CLINICAL GUIDELINES FOR ORTHOTIC THERAPY PROVIDED BY PODIATRISTS

Prepared by the Australian Podiatry Council
May 1998

Australasian Podiatry Council
89 Nicholson St, Brunswick East VIC 3057
Telephone: 03 9416 3111 Fax: 03 9416 3188
Email: apodc@apodc.com.au
ABN: 24 008 488 748

CONTENTS

CLINICAL GUIDELINES FOR ORTHOTIC THERAPY PROVIDED BY PODIATRISTS

Introduction

In June 1997, the Australian Podiatry Council adopted a strategy to clearly define the therapeutic scope of practice of podiatrists in relation to orthoses. This paper also developed protocols for the prescription of custom-made orthoses covering issues such as when to prescribe, minimum standards for assessment and care plan requirements, including follow-up.

A background paper on podiatric orthotic therapy was prepared which discussed assessment, prescription and fabrication processes as well as indications for use and treatment benefits.

The project included the trialling of "clinical pathways" for six different types of orthoses which involved 40 podiatrists from both the public and private sectors across Australia. Over 350 "clinical pathways" were completed as part of a national validation process.

The Guidelines present a best practice framework within which activity may be described and provide the opportunity for future benchmarking exercises. Ongoing evaluation of the guidelines is anticipated, in line with continued scientific and technological advances in the assessment, prescription and manufacturing processes.

The Council is grateful to all the podiatrists who participated in the project, and in particular, the following people who were also involved in the final stages:

> Cathy Brewin, Gary Brewin, Allan Boys, Elizabeth Chard, Joyce Cooper, Margaret Carty, Matthew Dilnot, Robyn Elwell-Sutton, Linda Garbett, Nelson Gonzalez, John Head, David Hemmings, Rachel Henry, Dominic Hogan, Anne-Maree Keenan, Lynley Keynes, Karl Landorf, Dianna Luccarini, Lance Moller, Susan Moffat, Sally Sanderson, Laurence Sidari, Shane Toohey, Julie Tunbridge, Leonie Zabarauskas.

Also the Australian Schools of Podiatry, State Podiatry Associations and Delegates to the Australian Podiatry Council who contributed their time.

Finally, this project was initiated and coordinated by Alison Petchell, part time Project Officer for the Australian Podiatry Council. The Council is grateful to Alison for her persistence and commitment in completing the Guidelines and associated materials.

John Price
Executive Officer
Australian Podiatry Council

May 1998

Background

Orthotic Therapy is defined as

> *The use of an appliance or apparatus to support, align, prevent or correct deformity or to modify position or motion and improve the function of the moveable parts of the body.*

The **orthosis** is the actual appliance or device.

Each category of orthosis is grouped according to **definition** and **objectives** of the therapy. The **process standards** define the quality of care that is implemented, ie: the interventions, observations and principles that are required to guarantee positive outcomes for patients. The **outcome standards** define the expected change in the patients' health status and environment after receiving care and the extent of the patient's satisfaction with the care. Positive outcomes occur when the care is appropriate to the patient's needs and negative outcomes can be avoided if care is implemented according to standards. (Note that the timelines for achieving outcomes may be independent of the process)

It is important to note that the process and outcome standards relate specifically to the **prescription** and **supply** of an orthosis and not to the myriad of clinical conditions for which orthoses are generally a **component** of a **comprehensive treatment plan**. Therefore, the methods whereby a diagnosis and prognosis are reached are not addressed specifically as they are dictated by the clincial situation, not the device required. The choice of device and other prescription requirements will always be tailored to individual clinical presentations and so the standards do not attempt to make recommendations which overrule clinical judgements. For the same reason, they do not address technical or scientific debate regarding the merits of different types of orthoses.

Principles Underpinning the Clinical Guidelines

(Rights & Responsibilities of Practitioners & Patients)

- A comprehensive clinical assessment is undertaken prior to the prescription of an orthosis. This will take into account the patient's clinical, medical and surgical history, footwear, occupational and lifestyle factors.
- A more thorough comprehension of foot function will be required if any orthosis is to be prescribed. This may be achieved through visual or computerised means and might include range of motion studies, gait analysis, postural alignment evaluation or other relevant techniques. The more likely it is that the device will influence or modify foot and body posture and function, the more thorough the assessment required.
- A diagnosis and prognosis is secured prior to the prescription of an orthosis and the care plan is discussed with the patient and/or guardian.
- Footwear assessment takes into account the presenting style and fit, its' influence on the clinical condition and its' capacity to accommodate an orthosis adequately. This includes a discussion with the patient and/or guardian and there is agreement as to the nature of modifications required, if necessary.
- Adjunct treatments may be utilised at any time throughout the intervention, depending on the care plan and include surgical, physical. chemical, pharmcacological or complementary mechanical therapies.
- Fabrication of the orthosis may be undertaken by the prescribing practitioner or a third party whereby the device is completed according to a written prescription. At all times the prescribing practitioner will retain direct responsibility and accountability to the patient.
- Recent (and expected ongoing) advances in technology may result in variation to aspects of process in orthotic fabrication - practitioners should ensure that outcome standards continue to be met.
- At the time of fitting and issue, instructions regarding safe initial wear of the orthosis is required. Patients should be informed of the intended physical effects of the orthosis and potential short term side effects. Patients are urged to return to the podiatrist in the event of progress impaired by symptomatic or other foot pathology.
- In the event that the patient experiences difficulty with wear following the dispensing of an orthosis, the podiatrist will endeavour, through a process of clinical assessment and orthotic modification, to remedy the situation. The podiatrist will not be held accountable if the patient has not undertaken the advised behavioural and footwear modifications recommended prior to prescription. The podiatrist will be held accountable if the behavioural and footwear modifications were not agreed upon prior to the prescription of the orthosis.
- A minimum of one consultation to assess fit, function and effectiveness, recommended within four weeks of issue must be scheduled for all orthoses and comprises part of the therapeutic pathway. It is not uncommon for a further appointment to be scheduled within six months of issue to evaluate gait patterns, shoe wear and orthotic wear.
- An annual assessment is recommended for all long-term wearers of orthoses, however individuals experiencing problems are advised to return to their podiatrists with any recurrence of symptoms or development of new symptoms. The patient will be advised of the potential harm associated with the wear of a device which is influencing weightbearing alignment, without regular reassessment.
- Reasonable wear and tear - will be advised at the time of prescription. As a general guide, soft, palliative devices and/or covers will require replacement at least annually. Rigid orthoses will remain intact for many years, however additions and posts may require refurbishment at least annually. The length of time will be influenced by individual level of activity and other clinical factors and the patient should be advised of expected life span of the orthosis prior to prescription.
- Growth and development - parents will be advised of the expected life-span of the orthosis prior to prescription (generally 12-24 months but will be influenced by individual factors) and regular review appointments will be scheduled.
- Bilateral communication is a cornerstone of successful orthotic therapy. In the event of language barriers, the assistance of an appropriate interpreter will be obtained.

Common Minimum Standards (for all prescription orthoses)

Process Standards

Before prescription of the orthosis

. Establish the site of pathology.
. Determine the causative faactors in the development of the pathology. If possible, provide a diagnosis and prognosis for the patient's condition.
. Determine appropriateness of footwear - if inadequate, advise the patient of appropriate style and fit and do not proceed until adequate. Modify footwear in the event that adequately accommodative footwear is unavailable.
. Explain the type of orthosis to be prescribed, including materials, method of manufacture, potential advantages and disadvantages and expected life span of the orthosis.
. Obtain consent to proceed with the prescription and issue of the orthosis as recommended.

During prescription and measurement for the orthosis

. Document prescription

During fitting and issue of the orthosis

. Check fit to foot and shoe. Make any necessary adjustments.
. Provide instructions to ensure a safe initial wear period.
. Establish a progress review appointment to occur within 4 weeks of issue.

During review of the orthosis

. Observe for the formation of skin lesions, at the site of original symptoms.
. Ask the patient to describe symptoms, if present, at the site of original symptoms
. Observe for the formation of skin lesions elsewhere on the foot.
. Ask the patient to describe symptoms elsewhere on the foot or lower limbs.
. Modify the orthosis as required by the addition of further posting, padding or other modification

Outcome Standards

Prior to fabrication and issue of the orthosis

. The patient can describe the diagnosis and prognosis of the condition as advised by the practitioner.
. The patient can describe the reasoning for the use of the orthosis.
. The patient demonstrates behavioural modifications as recommended (eg: footwear alterations, adherance to exercise program)
. The patient agrees to proceed with prescription.

Upon issue of the orthosis

. The orthosis fits adequately in the shoe.
. The patient states that the foot is accommodated comfortably upon the orthosis, within the shoe
. The patient can describe the expected clinical progress over the period leading up to the review
. The patient can describe the recommended action in the event of adverse reaction or discomfort from wear of the orthosis

Upon review of the orthosis

. The patient describes a reduction or absence of localised foot pain and symptoms.
. The patient describes an absence of new foot pain or symptoms.
. The podiatrist observes a reduction or absence of cutaneous hypertrophy and/or soft tssue inflammation.
. The podiatrist observes an absence of new foot pathology. *(If any of the above are present, the potential cause will be investigated by the podiatrist and necessary modifications made to the orthosis.)*
. The orthosis remains intact for the expected life span advised at the time of prescription.

Clinical Pathways for Foot Orthoses

The clinical pathway is a **tool** utilised by the practitioner to document the planned care for a specified intervention. In this instance the intervention is Orthotic Therapy and the pathway should be utilised in conjunction with the clinical guidelines. The clinical pathway provides the format for planning documented implementation of outcome-based standards, but is flexible, allowing for individual practitioner and patient requirements. (Practitioners will need to photocopy the Pathway pro-formas for their personal use.)

The pathway forms part of the patient's clinical record and will replace some of the normal progress notes but does not replace descriptive notes regarding assessment findings, patient's response to treatment and other relevant information

A new pathway should be completed for each new intervention (ie: the beginning of a new prescription) for each patient. As each process is completed, the podiatrist signs and dates the appropriate part of the pathway. As each outcome is reached, the practitioner signs and dates the appropriate point on the clinical pathway. A variance is a deviation from the activities or outcomes specified on the clinical pathway that may affect the patient's expected progress and treatment goals. The nature of the variance and the action taken as a result of the variance are recorded on the pathway. This information provides the basis for ongoing quality improvement on either an individual or shared basis. Evaluation of clinical pathway variances aids in the ongoing review of clincial standards.

Cushioning Orthosis

Definition

A flexible or pliable insole, made from cushioning materials such as rubber or other similar composite materials, the design of which is based upon measurements of the foot and/or the shoe. The **aim** is to provide cushioning and padding underfoot and shock absorption in gait.

Objectives

1. To relieve localised foot pain and symptoms
2. To prevent or reduce the rate of cutaneous hypertrophy and/or soft tissue inflammation.
3. To ensure that there is no new foot pain, symptoms or pathology created by the orthosis.
4. To ensure that the patient understands the reason for prescription of the orthosis.
5. To ensure that the patient agrees to adjunctive therapies including footwear changes and prescribed exercises.

Additional Process Standards

During prescription and measurement for the orthosis

- Take a template or other relevant measurements of the patient's shoe.
- Take a template or other relevant measurements or markings of the patient's foot.

During fabrication (or prescription) of the orthosis

- Line up padding with recorded markings and measurements

Cushioning Orthosis

Clinical Pathway - Podiatrist to sign and date each step as completed. For variance, please state nature of clinical deviation and action taken / other interventions.

	PROCESS	***Podiatrist (sign & date)***	***OUTCOME***	***Podiatrist (sign & date)***	***VARIANCE*** - ***specify*** *Podiatrist (sign & date*	***ACTION*** - ***specify*** *Podiatrist (sign & date*
Clinical Evaluation	Assessment / Determine causative factors		Patient describes diagnosis and prognosis as advised by podiatrist			
	Footwear assessment		Appropriate modifications made to footwear			
	Education		Patient demonstrates behavioural modifications			
	Informed Consent		Patient describes reasoning for use of the orthosis			
			Patient agrees to proceed.			
Prescription & Measurement	Take template or other shoe measurements		Orthosis fits in shoe			
	Take template or other foot measurements		Patient states foot is accommodated comfortably in shoe, with orthosis			
Fitting & Issue	Check fit to foot and shoe					
	Survival instructions		Patient can describe expected clinical progress up to review			
	Review within 4 weeks					
Review	Observe for skin lesions		Podiatrist observes reduction or absence of cutaneous lesions or other localised pathology			
	Check for symptoms at original site of pathology		Patient states symptoms reduced or absent at site of presenting complaint			
	Check for new skin lesions elsewhere		Podiatrists observes no new related skin lesions			
	Check for new symptoms elsewhere		Patient reports no new related symptoms			

Pressure Relief Orthosis

Definition

An insole, made from cushioning materials such as rubber or other similar composite materials, the design of which is based upon measurements of the foot and/or the shoe. The **aim** is to provide cushioning and padding underfoot, redistribution of load from a focal point of increased pressure and shock absorption in gait.

Objectives

1. To relieve localised foot pain and symptoms
2. To prevent or reduce the rate of cutaneous hypertrophy and/or soft tissue inflammation or other localised pathology.
3. To modify the forces applied to a selected area of the foot by increasing the force applied to an alternative area of the foot.
4. To ensure that there is no new foot pain, symptoms or pathology created by the orthosis.
5. To ensure that the patient understands the reason for prescription of the orthosis.
6. To ensure that the patient agrees to adjunctive therapies including footwear changes and prescribed exercises.

Additional Process Standards

During prescription and measurement for the orthosis

- Take a template or other relevant measurements of the patient's shoe.
- Take a template or other relevant measurements or markings of the patient's foot.

During fabrication (or prescription) of the orthosis

- Line up padding with recorded markings and measurements.

Pressure Relief Orthosis

Clinical Pathway - Podiatrist to sign and date each step as completed. For variance, please state nature of clinical deviation and action taken / other interventions.

	PROCESS	***Podiatrist (sign & date)***	***OUTCOME***	***Podiatrist (sign & date)***	***VARIANCE*** - ***specify*** *Podiatrist (sign & date*	***ACTION*** - ***specify*** *Podiatrist (sign & date*
Clinical evaluation	Assessment / Determine causative factors		Patient describes diagnosis and prognosis as advised by podiatrist			
	Footwear assessment		Appropriate modifications made to footwear			
	Education		Patient demonstrates behavioural modifications			
	Informed Consent		Patient describes reasoning for use of the orthosis			
			Patient agrees to proceed			
Prescription & measurement	Template shoe		Orthosis fits in shoe			
	Template foot		Patient states foot is accommodated comfortably in shoe, with orthosis			
	Customise device					
Fitting & issue	Check fit to foot and shoe					
	Survival instructions		Patient can describe expected clinical progress up to review			
	Review within 4 weeks					
Review	Observe for skin lesions		Podiatrist observes reduction or absence of cutaneous lesions or other localised pathology			
	Check for symptoms at original site of pathology		Patient states symptoms reduced or absent at site of presenting complaint			
	Check for new skin lesions elsewhere		Podiatrist observes no new related skin lesions			
	Check for new symptoms elsewhere		Patient reports no new related symptoms			

Pre-Moulded or Pre-Formed Orthosis

Definition

An orthosis which is selected from a range of prefabricated basic sizes and shapes with varied design features (including materials and construction specifications) depending on the supplier or manufacturer. The orthosis may be modified with further additions for cushioning, pressure relief or support, based on the clinical assessment findings and individual patient needs. The **aim** is to provide cushioning and padding underfoot, and/or redistribution of load from a focal point of increased pressure and/or shock absorption in gait. It may be offered as a permanent treatment or as a temporary device to be used until an ordered custom-fit device is completed.

Objectives

1. To relieve foot or lower limb pain and symptoms
2. To prevent or reduce the rate of cutaneous hypertrophy and/or soft tissue inflammation or other localised pathology.
3. To ensure that the patient understands the reason for prescription of the orthosis, including the temporary nature, if this is intended.
4. To ensure that the patient agrees to adjunctive therapies including footwear changes and prescribed exercises.

Additional Process Standards

During prescription and measurement for the orthosis

- Take a template or other relevant measurements of the patient's shoe.
- Take a template or other relevant measurments or markings of the patient's foot.
- Customise the orthosis as required by heating and remoulding or by the addition of further posting, padding or other modification.

Additional Outcome Standards

Upon review of the orthosis

- If the orthosis is intended as a temporary device to be worn whilst waiting on a custom made orthosis, the custom made orthosis is recieved within the specified time frame.

Pre-Moulded or Pre-Formed orthosis

Clinical Pathway - Podiatrist to sign and date each step as completed. For variance, please state nature of clinical deviation and action taken / other interventions.

	PROCESS	***Podiatrist (sign & date)***	***OUTCOME***	***Podiatrist (sign & date)***	***VARIANCE*** - ***specify*** *Podiatrist (sign & date)*	***ACTION*** - ***specify*** *Podiatrist (sign & date)*
Clinical Evaluation	Assessment / Determine causative factors		Patient describes diagnosis and prognosis as advised by podiatrist			
	Footwear assessment		Appropriate modifications made to footwear			
	Education		Patient demonstrates behavioural modifications			
	Informed Consent		Patient describes reasoning for use of the orthosis			
			Patient agrees to proceed			
Prescription & Measurement	Take relevant shoe measurements		Orthosis fits in shoe			
	Take relevant foot measurements		Patient states foot is accommodated comfortably in shoe, with orthosis			
	Customise device					
Fitting & Issue	Check fit to foot and shoe					
	Survival instructions		Patient can describe expected clinical progress up to review			
	Review within 4 weeks					
Review	Observe for skin lesions		Podiatrist observes reduction or absence of cutaneous lesions or other localised pathology			
	Check for symptoms at original site of pathology		Patient states symptoms reduced or absent at site of presenting complaint			
	Check for new skin lesions elsewhere		Podiatrist observes no new related skin lesions			
	Check for new symptoms elsewhere		Patient reports no new related symptoms			

Moulded Non-cast Orthosis

Definition

A low-temperature-sensitive thermoplastic (heat sensitive material) is warmed until soft and then moulded directly to the foot. The orthosis may be modified with further additions for cushioning, pressure relief or support, based on the clinical assessment findings and individual patient needs. The **aim** is to provide cushioning and padding underfoot, and/or redistribution of load from a focal point of increased pressure and/or shock absorption in gait.

Objectives

1. To relieve foot or lower limb pain and symptoms
2. To prevent or reduce the rate of cutaneous hypertrophy and/or soft tissue inflammation or other localised pathology.
3. To ensure that the patient understands the reason for prescription of the orthosis.
4. To ensure that the patient agrees to adjunctive therapies including footwear changes and prescribed exercises.

Additional Process Standards

During prescription and measurement for the orthosis

. Take a template or other relevant measurements of the patient's shoe.
. Take a template or other relevant measurments or markings of the patient's foot.
. Customise the orthosis as required by heating and moulding and by the addition of further posting, padding or other modification.

Additional Outcome Standards

Upon review of the orthosis

. If the orthosis is intended as a temporary device to be worn whilst waiting on a rigid orthosis, the rigid orthosis is recieved within the specified time frame.

Moulded Non-cast Orthosis

Clinical Pathway - Podiatrist to sign and date each step as completed. For variance, please state nature of clinical deviation and action taken / other interventions.

	PROCESS	***Podiatrist (sign & date)***	***OUTCOME***	***Podiatrist (sign & date)***	***VARIANCE*** - ***specify*** *Podiatrist (sign & date)*	***ACTION*** - ***specify*** *Podiatrist (sign & date)*
Clinical Evaluation	Assessment / Determine causative factors		Patient describes diagnosis and prognosis as advised by podiatrist			
	Footwear assessment		Appropriate modifications made to footwear			
	Education		Patient demonstrates behavioural modifications			
	Informed Consent		Patient describes reasoning for use of the orthosis			
			Patient agrees to proceed			
Prescription & Measurement	Take relevant shoe measurements		Orthosis fits in shoe			
	Take relevant foot measurements		Patient states foot is accommodated comfortably in shoe, with orthosis			
Fitting & Issue	Check fit to foot and shoe					
	Survival instructions		Patient can describe expected clinical progress up to review			
	Review within 4 weeks					
Review	Observe for skin lesions		Podiatrist observes reduction or absence of cutaneous lesions or other localised pathology			
	Check for symptoms at original site of pathology		Patient states symptoms reduced or absent at site of presenting complaint			
	Check for new skin lesions elsewhere		Podiatrist observes no new related skin lesions			
	Check for new symptoms elsewhere		Patient reports no new related symptoms			

Moulded Cast Orthosis

Definition

A plaster impression of the foot is taken and a positive plaster reproduction is produced. Cast modifications may be made which improve the fit of the device. A high-temperature-sensitive thermoplastic or other heat sensitive material is warmed until soft and then moulded onto the plaster reproduction, forming the orthosis shell. The orthosis may then be modified with further additions for cushioning, pressure relief or support, based on the clinical assessment findings and individual patient needs. The **aim** is to provide cushioning and padding underfoot, and/or redistribution of load from a focal point of increased pressure and/or shock absorption in gait. The plaster impression individualises the therapy and ensures accurate fit to the foot.

Objectives

1. To relieve foot or lower limb pain and symptoms
2. To prevent or reduce the rate of cutaneous hypertrophy and/or soft tissue inflammation or other localised pathology.
3. To ensure that the patient understands the reason for prescription of the orthosis.
4. To ensure that the patient agrees to adjunctive therapies including footwear changes and prescribed exercises.

Additional Process Standards

During prescription and measurement for the orthosis

. Take appropriate measurements of the foot and lower limb.
. Take a plaster cast of the patient's foot.
. Take other appropriate markings of the foot.
. Note any other relevant factors associated with fit (eg: a site which becomes prominent on weightbearing requiring additional plaster expansion).
. Note the patient's shoe size and other relevant information about the shoe (eg: heel height)

During fabrication (or prescription) of the orthosis

. Prepare a positive model of the foot, utilising resources gathered during the fitting process
. Add the necessary plaster modifications to improve fit and comfort (eg: heel expansion)
. Heat the thermoplastic and mould directly to the cast, ensuring adequate fit to the cast.
. Trim the orthosis for shoe fit and wearer comfort
. Modify the orthosis as required by the addition of further posting, padding or other modification.

During issue of the orthosis

. Modify the orthosis as required by the addition of further posting, padding or other modification.

Moulded Cast Orthosis

Clinical Pathway - Podiatrist to sign and date each step as completed. For variance, please state nature of clinical deviation and action taken / other interventions.

	PROCESS	***Podiatrist (sign & date)***	***OUTCOME***	***Podiatrist (sign & date)***	***VARIANCE - specify*** *Podiatrist (sign & date)*	***ACTION - specify*** *Podiatrist (sign & date)*
Clinical Evaluation	Assessment / Determine causative factors		Patient describes diagnosis and prognosis as advised by podiatrist			
	Footwear assessment		Appropriate modifications made to footwear			
	Education		Patient demonstrates behavioural modifications			
	Informed Consent		Patient describes reasoning for use of the orthosis			
			Patient agrees to proceed			
Prescription & Measurement	Take foot and lower limb measurements and other appropriate markings		Patient states foot is accommodated comfortably in shoe, with orthosis			
	Take plaster cast of the patient's foot					
	Appropriate footwear measurements		Orthosis fits in shoe			
Fitting & Issue	Check fit to foot and shoe					
	Survival instructions		Patient can describe expected clinical progress up to review			
	Review within 4 weeks					
Review	Observe for skin lesions		Podiatrist observes reduction or absence of cutaneous lesions or other localised pathology			
	Check for symptoms at original site of pathology		Patient states symptoms reduced or absent at site of presenting complaint			
	Check for new skin lesions elsewhere		Podiatrist observes no new related skin lesions			
	Check for new symptoms elsewhere		Patient reports no new related symptoms			

Customised Kinetic Orthosis (Functional Foot Orthosis)

Definition

An impression of the foot is taken, held in a position which will influence the outcome of the finished orthosis and which is determined by the podiatrist. A positive plaster reproduction is produced (or reproduced with computer technology) and adjusted by various methods of plaster addition and removal which will ultimately influence the alignment and the position of the foot and lower limb. Minor cast modifications may be made which improve the fit of the device. A high-temperature-sensitive thermoplastic or other heat sensitive material is warmed until soft and then moulded onto the plaster reproduction, forming the orthosis shell. The orthosis may then be modified with further additions for cushioning, pressure relief, or postural realignment, based on the clinical assessment findings and individual patient needs. The **aim** is to correct the weightbearing alignment of the foot and lower limb to secondarily achieve redistribution of load from a focal point of increased pressure and/or shock absorption in gait. The orthosis may also provide cushioning and padding underfoot. The plaster impression individualises the therapy and ensures accurate fit to the foot. The modifications are based upon biomechanical assessment and form the basis of weightbearing realignment.

Objectives

1. To achieve weightbearing realignment.
2. To relieve foot or lower limb pain and symptoms.
3. To prevent or reduce the rate of cutaneous hypertrophy and/or soft tissue inflammation or other localised pathology.
4. To ensure that the patient understands the reason for prescription of the orthosis.
5. To ensure that the patient agrees to adjunctive therapies including footwear changes and prescribed exercises.

Additional Process Standards

During prescription and measurement for the orthosis

. Take appropriate measurements of the foot and lower limb.
. Take a plaster cast of the patient's foot and other appropriate markings of the foot.
. Note any other relevant factors associated with fit (eg: a site which becomes prominent on weightbearing requiring additional plaster expansion).
. Note the patient's shoe size and other relevant information about the shoe (eg: heel height)

During fabrication (or prescription) of the orthosis

. Add the necessary plaster modifications to improve fit and comfort (eg: heel expansion)
. Add the necessary plaster modifications to improve functional control
. Heat the thermoplastic and mould directly to the cast, ensuring adequate fit to the cast.
. Trim the orthosis for shoe fit and wearer comfort
. Modify the orthosis as required by the addition of further posting, padding or other modification.

During issue of the orthosis

. Ensure weight-bearing foot function meets expectations (ie: weight-bearing realignment is achieved)

Additional Outcome Standards

During review of the orthoses

. Podiatrists observes weight-bearing postural realignment (where possible).

Customised Kinetic Orthosis

(Functional Foot Orthosis)

Clinical Pathway - Podiatrist to sign and date each step as completed. For variance, please state nature of clinical deviation and action taken / other interventions.

	PROCESS	***Podiatrist (sign & date)***	***OUTCOME***	***Podiatrist (sign & date)***	***VARIANCE*** - ***specify*** *Podiatrist (sign & date)*	***ACTION*** - ***specify*** *Podiatrist (sign & date)*
Clinical Evaluation	Assessment / Determine causative factors		Patient describes diagnosis and prognosis as advised by podiatrist			
	Footwear assessment		Appropriate modifications made to footwear			
	Education		Patient demonstrates behavioural modifications			
	Informed Consent		Patient describes reasoning for use of the orthosis			
			Patient agrees to proceed			
Prescription & Measurement	Foot and lower limb measurements and other appropriate markings		Patient states foot is accommodated comfortably in shoe, with orthosis			
	Plaster cast of the patient's foot					
	Appropriate footwear measurements		Orthosis fits in shoe			
Fitting & Issue	Check fit to foot and shoe					
	Check weight-bearing foot function meets expectations		Podiatrist observes weightbearing realignment			
	Survival instructions		Patient can describe expected clinical progress up to review			
	Review within 4 weeks					
Review	Observe for skin lesions		Podiatrist observes reduction or absence of cutaneous lesions or other localised pathology			
	Check for symptoms at original site of pathology		Patient states symptoms reduced or absent at site of presenting complaint			
	Check for new skin lesions elsewhere		Podiatrist observes no new related skin lesions			
	Check for new symptoms elsewhere		Patient reports no new related symptoms			