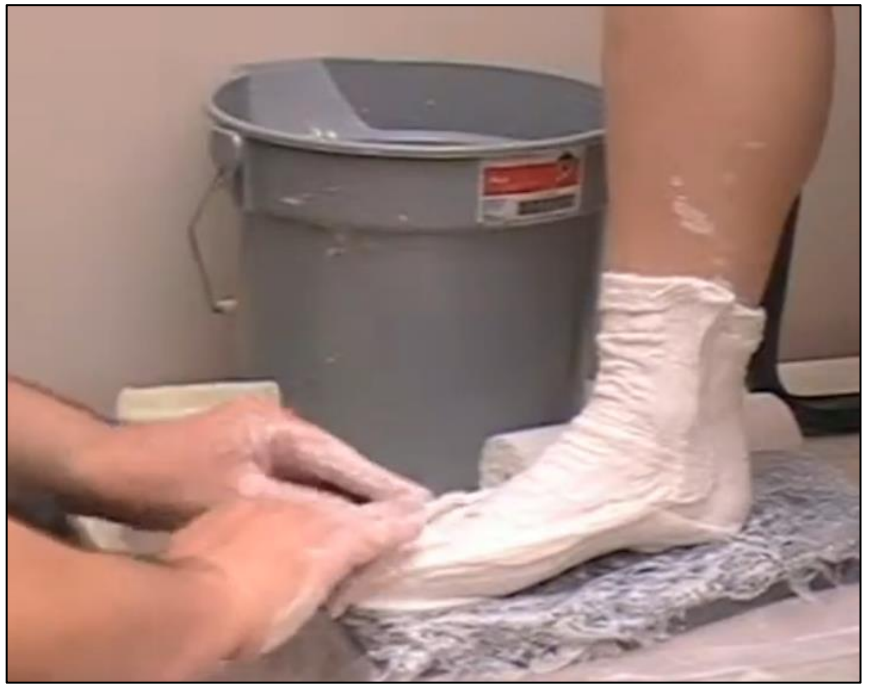
- Custom shoe on affected foot only
- Mismates (split sizes)
- Relasting to accommodate deformities



Foot Capture for Custom Shoes

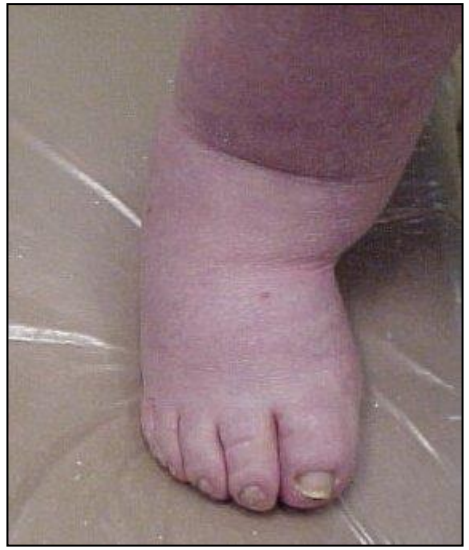
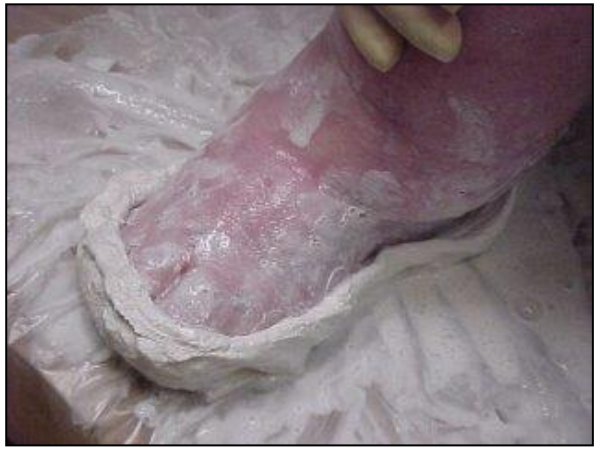
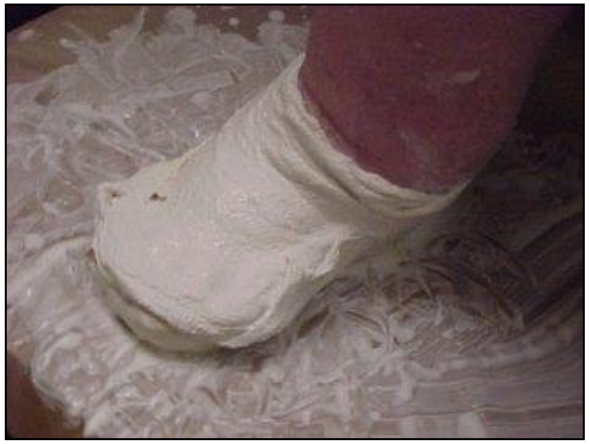
Casts

- Casts must be semi-weight-bearing and closed-toe. Patient should be seated with hip, knee and ankle at 90° (if possible). If patient is not able to achieve 90° at the ankle – or that is not the most functional position for the patient – then the mold should be taken with the foot and ankle in the alignment of best function.
- Cast should be taken on a soft, conformable casting pad that is at least 1” thick – unless shoemaker requests/requires use of a casting board with a heel rise and toe spring.
- Preferable casting techniques are:
  - Plaster bandage
    - Bi-valve
    - Circumferential wrap
  - Circumferential wrap using fiberglass casting tape
- Plaster wraps must be wrapped loosely, and the toes and metatarsals must not be restricted. Bring the cast to at least 1” above the height of the shoe being made. Explain to patient what you are trying to achieve so that they don't change or move during the casting, and they maintain the 90° angle. Check the final cast and see that:
  - The cast stands on its own.
  - The lower leg is vertical (unless there is a rigid deformity).
  - Any areas of concern are clearly marked.



Molding Techniques

- Plaster Bi- Valve

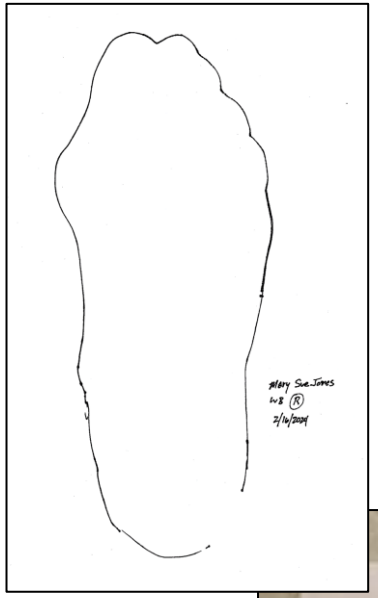




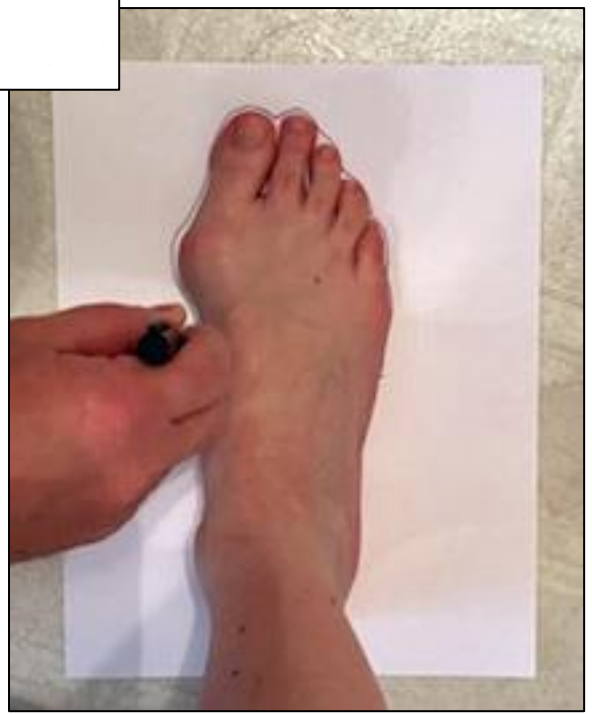

Casts

- STS® socks are not recommended. It is difficult to get a tight, accurate mold around the Achilles tendon. Also, they have a tendency to shrink during transit, especially in the back of a hot shipping trailer.
- When using fiber-glass casting material, be aware of the following issues:
  - The most common problem with fiber-glass casts is that the cast does not show the end of the longest toe. Proper wrapping around the end of the longest toe will eliminate this kind of problem. Most practitioners wrap the toes first, then the rest of the foot.
  - The other common problem with fiber-glass casts is that the wrapping is too tight, which makes the cast narrower and longer than the actual foot.
- When shipping plaster casts, be sure wait until they are completely dry before packing them. Wet casts may collapse or change shape under pressure of packing materials or packing process.

Foot Tracing

- Always provide weight-bearing foot tracings so that the custom last maker will know how much the foot splays and elongates under weight-bearing as compared to the semi-weight-bearing cast.
- Weight-bearing tracing is done while patient is in standing position.
- In the case that the patient has difficulties standing, a semi-weight bearing tracing will still help the last maker determine if the toes were curled or compressed by the casting material.
- Hold the pen or pencil in perpendicular position to the paper. Remember to indicate whether the tracing is weight-bearing or semi-weight-bearing.





Foam Impressions

- Sending foam impressions are optional. However, they can be extremely helpful, especially if the patient needs additional offloading in a specific area. It is easier to indicate this more precisely in the foam.
- They are highly recommended as they are a very helpful reference to the cast. Foot impressions provide better definition of the plantar surface of the foot than the plaster cast. They show *much* better definition than a fiberglass cast.

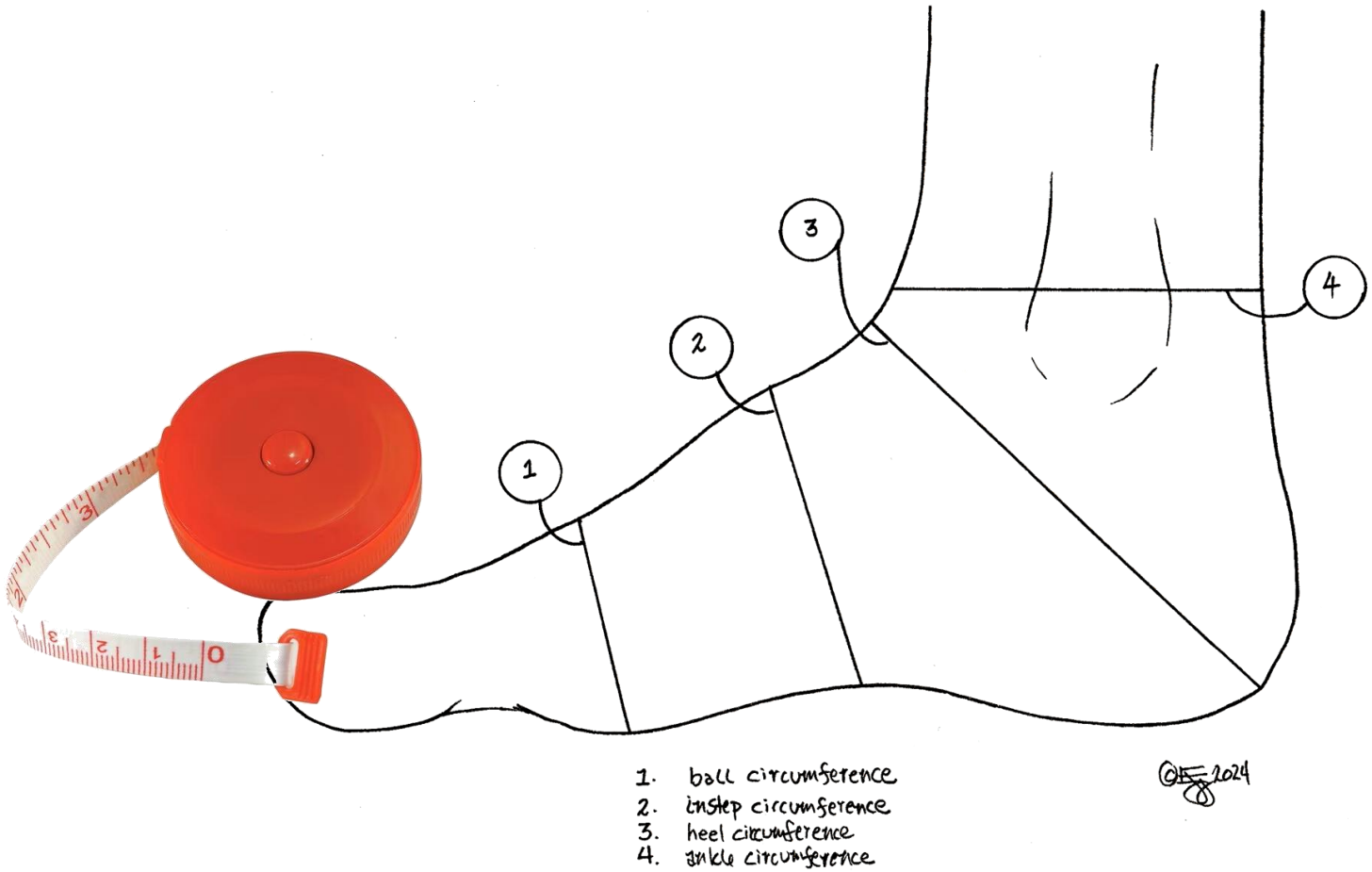
Photographs

- Foot pictures are also optional. But in case of any ulcerations/callusing, amputations, or severe foot deformities, pictures can provide better understanding of the foot condition, shape and shoe requirements.

Measurements

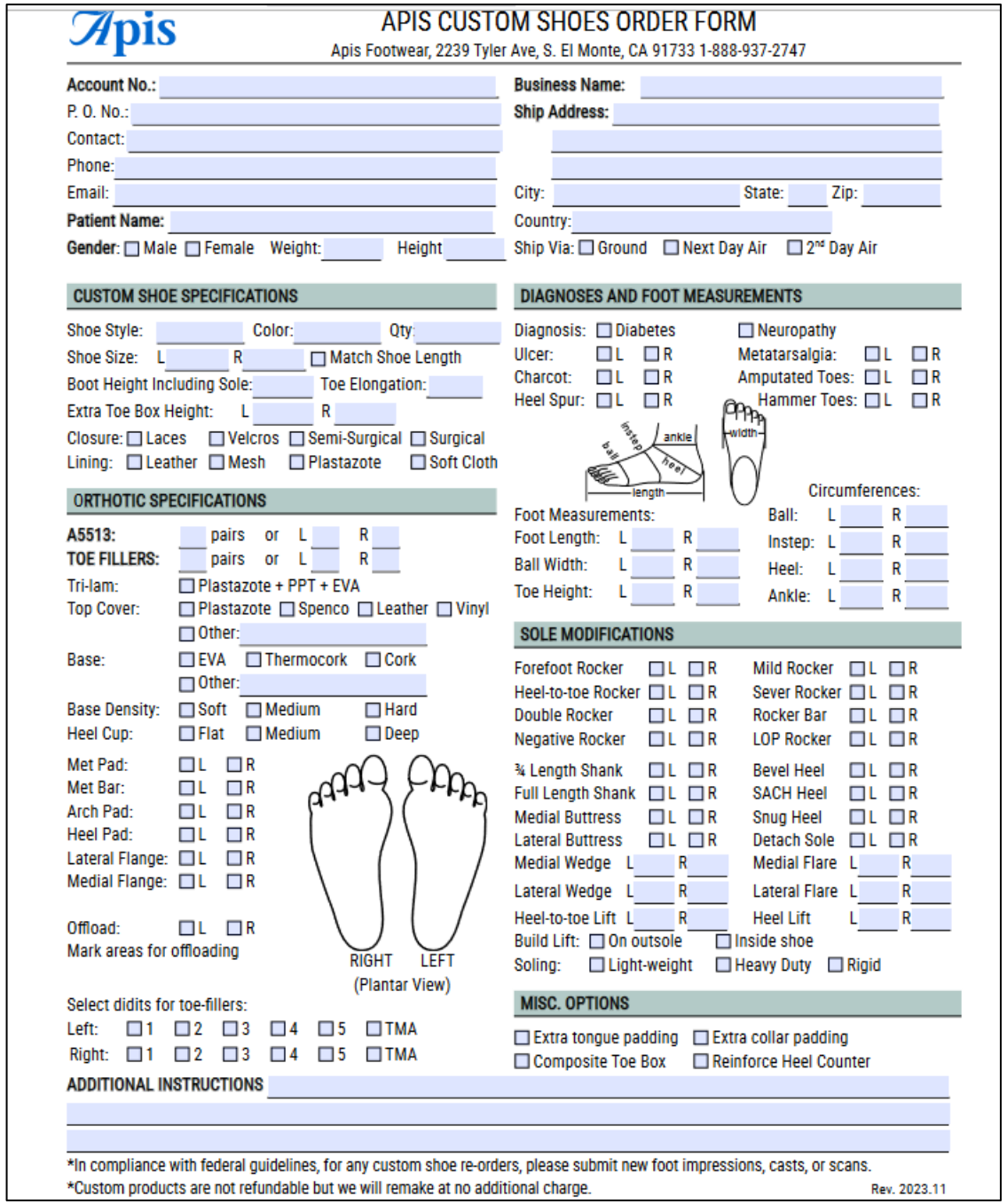
Circumferential measurements can be quite helpful to the last maker when it comes to accurately reproducing the foot.

1. Circumference at the ball of the foot
2. Circumference at the instep
3. Circumference around foot at the back of the heel
4. Circumference at the ankle



Order Forms

- Perhaps the most important factor in getting the shoes you think you're ordering is the order form.
- Use the order form specific to the manufacturer.
- Fill the form out completely and accurately.
- Contact the lab if you aren't sure about something.



Apis

APIS CUSTOM SHOES ORDER FORM

Apis Footwear, 2239 Tyler Ave, S. El Monte, CA 91733 1-888-937-2747

Account No.: **Business Name:**
P. O. No.: **Ship Address:**
Contact:
Phone:
Email: City: State: Zip:
Patient Name: Country:
Gender: ☐ Male ☐ Female Weight: Height Ship Via: ☐ Ground ☐ Next Day Air ☐ 2nd Day Air

CUSTOM SHOE SPECIFICATIONS

Shoe Style: Color: Qty
Shoe Size: L R ☐ Match Shoe Length
Boot Height Including Sole: Toe Elongation:
Extra Toe Box Height: L R
Closure: ☐ Laces ☐ Velcros ☐ Semi-Surgical ☐ Surgical
Lining: ☐ Leather ☐ Mesh ☐ Plastazote ☐ Soft Cloth

ORTHOTIC SPECIFICATIONS

A5513: pairs or L R
TOE FILLERS: pairs or L R
Tri-lam: ☐ Plastazote + PPT + EVA
Top Cover: ☐ Plastazote ☐ Spenco ☐ Leather ☐ Vinyl ☐ Other:
Base: ☐ EVA ☐ Thermocork ☐ Cork ☐ Other:
Base Density: ☐ Soft ☐ Medium ☐ Hard
Heel Cup: ☐ Flat ☐ Medium ☐ Deep

Met Pad: ☐ L ☐ R
Met Bar: ☐ L ☐ R
Arch Pad: ☐ L ☐ R
Heel Pad: ☐ L ☐ R
Lateral Flange: ☐ L ☐ R
Medial Flange: ☐ L ☐ R

Offload: ☐ L ☐ R
Mark areas for offloading

RIGHT LEFT
(Plantar View)

Select didits for toe-fillers:
Left: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ TMA
Right: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ TMA

DIAGNOSES AND FOOT MEASUREMENTS

Diagnosis: ☐ Diabetes ☐ Neuropathy
Ulcer: ☐ L ☐ R Metatarsalgia: ☐ L ☐ R
Charcot: ☐ L ☐ R Amputated Toes: ☐ L ☐ R
Heel Spur: ☐ L ☐ R Hammer Toes: ☐ L ☐ R

Foot Measurements: Circumferences:
Foot Length: L R Ball: L R
Ball Width: L R Instep: L R
Toe Height: L R Heel: L R
Ankle: L R

SOLE MODIFICATIONS

Forefoot Rocker ☐ L ☐ R Mild Rocker ☐ L ☐ R
Heel-to-toe Rocker ☐ L ☐ R Sever Rocker ☐ L ☐ R
Double Rocker ☐ L ☐ R Rocker Bar ☐ L ☐ R
Negative Rocker ☐ L ☐ R LOP Rocker ☐ L ☐ R

¾ Length Shank ☐ L ☐ R Bevel Heel ☐ L ☐ R
Full Length Shank ☐ L ☐ R SACH Heel ☐ L ☐ R
Medial Buttress ☐ L ☐ R Snug Heel ☐ L ☐ R
Lateral Buttress ☐ L ☐ R Detach Sole ☐ L ☐ R
Medial Wedge L R Medial Flare L R
Lateral Wedge L R Lateral Flare L R
Heel-to-toe Lift L R Heel Lift L R
Build Lift: ☐ On outsole ☐ Inside shoe
Soling: ☐ Light-weight ☐ Heavy Duty ☐ Rigid

MISC. OPTIONS

☐ Extra tongue padding ☐ Extra collar padding
☐ Composite Toe Box ☐ Reinforce Heel Counter

ADDITIONAL INSTRUCTIONS

*In compliance with federal guidelines, for any custom shoe re-orders, please submit new foot impressions, casts, or scans.
*Custom products are not refundable but we will remake at no additional charge.

Rev. 2023.11

hersco ORTHO LABS

39-28 Crescent Street, Long Island City, NY 11101
tel: 800.301.8275
fax: 718.391.0406
web: hersco.com

1st in Customer Satisfaction and Orthopedic Excellence

1 Account Name _____ Phone (____)____-____
Address _____ Date ____-____-____
City _____ State _____ Zip _____
Practitioner Name _____ e-mail _____

2 Patient Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ M ☐ / F ☐
Patient Weight ☐☐☐ lbs Diagnosis _____
Principal Reason for the Shoe _____
Is Patient currently ❍ Ambulatory OR ❍ Non-Ambulatory?

PLEASE INCLUDE WEIGHT BEARING TRACINGS OF PATIENT'S FEET

3 SHOE STYLE

☐ LOW TOP ☐ HIGH TOP
☐ CHUKKA ☐ OTHER_____

We recommend Chukka or High Top for those patients with; midfoot collapse, charcot deformity, severe edema, transmet amputations, severe pes plano valgus, and any type of brace.

4 UPPER SPECIFICATIONS

OPENING ❍ Regular OR ❍ Surgical
CLOSURE ❍ Lace OR ❍ Velcro
☐ PADDED COLLARS ☐ PADDED TONGUES
☐ PLASTAZOTE LINING
☐ OTHER _____

5 COLOR

☐ BLACK ☐ DARK BROWN ☐ OTHER_____

6 CAST MODIFICATION

☐ EXTRA HIGH TOE BOX
☐ SNUG HEEL FIT
☐ EXTRA TOE ELONGATION
☐ DEPRESS AS MARKED ON CAST/DIAGRAM
☐ DUPLICATE AND RETURN CAST
☐ OTHER _____

7 SHOE WEIGHT

☐ LIGHT ☐ REGULAR ☐ HEAVY DUTY

8 INSOLE

☐ 1/4" PINK AND WHITE PLASTAZOTE
☐ CORK INSOLE (for AFO)
☐ TOE FILLER ____ Left ____ Right
☐ 1 EXTRA pair CUSTOM INSOLES
☐ 2 EXTRA pairs CUSTOM INSOLES
☐ OTHER _____

9 LIFTS

☐ INTERNAL OR ☐ EXTERNAL

	LEFT	RIGHT
HEEL	____ in.	____ in.
BALL	____ in.	____ in.
TOE	____ in.	____ in.

10 OUTSOLE

☐ REGULAR ☐ ROCKER
☐ MID-SOLE FOR CALIPER ___ Left ___ Right
☐ LEAVE SOLE OFF FOR ADJUSTMENT
☐ SOLE STIFFENER ____ Left ____ Right
☐ FLARES ❍ Medial OR ❍ Lateral
____ Left ____ Right
☐ WEDGES ❍ Medial OR ❍ Lateral
____ Left ____ Right
☐ OTHER _____

IF YOU HAVE ANY QUESTIONS - GIVE US A CALL!

OVER

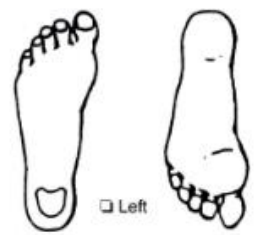
hersco ORTHO LABS

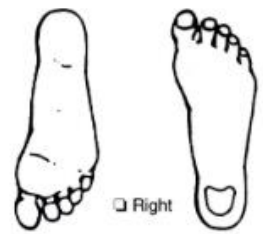
web: hersco.com tel: 800.301.8275

11 FOOT TYPE

ARE THE PATIENT'S FEET; ❍ RIGID OR ❍ FLEXIBLE?
WHEN WEIGHT BEARING ARE TOES; ❍ UP OR ❍ DOWN?
WHEN NON-WEIGHT BEARING ARE TOES; ❍ UP OR ❍ DOWN?
BRING LOWER LEG TO 90° BY; ❍ CORRECTING CAST TO NEUTRAL
OR ❍ BUILDING EXTERNAL LIFT UNDER HEEL
OR ❍ LEAVE AS IS / DO NOT CORRECT
ARE PATIENT'S FEET SUBJECT TO EDEMA; ❍ YES OR ❍ NO?

12 SPECIAL INSTRUCTIONS/NOTES





PLEASE INCLUDE WEIGHT BEARING TRACINGS OF PATIENT'S FEET

VERY IMPORTANT
Please provide a weight-bearing tracing of your patient on the inside pages of this order form.

TRU-MOLD SHOES

Orthopedic Shoes - Custom Designed Since 1955

42 Breckenridge St. Buffalo, NY 14213
(716) 881-4484 | Fax (716) 881-0406
info@trumold.com

SHIPPING:
☐ Two Day ☐ Ground ☐ Overnight

***Please** Fill this form completely*

COMPANY NAME Date _____

P.O.# _____ Phone _____
ORDERED BY _____
Fax # _____ E-mail _____

SHIP TO
Address _____
City _____ State _____ Zip _____

BILL TO
Address _____
City _____ State _____ Zip _____

Patient Name _____
Address _____
City _____ State _____ Zip _____
Sex ____ Weight ____ Age ____
Occupation _____

Had Tru-Mold Shoes before (Approx. Date) _____ Invoice CAD/CAM # _____
Repeat CAD/CAM order as before, no changes _____
Repeat CAD/CAM order but with the following changes shown on order form _____

Rx. DIAGNOSIS

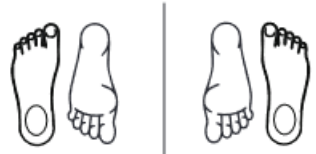
Diabetic ____ Post Polio ____ Amputee (where): _____
Club Foot ____ Charcot ____
Casted over AFO: LF ____ RF ____ Arthritic ____
Casted Prosthetic Foot LF ____ RF ____
Other _____

Style _____ Color _____
Regular Opening _____ Wide Vent _____
Semi-Surgical _____ Scalloped Heel _____
Surgical _____
Other _____

CAST MODIFICATION

Reg. Elongation (5/8") ____ 1/8" Extra (5/8"+1/8") ____
High Toe Box _____ Extra High Toe Box _____
Other _____

INDICATE ANY LESIONS
(I.E. AMPUTATIONS OR ULCERATIONS)



PLASTAZOTE® MOLDED INSERT
☐ One Pair ☐ Two Pairs ☐ Three Pairs

1/4" Pink + 1/4" White	___	1/4" Poron Bottom	___
1/2" White (firm)	___	Thermocork	___
1/4" White (firm)	___	Spenco® Cover	___
1/2" Pink (soft)	___	Leather Cover	___
1/4" Pink (soft)	___	Met Pads	___
1/8" Poron Middle	___	Other	_____
1/8" Poron Bottom	___		

Recess insert and base of shoe ☐

LINING

Regular (full leather)	___	Flannel	___
Spenco® Heel	___	Vamp	___
Plastazote® Heel	___	Vamp	___
Tan Athletic	___	Black Athletic	___
Other _____		Fleece	___

TECHNICAL ASSISTANCE 1-800- "THE MOLD" (next page please)

CONSTRUCTION

Regular ____ Reinforce Counters ____
Heavy Duty ____

SHORT LIMB RAISE

	L	R
Heel	_____	_____
Ball	_____	_____
Toe	_____	_____

Raise inside shoe cover with leather _____
Raise outside shoe with soling _____
Other _____

BASE MODIFICATIONS

	L	R
Lateral Flare	___	___
Medial Flare	___	___
Lateral Wedge	___	___
Medial Wedge	___	___
Wide Base	___	___
Reinforced for Brace	___	___

Other _____

EXTERNAL ADDITIONS

	L	R
Amputation filler - match shape and length	___	___
No amputation filler	___	___
Steel shank 3/4 length	___	___
Steel shank full length	___	___
Attach Tru-Mold's caliper plate	___	___
Attach customer's caliper plate/stirrup	___	___
Thermo Plastic toe cap	___	___

Other _____

SOLING

Standard (15 Iron) ____ Mini Rib ____ Silvano ____
Heavy Duty Work ____ Infinity ____ Lug ____
Rockersole Forefoot L ___ R ___
Rockersole Heel to toe L ___ R ___
Leave outside wedge and final outsole off L ___ R ___
Leave final outsole off L ___ R ___
Other _____

UPPERS

Lace ____ Tongue Loops ____
Velcro Strap ____ Speed-lace (top 3 eyelets) ____
Velcro D-Ring ____ Ortho-lace *(combination lace/velcro)* ____
Perforate Arch ____ Medial T-strap L ___ R ___
Perforate Top ____ Lateral T-strap L ___ R ___
Pull Loops ____ Attach T-strap yes ___ no ___
Other _____

Special "Foot Notes"

"MOLDED SHOES ARE ONLY AS GOOD AS THE CASTS RECEIVED"

Revised 4/28/22

ORDER / SPECIFICATION FORM

Jerry Miller I.D. SHOES

36 Mason Street / Buffalo, NY 14213 / 1-800-435-0065 / Fax 716-881-0349 / www.jerrymillershoes.com

VERY IMPORTANT
Please provide a weight-bearing tracing of your patient on the inside pages of this order form.

Date: _____ PO#(if needed) _____

Shipping: ☐ Two Day ☐ Ground ☐ Overnight

Ship to:

Name _____

Address _____

City _____ State _____ Zip _____

E Mail _____

Phone _____

Fax _____

Contact Person Regarding Order: _____

Bill to:

Name _____

Address _____

City _____ State _____ Zip _____

Patient Name _____

Sex _____ Weight _____ Age _____

Occupation _____

Had Jerry Miller Shoes before – Approx. Date _____

Invoice/CAD/CAM # _____

Repeat CAD/CAM order as before, no changes _____

Repeat CAD/CAM order but with the following changes shown on order form:

_____

Diagnosis

☐ Diabetic
☐ Post Polio ☐ Club Foot ☐ Charcot ☐ Arthritic
☐ Amputee - which areas? _____

_____

_____

Special _____

_____

_____

Last Modification:

☐ Regular Elongation (5/8")
☐ 1/8" Extra Elongation (5/8"+1/8")
☐ High Toe Box
☐ Extra High Toe Box
☐ Special _____

Removable Plastazote® Molded Insert

☐ None
☐ 1/4" Pink + 1/4" White
☐ 1/4" White (firm)
☐ 1/4" Pink (soft)
☐ 1/8" Poron Middle
☐ 1/8" Poron Bottom
☐ 1/4" Poron Bottom
☐ 1/2" White (firm)
☐ 1/2" Pink (soft)
☐ Thermo-cork
☐ Spenco Top Cover
☐ Leather Top Cover

Special _____

☐ One Pair ☐ Two Pairs ☐ Three Pairs

Type of Casting

☐ Casted over AFO ☐ LF ☐ RF
☐ Casted over Prosthetic Foot ☐ LF ☐ RF

Style _____
Color _____

Please note that the colors may vary from swatches as printed in catalog or shown on website

Type of Opening

☐ Regular Opening
☐ Opening To Ball of Foot (Semi-Surgical)
☐ Opening To End of Toes (Surgical)

Type of Closure

☐ Lace
☐ Speed Lace (Top three eyelets unless specified)
☐ Velcro Strap
☐ Velcro with D-Ring
☐ Special _____

Lining

☐ Regular (glove leather)
☐ Fleece
☐ Plastazote
☐ Flannel
☐ Spenco
☐ Black Sports
☐ Tan Sports
☐ Check here if lining is for HEEL ONLY

Finishing

☐ Perforate Top
☐ Perforate Arch
☐ Pull Loops
☐ Tongue Loops
☐ Met Pads
☐ Stitch Tongue to Medial Side
☐ Stitch Tongue to Lateral Side
☐ Special _____

Soling

☐ 15 Iron (at no additional cost)
☐ Leather Heel (outside)
☐ Leather Sole
☐ Mini Rib
☐ Soft Spike
☐ Soft Vibram
☐ Neolite Heel
☐ Infinity
☐ Topy Cover
☐ Work Cover
☐ Lug
☐ Outside Heel
☐ Silvano

Special _____

_____

☐ Rocker Sole
Left Foot: ☐ Heel to Toe ☐ Forefoot ☐ Aggressive
Right Foot: ☐ Heel to Toe ☐ Forefoot ☐ Aggressive

Construction

☐ Regular
☐ Heavy Duty
☐ Reinforce Counters

Short Limb Raise

	L	R
Heel	☐ _____	☐ _____
Ball	☐ _____	☐ _____
Toe	☐ _____	☐ _____
Raise inside shoe covered with leather	☐ _____	☐ _____
Raise outside shoe on soling	☐ _____	☐ _____

Special : _____

_____

_____

Base Modifications

Lateral Flare	☐ L	☐ R
Medial Flare	☐ L	☐ R
Wide Base	☐ L	☐ R
Lateral Wedge	☐ L	☐ R
Medial Wedge	☐ L	☐ R

External Additions

Amputation Filler — match length and shape	☐ L	☐ R	
No Amputation Filler	☐ L	☐ R	
Steel Shank 3/4 length	☐ L	☐ R	
Steel Shank full length	☐ L	☐ R	
Reinforce for Brace	☐ L	☐ R	
Leave Outside Wedge and Final Outsole off	☐ L	☐ R	
Leave Final Outsole off	☐ L	☐ R	
Attach Jerry Miller's 7/8" Caliper	☐ L	☐ R	
Attach Customer's 7/8" Caliper/Stirrup	☐ L	☐ R	
T-Strap Lateral	☐ L	☐ R	☐ Unattach?
T-Strap Medial	☐ L	☐ R	☐ Unattach?
Thermo Plastic Toe Cap	☐ L	☐ R	
Steel Toe	☐ L	☐ R	

If Standard Steel Toes cannot accommodate certain deformities, shapes and sizes, may we substitute a Thermo Plastic Toe Cap? ☐ Yes ☐ No

Special Instructions (please print):

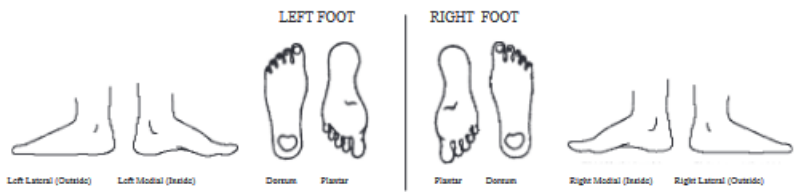
_____

_____

_____

Indicate any Lesions (ie. Amputations or Ulcerations)

☐ Recess on Insert Only ☐ Recess on Insert and Base of Shoe



Revised 7/2022

3825 Investment Ln. Suite # 10
Riviera Beach, Fl. 33404
Phone (561)840-6792
Fax (561) 840-6799
www.rightwaycms.com

rightwaycms
custom molded shoes

CUSTOM SHOE WORKORDER

To serve properly, please fill form out completely and legibly

COMPANY NAME
Phone Fax
Purchase Order #
Date Account #

PRACTITIONER NAME

PATIENT NAME
Male Female Age Weight £
Occupation
Had Rightwaycms before Date

SHIP TO:
Address
City State Zip

DIAGNOSIS

Diabetic		Toes Overlapped	L R
Post Polio		Hammered	L R
Amputee		Arch No Deformity	L R
Charcot		Flexible Deformity	L R
Arthritic		Rigid Deformity	L R

Other

CAST MODIFICATION
Correct Cast to 90°
Standard Toe Elongation (¾)
Extra Toe Elongation (¼)
High Toe Box Extra High Toe Box
Duplicate Cast* Met-Pad* L R
Base Depression* L R

SHOE STYLE Color
Heavy Duty Leather*

OPENING
Regular Semi-Surgical Surgical
Velcro®* 1 2 Laces
Velcro D-ring Normal Direction (Standard) L R
Velcro D-ring Reverse Direction L R
Velcro Flat Reverse Direction L R
Velcro Flat Normal Direction L R
T-Strap* L R
Hook* Speed Lace*

REMOVABLE CUSTOM MOLDED INSERTS
Standard: ¼" Pink + ¼" White Plastazote®
¼" Pink + 1/8" Poron® + ¼" White Plastazote®*
Cover* Leather* Spenco®* Poron®*
Extra Inserts 1 pair* 2 pairs**
Build-Up Inserts* L R
Other:

SPECIAL LINING
B-foam Cushion (standard)
Full Leather*
Plastazote® *
Vamp*
Heel*
*Collar and Tongue come padded Standard Unless" Otherwise Noted
Collar (no padding) Tongue (no padding)
Other:

NOTICE: Molded shoes are only as good as the cast received

CONSTRUCTION
Regular (light)
Celastic Counters (Standard) Double Counter*
Other:

SOLING
L W (12 l) Standard (18 l)
(24 l)* Heavy Duty Ribbed Soling*
Other:

SHORT LEG BUILD-UP

	L	R
Heel*	Inch	Inch
Ball*		
Toe*		
Outsole*	Insole*	

Other:

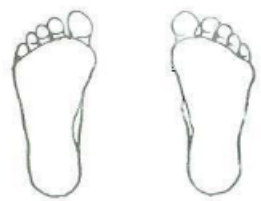
SOLE MODIFICATIONS

Heel Flare*	Lateral	Medial	L R
Sole Flare*	Lateral	Medial	L R
Heel Wedge*	Lateral	Medial	L R
Sole Wedge*	Lateral	Medial	L R

Wide Base* Rocker sole Rocker Heel
Other:

PLEASE MARK AREAS OF SPECIAL ATTENTION ON THE PICTURES BELOW AND ON THE CAST

Right Left



EXTERNAL ADDITIONS

Toe Filler*	L R
To Match (length)	L R
Short	L R
Steel Shank*	L R
7/8" Caliper Plate*	L R
Metatarsal Bar*	L R
Reinforce for Brace	L R

Other:

SPECIAL INSTRUCTIONS
Include A Weight-bearing Tracing

(HOLD A PENCIL VERTICALLY WHEN TRACING)

* THERE IS AN ADDITIONAL CHARGE FOR THIS MODIFICATION.

PLEASE SEE PRICE LIST.

THE BASIC INFORMATION REQUIRED OR YOU MAY INCUR EXTRA COST AND DELAYS

SEND LITERATURE **ORDER FORMS**

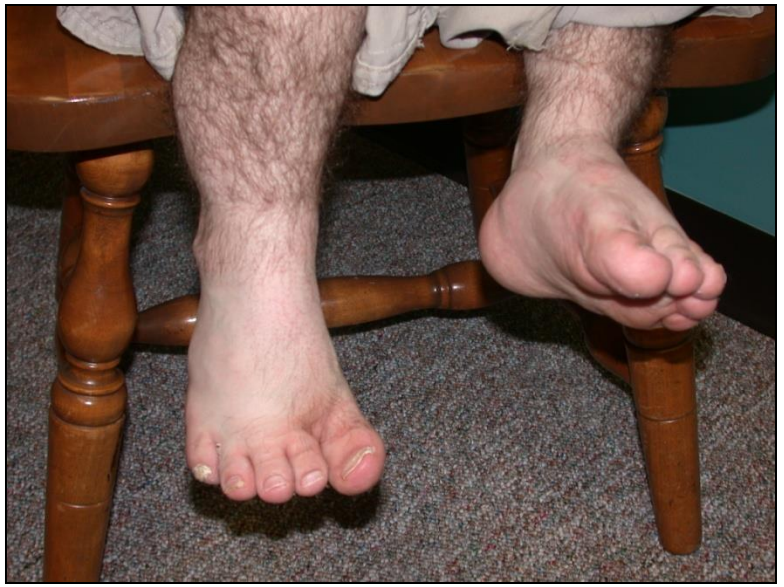
Construction

Photos © O&P Edge

November 2007

Match factory shoe on contralateral side

- Most custom shoemakers will match a factory shoe for you. Keep in mind, however that it will not look exactly like a matched pair as the one was made from a mold of a foot with severe deformities.



Shoe Modifications and Footbeds

- Any shoe modification you can think of can be incorporated into a custom shoe.
- Likewise, any sort of foot orthosis, posting, offloading or correction may also be built in to the footbed of a custom shoe.
- In both cases, the correction, support or offloading can be ultilized to a much higher degree and better effect in a custom shoe without the inherent restraints of a factory-made shoe.

Tips and Reminders

- Make sure you use the manufacturer's own order forms
- Make sure you have the most up-to-date price list
- Make sure you understand what features are included in the base price of the style you selected, and which are add-ons. You need an accurate estimate to be able to determine what to charge for the shoes.
- Always be sure to send weight-bearing tracings with the casts. Remember, measurements and photos, while not required, are helpful.
- Foam impressions are a good idea if you need special offloading or the plantar surface of the foot is abnormal or unusual.
- If the shoe doesn't fit as expected, it's best to send it back to be adjusted rather than adjust it yourself as this may void the warranty.

Resources

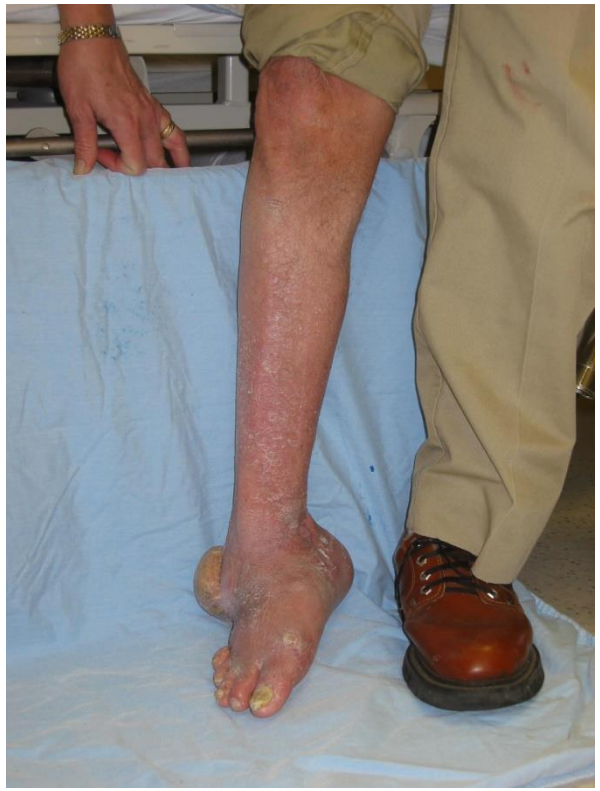
Hersco Ortho Labs	https://hersco.com/
Apis	https://apisfootwear.com/
Jerry Miller ID Shoes	https://jerrymillershoes.com/
Davis Shoe Therapeutics	https://www.davisshoes.com/
Tru Mold Shoes	https://trumold.com/
Crary	https://www.craryshoes.com/
Eneslow Shoes & Orthotics	https://eneslow.com/
Rightway CMS	https://rightwaycms.com/

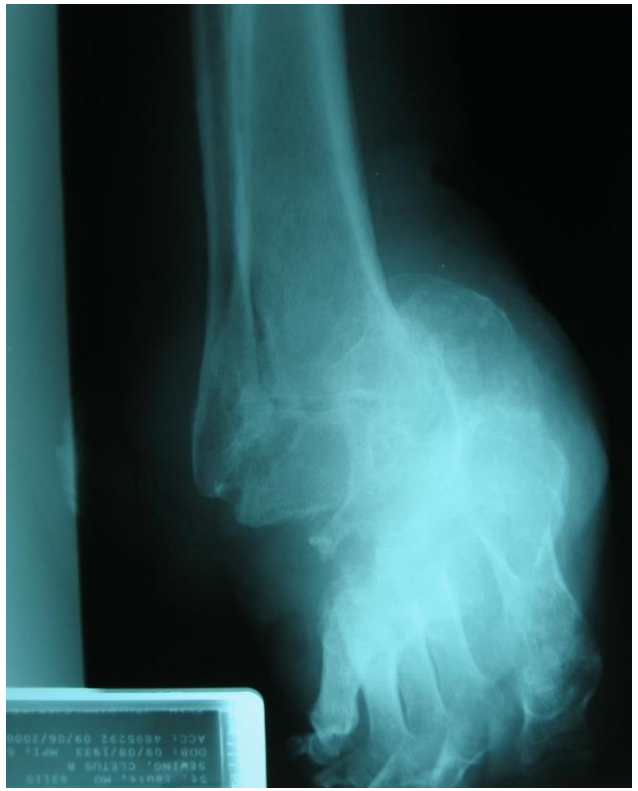
Medicare and Custom Shoes

- Under the Therapeutic Shoes for Persons with Diabetes benefit:
  - A5501 - For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe
  - A custom-molded shoe is one that:
    1. Is constructed over a positive model of the beneficiary's foot; and
    2. Is made from leather or other suitable material of equal quality; and
    3. Has removable inserts that can be altered or replaced as the beneficiary's condition warrants; and
    4. Has some form of shoe closure.
  - A5501 includes two additional pairs of inserts.
  - New casts must be taken every year.
- As an integral component of a brace:
  - L3230 - Orthopedic footwear, custom shoe, depth inlay, each

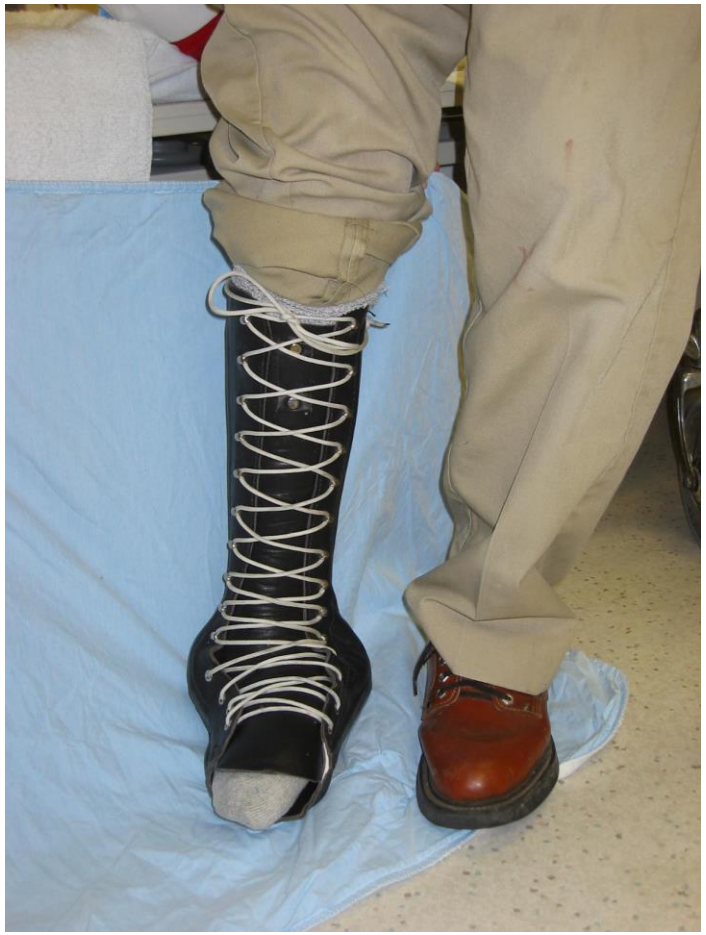
Case Studies

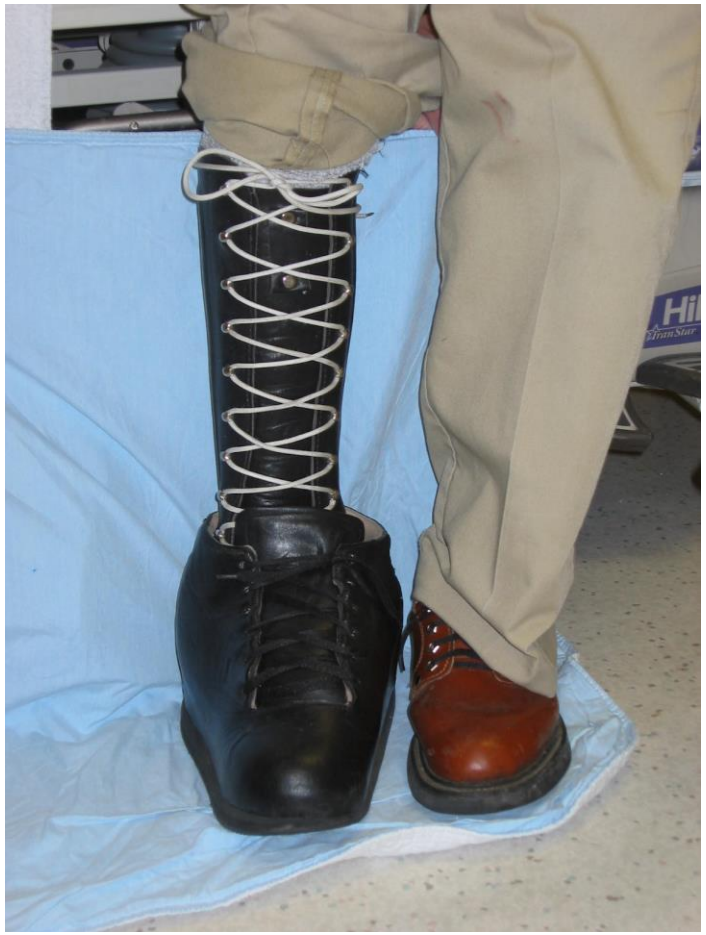
Case Study #1





Case Study #1





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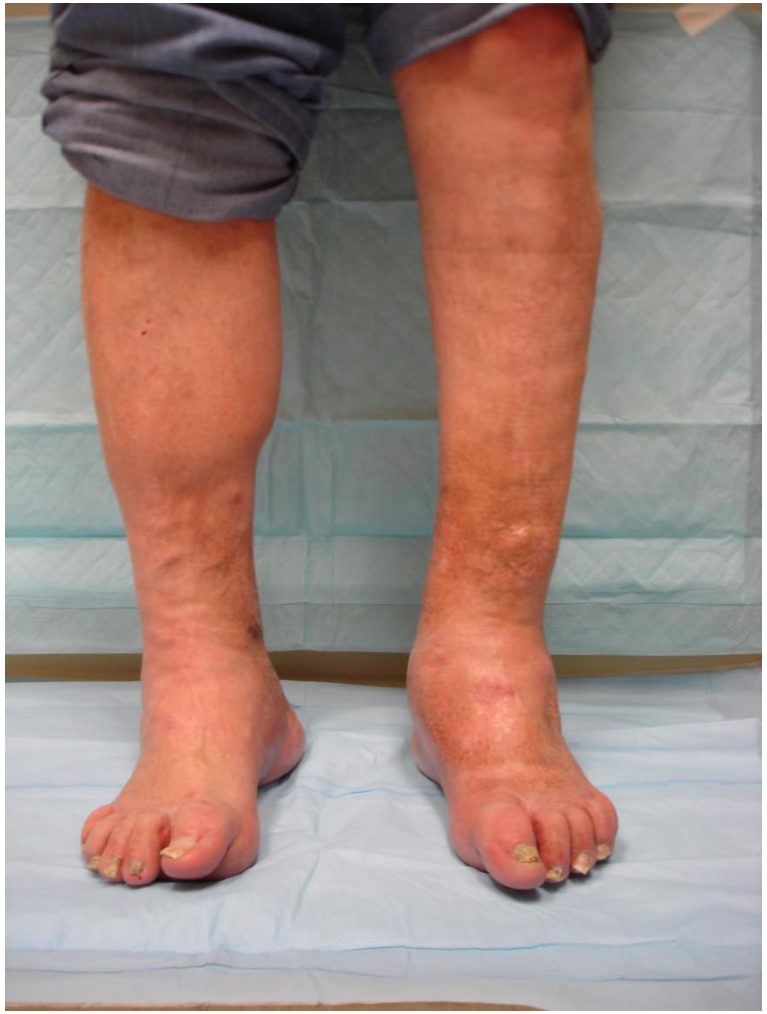

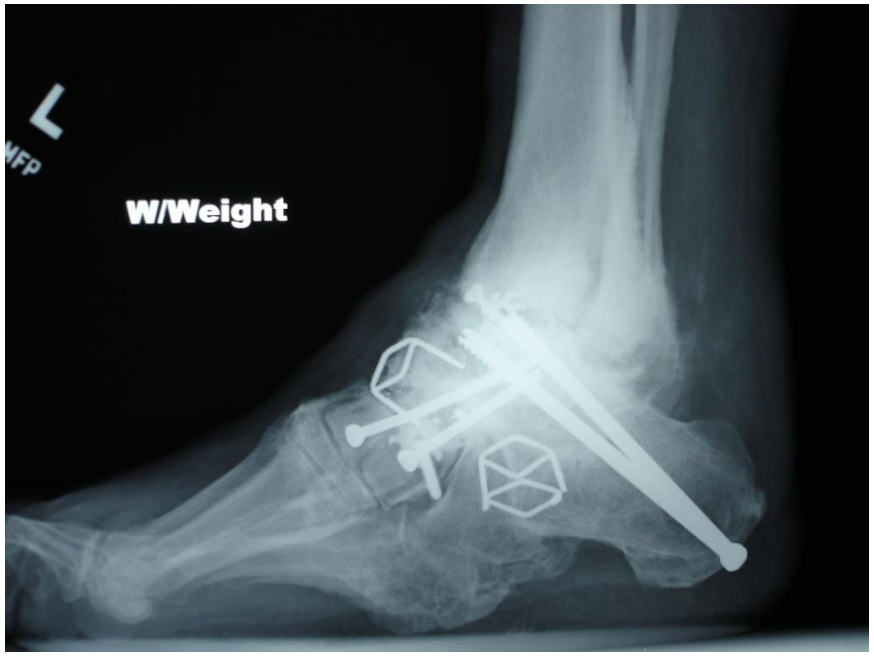

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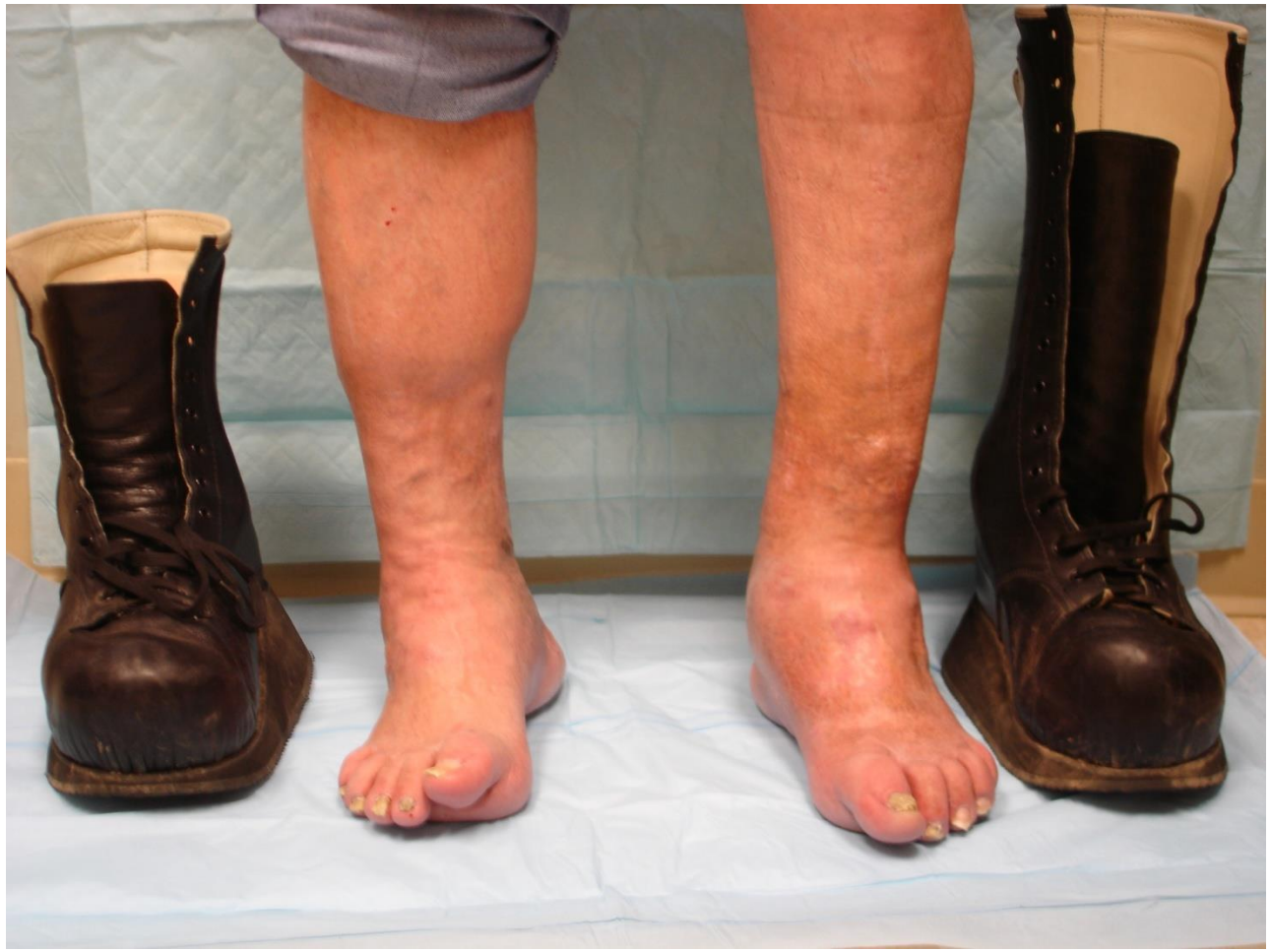

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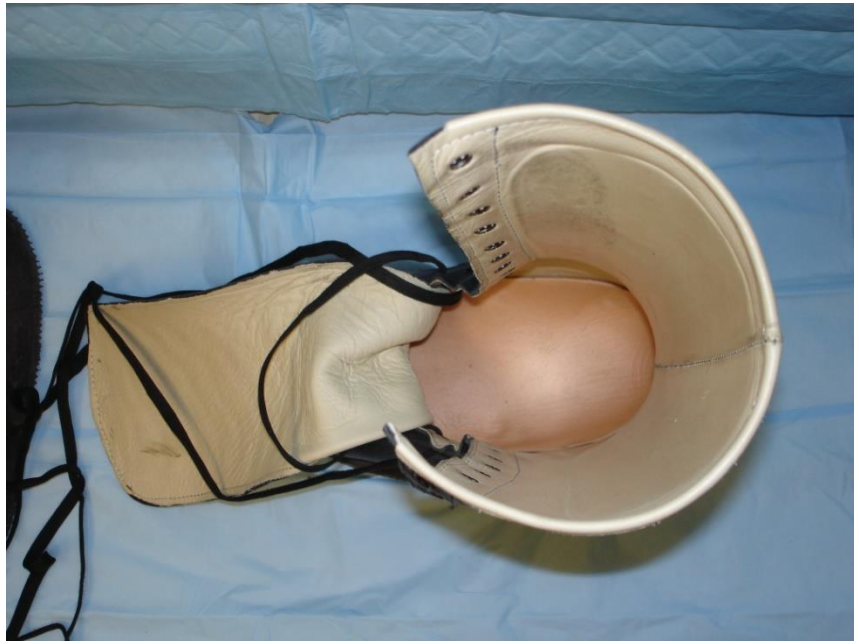

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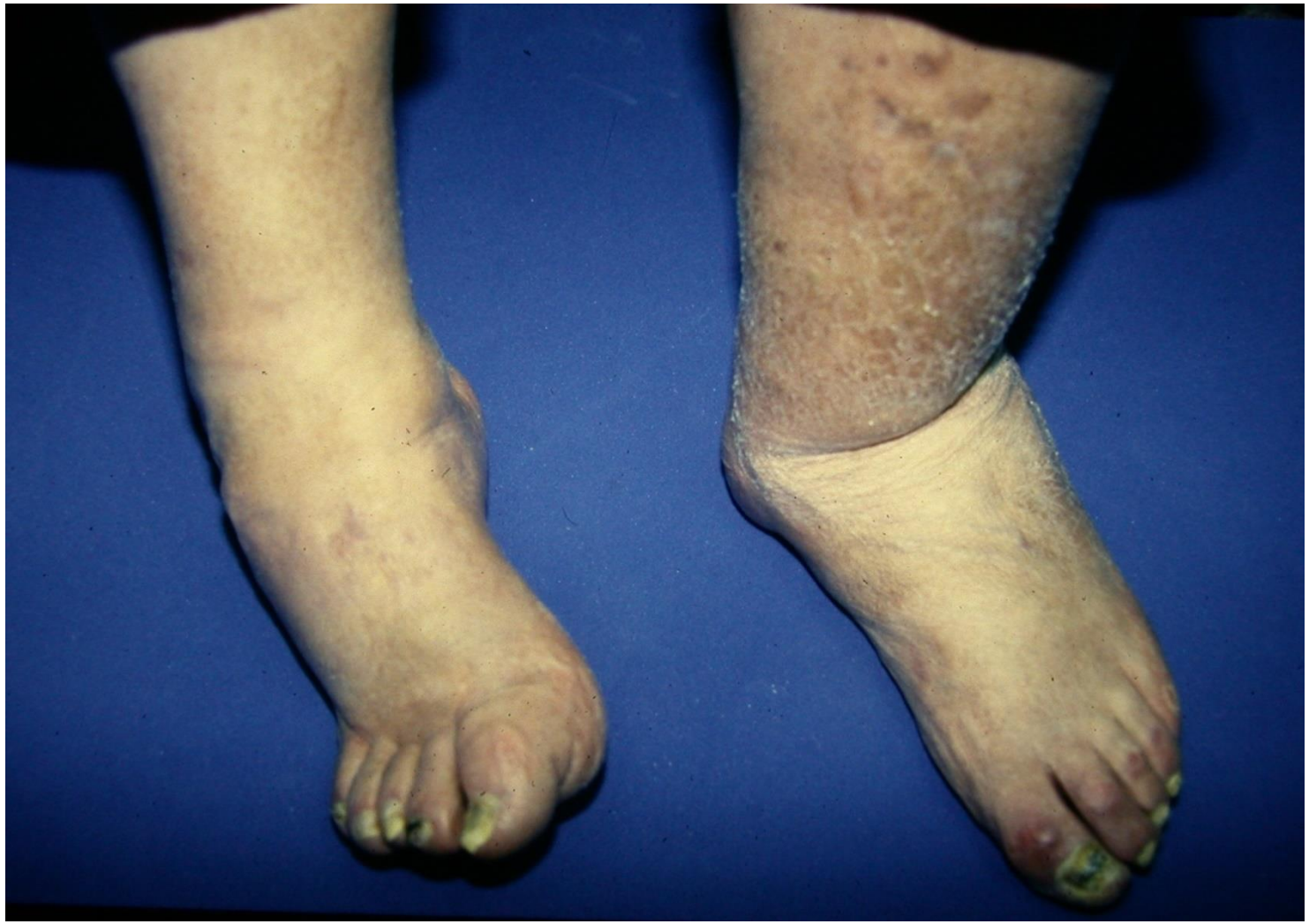
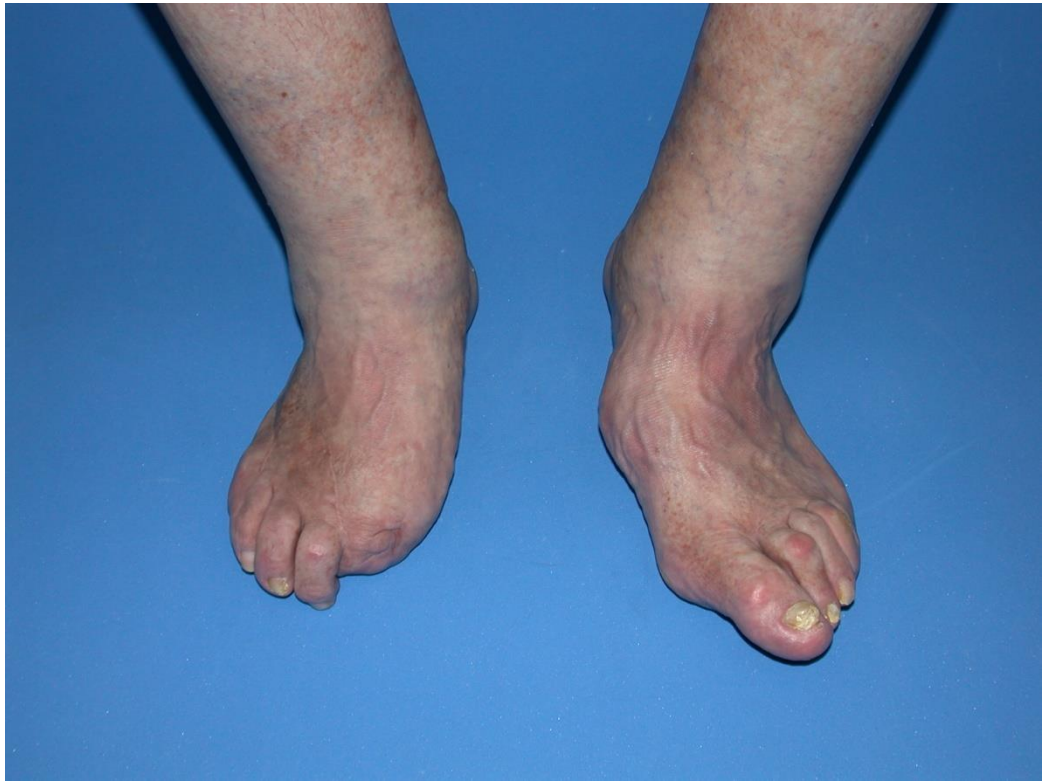


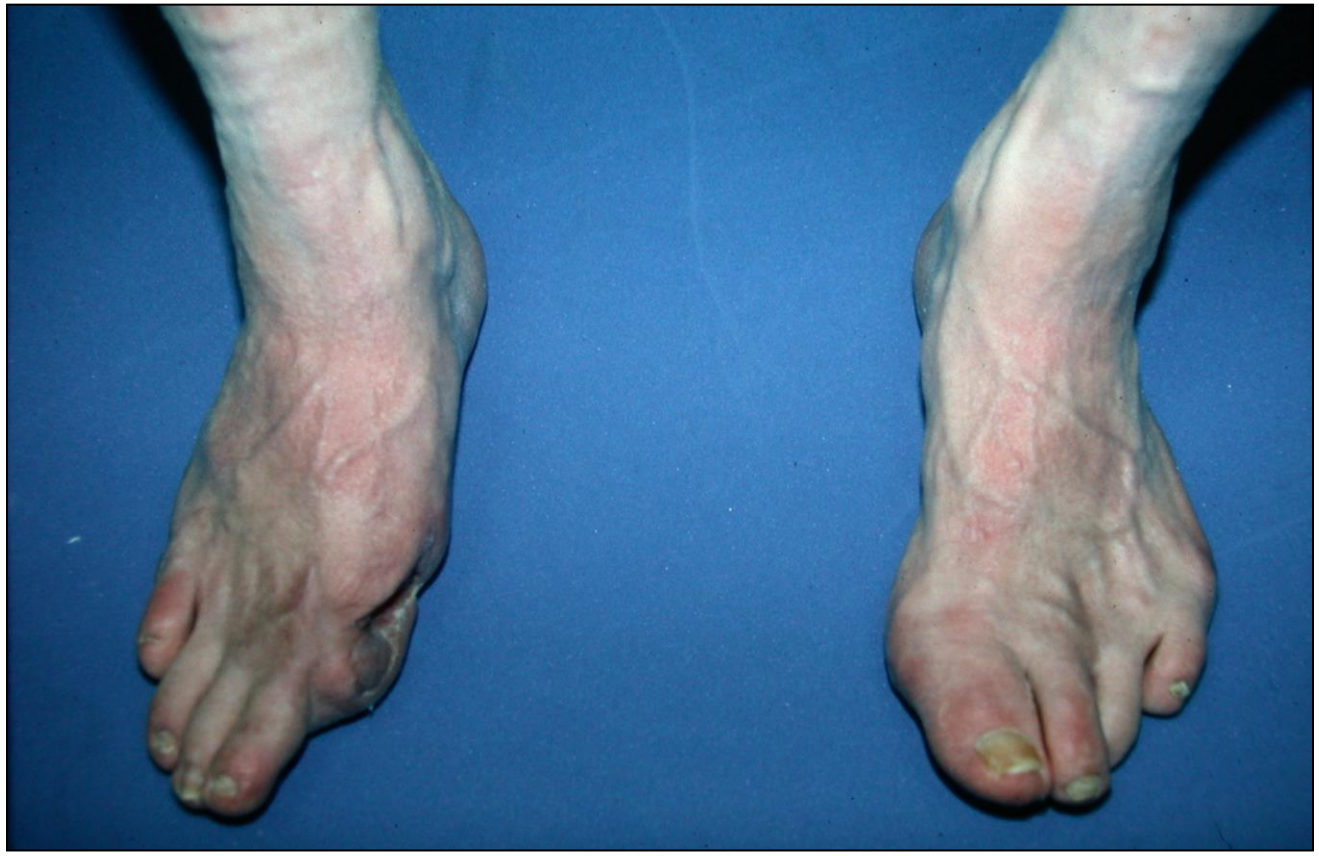
Case Study #3

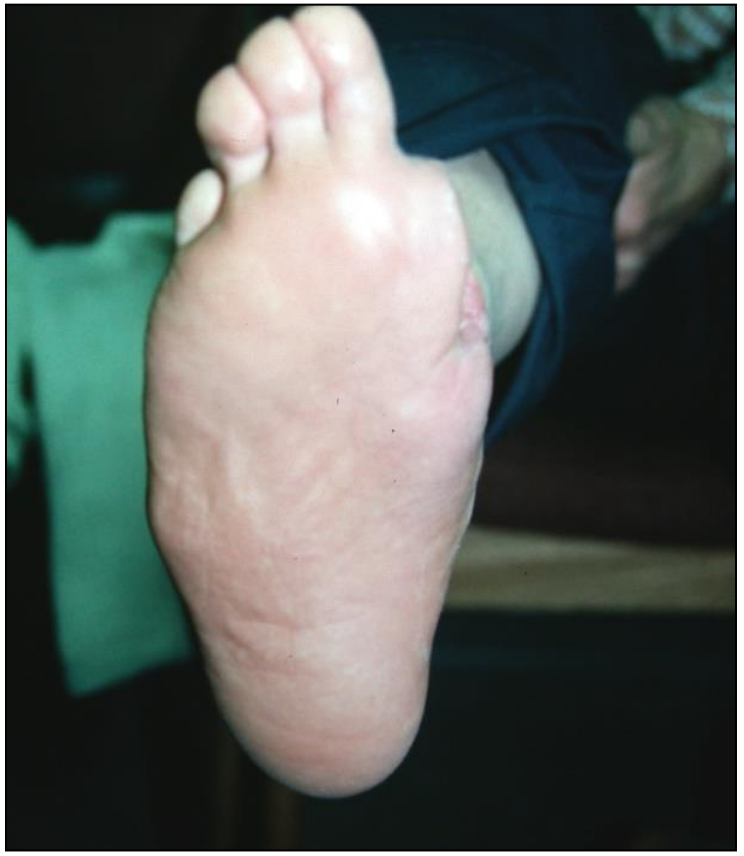
Case Study #4



Case Study #4

Case Study #5





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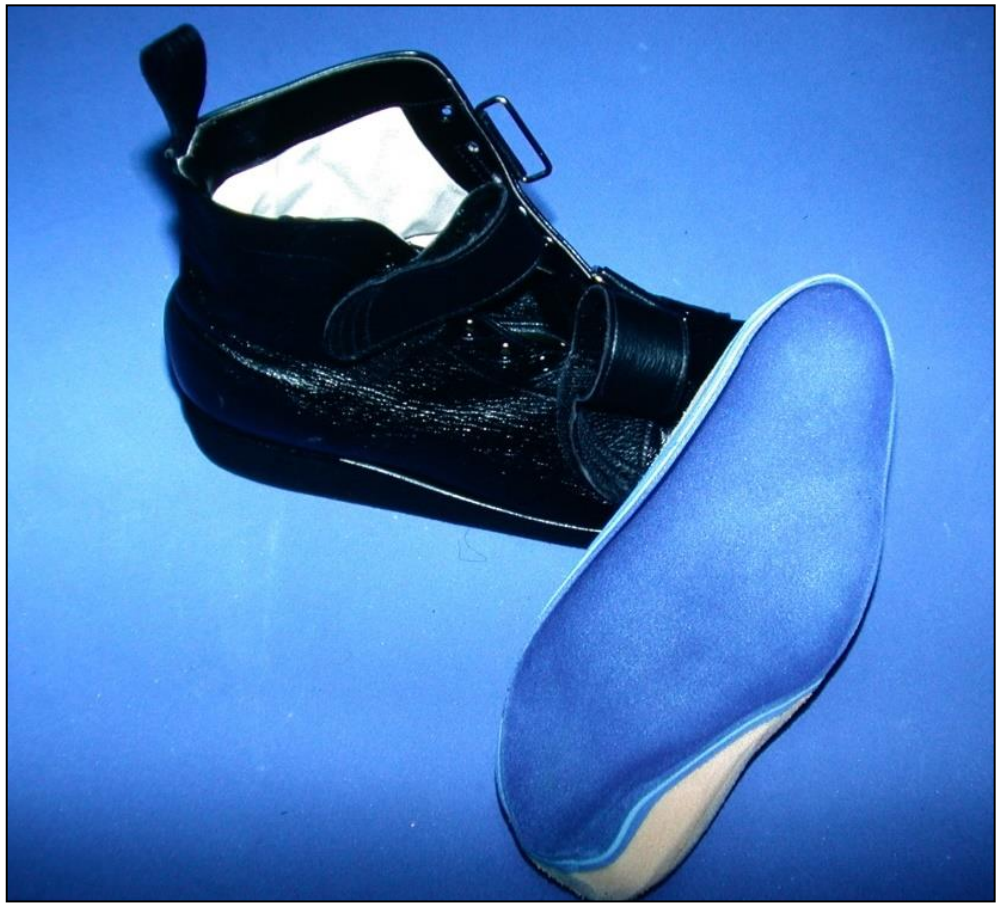

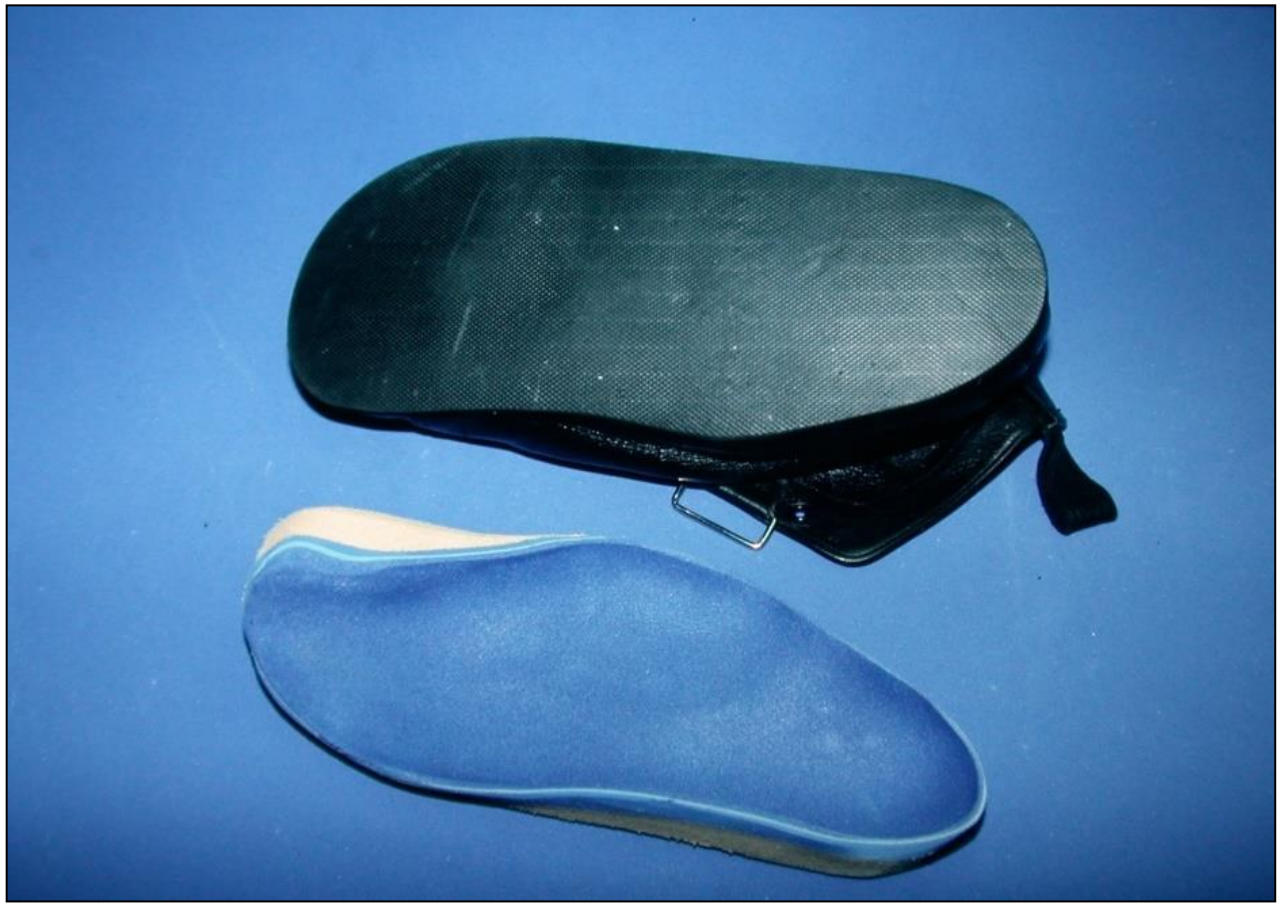

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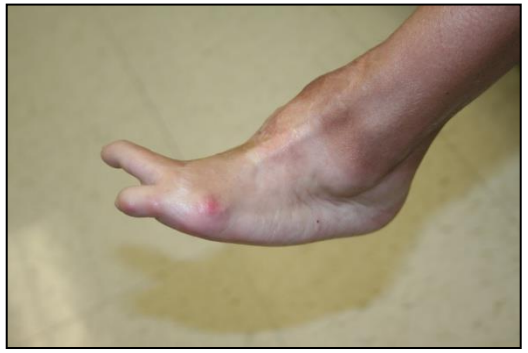

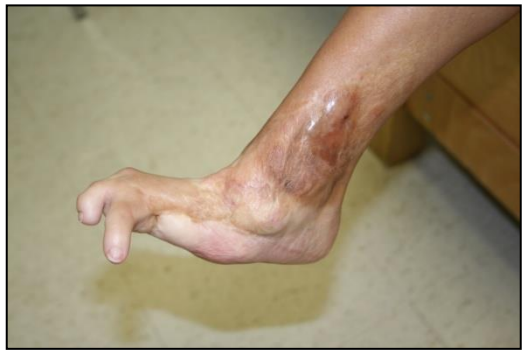

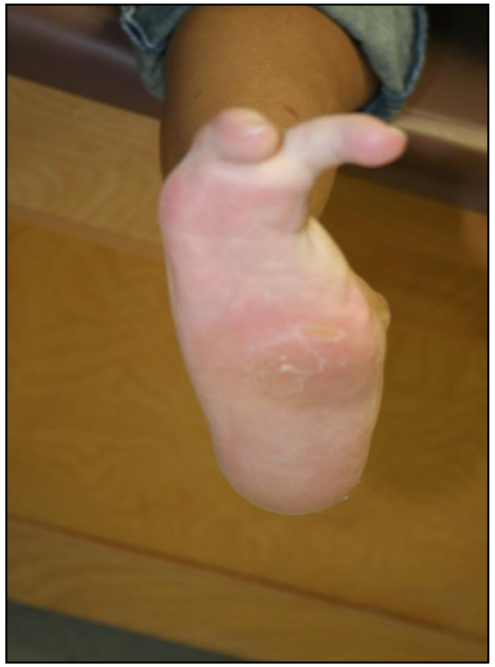

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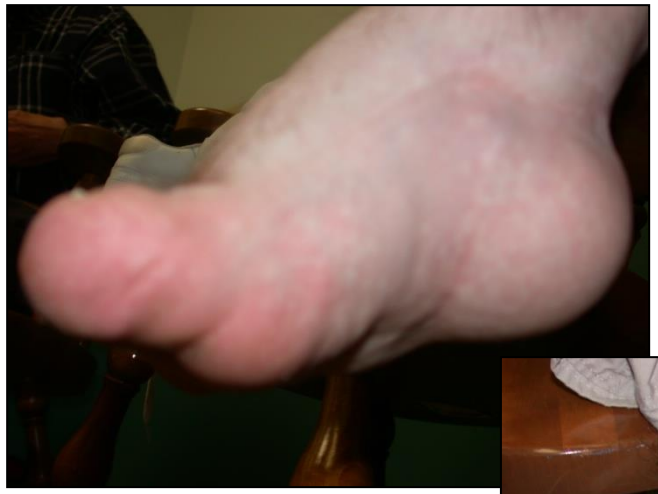

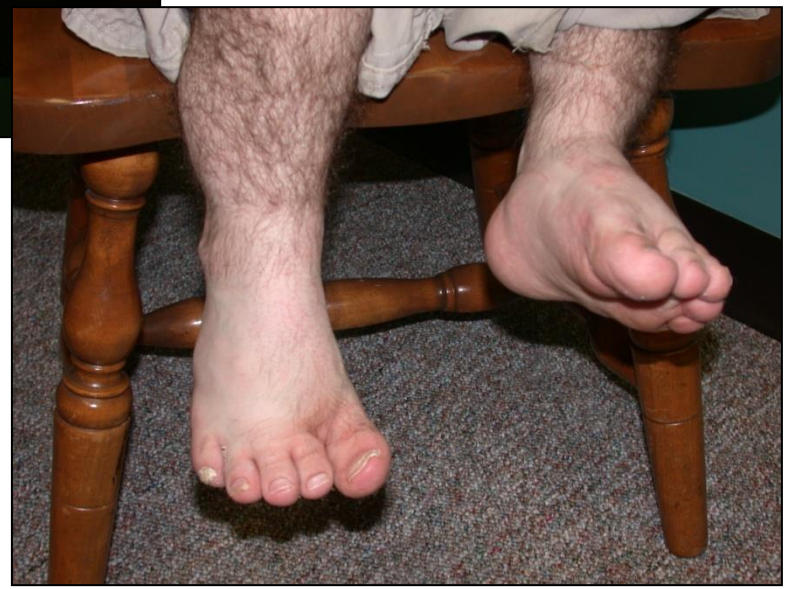

The End