

MACKENZIE PODIATRY Ltd

Registered in Scotland 311124

Society of Chiropodists and Podiatrists Accredited Practice

www.mackenziepodiatry.co.uk



Orthoses.

The foot has three main functions:

- 1) a stable base to walk on
- 2) a shock absorber
- 3) a lever to propel the body forwards.

When the foot is unstable, it is unable to perform these functions properly which may result in problems developing not only within the foot itself, but also with the rest of the body. Unstable feet may be hereditary, congenital or the result of an accident or injury. Any of these may result in a weak, flat, over-pronating* foot. Associated problems which may develop are corns, calluses, in-growing toenails, toe deformities and overuse injuries.

Orthoses are designed to improve these three main functions and in so doing alleviate associated conditions.

* Over pronation occurs when the sub-talar joint fails to lock during walking allowing the foot to roll in too much.

What are Orthoses and why might I need them?

Orthoses are devices which fit inside the shoe. Their main function is to re-align the foot and limit the excess movement within the foot, providing a more stable base for the rest of the body.

What are they used to treat?

They are helpful as part of the treatment and management of overuse injuries, such as:

Plantar Fasciitis and footstrain.
Achilles Tendonitis
Shinsplints
Knee Pain
Low Back Pain

Foot orthoses are also very useful in the management of children's foot problems, where, by holding the foot in the correct alignment, the rest of the body is allowed to develop without having to compensate for the unstable feet, reducing the risk of foot, ankle, knee, hip and low back abnormalities later in life.

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Casted and off the shelf orthoses.

We use Interpod off the shelf orthoses almost exclusively. The quality and reliability mean that they function just as well as a bespoke device. However if the patient requests a custom made device we will provide these. Our aim when prescribing orthoses is to improve foot function. As most foot problems stem from the fact the foot is unstable, all we try to do is “stabilize” the foot. This can be done with minimal intervention with a very simple orthotic device, correct footwear and improved flexibility.

We no longer carry out extensive biomechanical exams preferring a less complicated approach that involves assessing how the foot works in its three main functions. This approach may not suit all our patients and if this is the case we will refer to another practitioner. We will cast for orthoses on the understanding that the device will be the same prescription as an Interpod but more durable.

Can I just get them and walk away?

Definitely not.

Orthoses require a wearing-in period, during which you begin by wearing them for one hour the first day, two hours the second day and so on until you can wear them comfortably for eight hours a day. If, during this period you begin to experience

unusual pain or discomfort in the ankles, knees, hips or lower back, reduce the time you are wearing them until the pain goes away, and then start to build up again slowly from that point. Only after you are totally accustomed to them should you wear them during any sporting activity, including hill-walking.

So they fix everything?

Orthoses may form a very important part of a treatment plan. However on their own they are not a cure-all, nor are they a quick fix. In addition to being prescribed orthoses you will be advised to follow a regime of passive stretching exercises. These are equally important. Failure to follow this advice will result in the orthoses not performing to their full potential, and your injury may not recover as quickly and completely as expected.

Footwear

Shoes must be able to accommodate the orthoses, any existing support should be removed to allow the device to sit flat inside the shoe/trainer. All footwear must have a closed in heel, no mules, slingbacks or backless shoes as this will prevent the orthoses from working. It is also advisable that a light trainer be used around the house in place of slipper.