

# Custom

## Patient Guidelines

Your body needs to adapt to your new foot orthotics gradually. Do not wear your orthotics for the entire day until you have completed the following wearing schedule.

### Soft Custom Orthotics Wearing Schedule

Day 1	1 hour on / 1 hour off (alternate all day)
Days 2 & 3	3 hours on / 1 hour off (alternate all day)
Days 4 & 5	5 hours on / 1 hour off (alternate all day)
Days 6+	You should be able to wear all day

### Rigid/Semi-Rigid Orthotics Wearing Schedule

Day 1	1 hour on / 1 hour off (alternate all day)
Days 2	2 hours on / 1 hour off (alternate all day)
Days 3	3 hours on / 1 hour off (alternate all day)
Days 4 - 7	Increase wear time by 1 hour each day
Days 8+	You should be able to wear all day

- You may initially feel discomfort in your arch, calves or knees. If you experience too much discomfort, reduce the recommended wear schedule by 1/2. This discomfort should subside within two weeks
- If your discomfort does not subside or you experience any of the following conditions, call the office where you were originally seen.
  - Loss of sensation or tingling
  - Severe blistering, rash or lesions
  - Severe coldness or burning
  - Drastic change in flesh color
  - Redness that persists for more than 30 minutes after the Orthotics are removed

# Made Foot Orthotics

## Shoes

- In order for your treatment to be truly successful, it is important to understand that your orthotics and shoes work together.
- Lace or Velcro closure shoes with firm heel counters and sturdy soles are recommended.
- Cross-training athletic footwear works well.
- Shoes with a removable inlay work best with many styles of orthotics. By removing the inlay before the orthotic is inserted, the fit of the shoe should not change significantly.
- Shoe sizes vary from one manufacturer to another. Select shoes by fit, not just size. There should be 3/8 to 1/2 inch of space beyond the longest toe. They should be comfortable at time of purchase, do not expect shoes to stretch.

## Additional Guidelines for Patients With Diabetes

- Twenty-five percent of Americans with diabetes develop foot problems related to the disease. Most conditions develop from a combination of causes including poor circulation and neuropathy. With neuropathy there may be a loss of sensitivity to minor cuts, scrapes, blisters or pressure sores. Left untreated, complications such as ulcerations or even amputations may result. Neuropathy can also lead to such deformities as bunions, hammertoes and Charcot feet.  
  
Diabetes often leads to peripheral vascular disease, which inhibits blood circulation. Poor circulation causes injuries to heal poorly and can lead to swelling and dryness of the foot.

- Your foot orthotics play an important part in your foot care. They reduce and redistribute pressure thus reducing risk of ulceration. Once you have completed the wearing schedule you should wear your orthotics daily.

**IT IS VERY IMPORTANT TO TAKE THE FOLLOWING PRECAUTIONS TO PREVENT FOOT RELATED INJURIES AND REDUCE THE RISK OF SERIOUS FOOT CONDITIONS.**

- Inspect your feet DAILY for blisters, cuts, scratches, lesions and severe redness. Check between your toes and use a mirror if necessary to see the bottoms of your feet.
- Inspect the insides of your shoes DAILY for foreign objects and rough areas.
- Wash your feet DAILY (Avoid temperature extremes). Dry them carefully, especially between the toes.
- Do not soak your feet.
- Do not wear shoes without socks. Seamless cotton socks are recommended. Change socks daily.
- Do not walk barefooted.
- If your feet are cold at night, wear socks. Do not use hot water bottles or heating pads.
- Do not cut corns or calluses.
- Do not use chemical agents for the removal of corns or calluses unless directed by your physician.
- Do not use oils or creams between your toes. See your physician regularly and be sure your feet are examined at each visit.