







### FOREWORD



Here at Sure Orthotics, we specialise in the provision of superior quality, custom prescription orthotic insoles. We combine traditional techniques with a unique modern approach to provide accurate, aesthetically pleasing devices every time.

Our philosophy is to give our customers exactly what they want quickly and at a great price. This means an extensive yet adaptable range of products, fast turnaround times and an excellent customer support service. Each foot is an adaptable engineering masterpiece, so every single one of our custom orthotic insoles are too.

This catalogue is designed to give you a step-by-step overview of the options available on all Sure orthotic shells, modifications and coverings. However, if you can't see the specific adaptation you require, just ask us and we'll be more than happy to do our best to provide whatever you might need. All of our orthotics are truly individually custom built, so if you can think of it, we can build it.

For any help, advice or queries - call our lab direct on: 01782 510354

David H. Myatt

**Orthotics Development Director** 



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#### What Is It?

A quick, simple and accurate system using generic shell templates that eliminates the casting process.

#### Why Use It?

Saves on casting materials mess and time, ensures accurate reproducasbility. Why not test the device for comfort and correction before you order.

#### How Do I Use It?

Simply use the supplied OK shell templates provided to size the foot. To find the correct foot size, place the shell under the foot - if the distal edge of the orthotic ends 5-10mm behind the bisection of the 1st metatarso-phalangeal joint, it is the correct size.

#### Want To Trial The Sure OK System?

Contact us at the Sure Orthotics lab and we will be happy to discuss how to trial the system and how you can integrate the Sure OK system into your practice.





# CASTING OPTIONS

#### Plaster Expansion and Arch Height

These will vary depending upon the individual casts - if a cast has a naturally low arch it will be reflected in the modification. Devices will be created using minimal plaster expansion (lab standard is 3-5mm) in the arch to give the user maximum control, unless otherwise stated. Please include body weight, height, age and shoe size to help us decide this.

#### Arch Peak

#### Navicular (lab standard N)

Provides the highest degree of intrinsic control. Increases the finished arch height and directs the prescription control towards the head of the Talus and the Deltoid ligament supporting the Midtarsal joints, allowing the Metatarsals to plantarflex to the supporting surface. Cuneiform (C)

Traditional root modification of balancing the forefoot with the Cuneiform at the peak of the arch.

#### Balancing

Extrinsic posting, if left unbalanced, will result in the angle applied at the rear or forefoot being carried through the entire device. In the case of varus rearfoot posting this will result in the leading edge of the orthotic not contacting the support surface at the 1st Metatarsal and the device will rock. Casts can be balanced to ensure stability, either prescribe your own angles or devices will be balanced to neutral at the forefoot and rearfoot.

#### Post to Cast

Devices will be intrinsically posted to rear foot neutral as lab standard.





### SHELL OPTIONS



#### **Shell Widths**

Heel width will always reflect the footwear and foot size of the patient - please indicate for narrow/wide footwear to allow best fit.

#### Wide Forefoot

Starts from Medial side of 1st, running to lateral aspect of 5th Metatarsal head.

#### **Standard Forefoot**

The forefoot width will be finished bisecting the 1st Metatarsal head to the lateral aspect of the 5th Metatarsal head.

#### **Narrow Forefoot**

Bisects the 1st and 5th Metatarsal heads.

#### **Heel Cup Height**

Heel cup can be modified as a whole or just the medial or lateral flange as desired. Devices altered to deepen and widen the heel cup will result in an overall wider device, please specify any requirements.

High Cup Heel cup increased to approximately 15mm. Standard Lab standard is 10mm. Low Cup Heel cup lowered to approximately 5mm.





### SHELL MATERIALS

The following proceed in order from most rigid (durable) to most flexible (compressible).

Carbon Fibre (Rigid at <100kg BM, Semi-Rigid at >100kg BM) 3mm cross woven carbon fibre, produces a highly rigid shell with a negligible flex under load.

Polypropylene (Rigid at <55kg BM, Semi-Rigid at >55kg <80kg BM, Semi-Flexible at >80kg <100kg BM, Flexible at >100kg <120kg BM) 3mm polypropylene, produces a semi-rigid shell that flexes naturally with the foot when under load.

#### EVA

-High Density (Always Semi-Flexible)
A firm but compressible material, more rigid than that used in the construction of trainer soles.
-Medium Density (Always Semi-Flexible)
A giving and compressible material, similar to that used in the construction of trainer soles.





N.B. To increase flexibility please state in notes, to reduce flexibility add a medial flange or poron arch fill.

N.B. EVA devices are solid filled devices that will compress under load. Higher densities will be more durable, however all EVA devices will eventually compress under load.



### POSTING OPTIONS



#### **Extrinsic Posting**

Traditional extrinsic posting achieved through placing EVA under the rear foot (or leading edge for forefoot), wedging the device to neutral or a specified angle; this addition will tilt the entire device the extra bulk is a consideration with shoe fitting.

#### **Slimline Posting**

Extrinsic posting shaped to be as discrete as possible whist providing the functional prescription. The posts are blended into the shell reducing the bulk of the device, ideal for smart low volume footwear.

#### **Intrinsic Posting**

Built into the cast at moulding, rear foot and fore foot angles are achieved through adding and removing plaster to the cast. This includes specialist modifications and devices such as Kirby Heel Skives and Blake inverted devices. Forefoot posting is instigated from the Styloid process on the lateral side and either the Navicular or Cuneiform on the Medial side.





# SHELL MODIFICATIONS

#### **Medial Flange**

Medial border of device extended to encompass more of the medial longitudinal arch.

Indications Supinated foot type / chronic lateral ankle instability Contra-Indications Footwear lacking the width required for this modification.

N.B. Indicate whether low, medium or high flange required

#### Lateral Flange

Lateral border of device extended to encompass more of the lateral longitudinal arch.

Indications Supinated foot type / chronic lateral ankle instability Contra-Indications

Footwear lacking the width required for this modification.

N.B. Indicate whether low, medium or high flange required

#### Plantar Fascia Groove

Groove incorporated into shell in the area of Medial Plantar Aponeurosis/Flexor Hallucis Brevis (as marked on cast).

#### Indications

Anatomically tight Plantar Fascia (especially with 1st MTPJ dorsiflexion)









### SHELL MODIFICATIONS



#### 1st Met Cut Out

Corner of shell material removed for the 1st Metatarsal head.

Indications Functional Hallux Limitus / plantar flexed 1st ray Contra-Indications Hallux Rigidus

#### 1st Ray Cut Out

Corner of the shell material removed under 1st Metatarsal. (Proximally extending to the base of the 1st Metatarsal shaft)

Indications Rigid Plantar flexed 1st Ray

Contra-Indications Mobile forefoot

#### **Kirby Heel Skive**

Medial portion hell cup modified to enhance pronation control.

#### Indications

Overly pronated foot Post Tib dysfunction

#### **Contra-Indications**

Heel pain Heel pad atrophe Calcaneal Neuritis











#### Spot Grind with Poron Fill

Shell material removed under Calcaneous and then replaced with Poron.

#### Indications

Heel spur Exceptional heel cushioning requirements

#### Contra-Indications

Reduced shell integrity in heavy patients



Rear of shell raised either extrinsically or intrinsically by specified amount.

#### Indications

Equinus present Leg length discrepancy

Contra-Indications Additional bulk to device

#### Met Bar

Padding layer under all Metatarsal heads, made of EVA or Poron

Indications Plantar fat pad atrophe Contra-Indications Shallow toe box in shoes causing fitting problems











#### Lesion Accommodation

Wing, aperture or 'U' type accommodations where specified, built into a met bar.

#### Indications

Dropped individual met heads Overload of individual met heads

#### Contra-Indications

Localises pressures to joint capsule

N.B. Please indicate location of accommodation

#### **Cuboid Pad**

#### Pad of EVA or Poron under the Cuboid to provide support.

Indications Unstable Cuboid Contra-Indications Supinated or mobile foot type

#### Navicular Pad Pad of EVA or Poron under the Navicular to provide support.

#### Indications

Overly mobile Midtarsal joint

#### **Contra-Indications**

Compensated ankle equinus









#### Met Dome

Raised dome of Poron or EVA to spread Metatarsals 2-4

#### Indications

Neuroma Overload of Metatarsal heads

Contra-Indications

Shallow toe box in shoes causing fitting problems

#### Morton's Extension (Full & Sulcus Cut - please specify)

EVA platform extending from the distal end of shell, under 1st MTPJ, to end of Hallux.

Indications Dorsiflexed first ray Highly restricted and painful 1st MTPJ Contra-Indications

Plantar flexed 1st rav Functional Hallux Limitus

#### Reverse Morton's Extension (Full & Sulcus Cut - please specify)

EVA platform extending from the distal end of shell, under mets 2-5, to end of toes.

Indications Plantar flexed 1st MTPJ

#### **Contra-Indications**

Dorsi flexed 1st MTPJ Painful 1st MTPJ when moved









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#### Horseshoe Pad

Pad of EVA or Poron providing additional control for calcaneous.

#### Indications

Small Calcaneous

Unstable rearfoot

#### **Contra-Indications**

Displaced calaneal fat pad

#### **Heel Cushion**

#### Additional cushioning pad for the heel made of 1.6 or 3 mm poron.

Indications Heel pain / heel spur / reduced fat pad

### Contra-Indications

Narrow/slim fitting footwear

#### Arch Fill

#### Poron filler added to increase shock absorption under arch.

#### Indications

Large patient body mass Regular heavy load bearing activity

#### **Contra-Indications**

Shoe shape not allowing for additional material under arch











#### **Kinetic Wedge**

EVA foam pad placed under the Hallux in order to pre-load the 1st MTPJ during gait.

#### Indications

Functional Hallux Limitus

#### **Contra-Indications**

Hallux Rigidus

N.B. Mandates a full length orthotic device





### **KIDS MODIFICATIONS**



A rectus cast is preferred, reducing inherent supinatus so that the plane of the forefoot matches that of the rearfoot. Alternatively use intrinsic posting. Any specific requirements, such as Whiteman Roberts etc., please contact the lab.

#### Heel Stabiliser

High heel cup, medial and lateral flanges as standard.

#### Indications Forefoot and rearfoot pronation Splayed foot

#### In-Toe Gait Plate

The distal edge of the orthotic shell is modified to extend under the 1st MTPJ.

#### Indications In toed type gait

#### **Out-Toe Gait Plate**

The distal edge of the orthotic shell is modified to extend under the 5th MTPJ.

#### Indications

Out toed type gait









### CUSTOM MODIFICATIONS AND ADDITIONS

We can accommodate your needs with any customised type of modification that you require with a desired effect in mind. You can copy the orthotic outline on the right, draw your required shape and position of either additional padding, shell shape change or material removal and send it to us with a short description of what you require and the effect you are trying to achieve. Please feel free to contact us for advice and support on custom modifications.





### COVERING OPTIONS - CUSHIONING



#### Poron<sup>™</sup> 4000

Our standard padding of choice. Highly shock absorbant, hard wearing and available in 2 thicknesses:

#### 1.6 mm Thickness

Ideal for patients with slimmer shoes, or not very much space available in the toe box of their current footwear, yet still require some form of shock absorbancy.

#### 3 mm Thickness

Our maximum single thickness, ideal for sports people, hikers, athletes and generally active individuals. Also recommended for patients with high body masses and those who require maximum cushioning.

#### Diabetic Poron™

A specialist type of Poron™ with a closer cell structure and slower bounce back, resulting in a softer cushioning effect on the foot. Highly recommended for diabetics and any patient with a fragile foot. Available in 2 thicknesses:

#### 1.6 mm Thickness

Ideal for patients with slim shoes.

#### 3 mm Thickness

Our maximum single thickness cushioning, the ideal amount for maximum shock attenuation and comfort.







### COVERING OPTIONS - TOP COVER



#### Vinyl

Give a smart, professional appearance to your custom made orthotics with our range of vinyl coverings.

#### Colour Range

Cream, Beige, Tan, Grey, Dark Brown

#### EVA Foam - Solid Colours

Our standard range of soft and durable EVA foam coverings.

Colour Range Red, Green, Blue, Black

#### **EVA Foam - Multicoloured**

Spice up your custom made orthotics with a multi coloured effect.

#### **Colour Range**

Purple/Black, Black/Grey, Yelllow/Blue, Light Beige/Dark Beige Crayola, Black/Yellow, Green/Black/Blue, Pink/Black

#### Proprioceptive

A specialist covering providing increased tactile feedback to the plantar surface of the foot. Suited for patients with increased proprioception and/or blood flow stimulation needs.

Colour Range Black









### Lifestyle Recommendations

Simply the best orthotic we do for day to day use. Cushioned and lightweight, great in work shoes, boots and casual shoes. High durability construction. Light Sports.

#### Features

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- Polypropylene shell
- 3mm Poron™ cushioning
- Durable EVA top cover
- High Density EVA posting
- Full length or Sulcus



SHELL	HEEL POSTING	CUSHIONING	STE	000	/ERS.
POLY	HIGH DENSITY EVA	3mm PORON	M2	V5	E4



### Active Recommendations

Sports Active. Compatable with all sports. lightweight and cushioned. You can specify particular sports for enhanced fit and wear. Medium sportS

### Features

- Polypropylene shell
- 3mm Poron™ cushioning
- Durable EVA top cover
- High Density EVA posting
- Full length







### Hike/Trek

Recommendations

Hard working orthtoic for for the outdoors type. Extra cushioning and stability. Great in walking shoes, trainers and Hiking boots. High durability construction. High milage users.

#### Features

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- Polypropylene shell
- 3mm Poron™ cushioning
- Durable EVA top cover
- High Density EVA posting
- Poron Archfil decellerant







### Prosport

Recommendations

Our Pro-sports has been developed over the last 7 years with the help of Premiership and league footballers, Triathletes and Track Athletes. For the Proffesional Semi-Pro or keen Sports enthusiast.

#### Features

- Polypropylene shell
- 1.6mm Poron™ cushioning
- Durable EVA top cover
- Intrinsic or High Density EVA posting
- Full length or Sulcus







### Skistyle Recommendations

The Ski orthotics are designed for minimal volume. Giving the Skier and Boarder good stability support and comfort.

#### Features

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- Polypropylene shell
- 3mm Poron™ cushioning
- Durable EVA top cover
- Bespoke intrinsic posting
- Full length, Sulcus or Shell







### Cobra Recommendations

The ultimate in of our range of discrete orthotic insoles. Ultra low profile with intrinsic posting. Can be pitched for ladies dress shoes

#### Features

- Polypropylene or Carbon shell
- 1.6mm Poron™ or no cushioning
- Vinyl top cover
- Intrinsic posting
- Sulcus or shell length







### Carbon



Strong and light the ultimate in durable performance. This rigid device delivers the maximum kenetic return (typically 97%). Ideal for precision control and the larger patient.

Features

25

- 2.3mm Carbon shell
- 1.6 & 3mm Poron™ cushioning
- Durable Vinyl top cover
  - High Density EVA posting
  - Full Sulcus or Shell length options







### Cycle/ Equestrian

Recommendations

Specifically designed insoles for those activities requiring forefoot focus. Ideal for cyclists and riders of all levels. Cycle - Sprint or Tour specific. Equestrian - Dressage, Endurance, Show

#### Features

- Polypropylene
- 1.6mm or 3mm Poron™
- EVA or Vinyl top cover
- Intrinsic posting
- Full length
- 3'-5' HD EVA Varus Forefoot Extention







Recommendations

Constructed with a slimmer profile especially for ladies/mens dress shoe and low volume footwear. Low prifile and discreet yet having control with flexibility.



#### Features

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- Polypropylene shell
- 1.6 Poron™ cushioning
- Durable Vinyl top cover
- Intrinsic or Extrinsic HD EVA posting
- Sulcus or Shell length options

SHELL	HEEL POSTING	CUSHIONING	STD COVERS
POLY	HIGH DENSITY EVA	1.6mm PORON	E4 V3 V5



### Ethyl Vinyl Acetate (EVA)

Recommendations

Specifically constructed for sensitivity and foot disorders (diabetic, arthritic etc.,) Excellent shock attenuation and accommodation for unusual feet. Superb if there is enough volume in the shoe

#### Features

- High or Medium EVA
- 1.6mm or 3mm Poron™
- Choice of EVA top cover colours
- Intrinsic posting
- Full, Sulcus and shell length







Kids Recommendations

#### GIVING LITTLE FEET STABILITY

For developing little feet. Constructed to stabilise and support with a high heel cup and where necessary increased medial and lateral flanges.

#### Features

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- High or Medium EVA
- 1.6mm or 3mm Poron™ or non
- Choice of EVA top cover colours
- Intrinsic posting
- Full, Sulcus and shell length







### **Specialist devices**

Recommendations

#### CORRECTING LITTLE FEET TOEING IN/OUT

Specialist modifications for training little feet Gait plate, intoeing, out toeing

#### Features

- Polypropylene shell
- 1.6 Poron™ cushioning
- Durable Vinyl top cover
- Intrinsic or Extrinsic HD EVA posting
- Sulcus or Shell length options



SHELL	HEEL POSTING	CUSHIONING	TOP COVER.
POLY	HIGH DENSITY EVA	3mm PORON	IF REQUIRED



#### Sure OK Prescription Form: (complete in full)





Please refer to Covering Options page

#### Custom Prescription Form: (complete in full)





All our orthotics can be adapted to accomodate most all foot conditions you encounter such as

- ACHILLES TENDONITIS
- ARCH PAIN
- BUNIONS
- DIABETIES
- CHARCOT-MARIE-TOOTH
- HEEL SPURS
- HEEL PAIN
- METATARSALGIA
- MORTONS NEUROMA
- OVER PRONATION
- PLANTAR FACIITUS
- SESOMOIDITIS
- SHIN SPLINTS

Simply choose the Orthotic and state the condition to be treated with you prescription.



### STANDARD POLICIES, TERMS AND CONDITIONS



#### **Orthotic Device Guarantees**

All rigid material orthotic shells are guaranteed against breakage for the functional life of the device. Soft material shells are guaranteed for 6 months against excessive compression. Top covers and upper materials cannot be guaranteed against normal wear and tear, but may be refurbished for a small charge.

#### **Modifications**

One minor adjustment to an original prescription to improve fit, function or comfort will be made free of charge for up to 6 months after the initial manufacturing date. Charges apply for additional padding or significant changes to the original prescription. Please contact us for further advice on this matter.

#### **Casted Orthotics**

Fully casted orthotics will always entail the destruction of the original cast from which they are moulded during the manufacturing process.

#### **Duplicate Pairs / Repeat Orders**

If at time of manufacture your patient requests a second pair this will be discounted by 20%. Repeat orders will be discounted by a 10% rate.

#### Cast Storage

All plaster positive molds made will be stored for a maximum of 6 months, due to the natural degradation of plaster integrity which renders them unusable after this period of time.

All orthotic devices are supplied as per the Medical Devices Directive (Directive 93/42/EEC), under the Medical Devices Regulations 2002 (SI No 618). Custom made devices are manufactured in accordance to regulation 2(1) with a duly qualified practitioner's written prescription for the sole use of a particular patient and the appliance is not an adaptation of a mass produced device. Sure orthotics are subject to classification rules (Annex IX of the Medical Devices Directive) and do not require CE marking. All devices meet regulation 15 and may include components that are class I CE marked. In the Manufacturing of 'one-off' orthotic devices it is the practitioner (consultant, podiatrist, physiotherapist, orthotis) who undertakes the design of the product and the technician manufactures it to a pracefined specification. The professional activities carried out by practitioners in the supply and fit of appliances are outside the scope of the regulations for manufacturing and practitioners are considered clinically responsible for the casting, prescribing, design, final fitting, adaptation and alignment of devices.









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