

## INTRODUCTION

Accurate and effective orthotic therapy is often a cornerstone of successful long-term podiatric management of many conditions of the foot and lower limb. Although there is generally a shared philosophy of assessment and diagnosis which underpins all orthotic prescription, there currently exists great diversity in the range of devices prescribed by podiatrists.

One overly simplified description of orthoses, which demonstrates this diversity, is *soft* and *rigid* orthoses. Generally, softer orthoses, commonly referred to as insoles, are fabricated as a more permanent solution to clinical padding and strapping, with the intended outcome being redistribution of weightbearing pressures (Tollafeld et al., 1997). Rigid orthoses, on the other hand, are generally prescribed in an attempt to address the mechanical aetiology of clinical conditions by altering foot and lower limb

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