

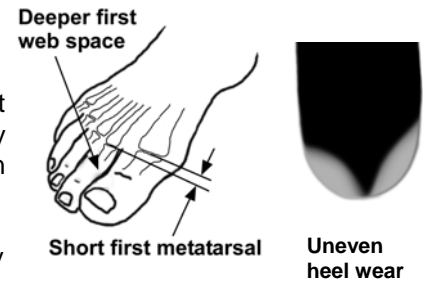
Posture Control Insoles® Quick Guide

Quick, Easy and Effective

1. Routine assessment of risk factors (Indicators for PCI evaluation)

- Check if the heel wear on the patient's shoes is uneven: Medial or lateral.
- Check if the patient has Morton's Foot Syndrome identified by a short first metatarsal relative to the second. This can usually be spotted quickly by observing a deeper web space between the first and second toe or an apparent long second toe.

Uneven heel wear indicates unstable feet. Morton's Foot Syndrome is typically associated with an elevated first metatarsal which destabilizes the foot and causes hyperpronation. Proceed to evaluate Posture and Foot Mechanics.



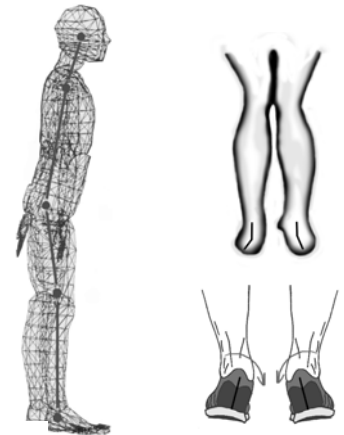
2. Evaluate Posture and Foot Mechanics (Indicators for PCIs)

Check AP (anterior-posterior) posture, ankle and knee motion:

If three or more of these findings are confirmed, the patient needs PCIs.

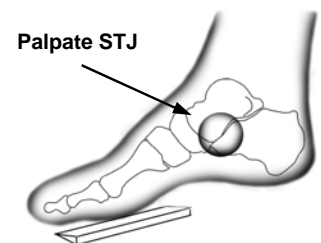
- Head forward
- Shoulders rounded and forward
- Thumbs pointing in
- Pelvis rotated forward
- Ankles roll in and knees move medially when the patient is bending the knees

If not corrected, the patient remains predisposed to continued musculoskeletal problems and chronic pain.



3. Measure the First Metatarsal Deficit (FMD)

Have the patient stand equal weight on both feet. Instruct the patient to roll one foot out at a time while palpating the talo-navicular joint surface to find subtalar neutral. Hold the foot in its neutral position while sliding the measurement wedge underneath the first metatarsal head and big toe. Measure the distance to the floor at the medial edge of the first metatarsal head. (Scale on wedge)



4. Evaluate the Patient's Longitudinal Arches

If the patient has flexible flat feet, arch supports are recommended. Start with #1 PCAs. If there is doubt whether the patient has very low arches versus flat feet, have the patient stand on a pair of 9.0 mm PCIs on a hard surface. If the arches still collapse to the floor when the patient does a knee bend, the patient has flexible flat feet and needs arch supports. Unless the patient has flat feet, arch supports are generally not recommended. Patients suffering from plantar fasciitis often receive quicker relief with #1 arch support.



5. Check the Bottom of the Patient's Shoes for Bracing and Releasing Patterns

If the patient's shoes display heavier wear from the middle to the lateral side in the forefoot, the patient is a Bracer. Bracers usually have a very hard lateral heel strike, and often display signs of tense muscles. If the patient's shoes display heavier wear from the middle to the medial side in the forefoot, the patient is a Releaser. Releasers may have either a lateral or a medial heel strike and often display more signs of postural collapse.



6. Choosing the right PCI

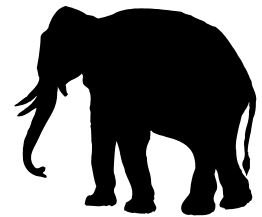
- General rule: 30% of the First Metatarsal Deficit (FMD) is the recommended height of the PCIs.
 - ⇒ FMD less than 12 - 14 mm choose 3.5 mm PCIs.
 - ⇒ FMD greater than 16 -18 mm choose 6.0 mm PCIs.
- If the patient is a Releaser, the general rule applies.
- If the patient is a Bracer, always start with 3.5 mm PCIs even if the FMD measures 16 – 18 mm indicating 6.0 mm. Graduate the patient to 6.0 mm PCIs in 6-8 weeks or sooner if the patient starts complaining of feeling like the foot is trying to slide laterally in the shoe.
- Never start the patient with 9.0 mm PCIs. If the patient's FMD measurement is 22-24 mm or more, start with 6.0 mm. After 7-10 days, evaluate the patient's gait, observing hyperpronation, to determine if the patient needs 9.0 mm PCIs.



FMD X 30%

7. When to be conservative

- Conservative means starting the patient in 3.5 mm PCIs even if 6.0 mm is indicated by the FMD measurement.
- If the patient has had recent lower extremity injuries or surgeries.
- If the patient displays other conditions impacting gait.
- If the patient is hypersensitive to change.



8. Contraindications

- Cavus Feet (Ultra high “peaked” arches).
- Rigid feet.
- FMD measuring less than 6-8 mm.
- Patients who have deformities from birth, injuries or surgery that clearly drive lower extremity function may not benefit from wearing PCIs.



9. Troubleshooting

- An initial sensation of muscle discomfort is normal for 3-5 days.
- Confirm that the patient has followed the break-in schedule.
- Isolate cause and effect by eliminating possible other factors.
- Reduce amount of proprioceptive input to the next level down (From 6.0 mm to 3.5 mm). Discontinue wearing, if necessary, until conditions normalize (to conditions experienced or observed prior to fitting PCIs).
- After normalizing the patient, re-start conservatively (3.5 mm PCIs) and monitor patient response closely.



10. A Thinker's Approach

Items 1-9 are general guidelines to follow when fitting patients with Posture Control Insoles®. Although foot mechanics has a primary impact on gait, body mechanics and posture, gait abnormalities may also be driven by pelvic imbalances caused by other factors. To maximize the benefits from PCIs, keen observation of pain patterns, mobility, strength, structure and muscular compensating patterns is necessary.



For assistance: 888-790-4100