



## SUREFIT CUSTOM INSERT ORDERS

Filling out this form, taking the measurements and foam impression can be done by either the practitioner, fitter or medical assistant. All instructions which follow are in reference to the **SureFit Custom Order form**.

- I. **Order Type** - SureFit Custom Inserts may be ordered with or without shoes. When ordering custom inserts without shoes, please indicate the style, length and width of the shoes the inserts will be used in.
- II. **Insert Type** – Select either Diabetic Custom Total Contact Multidensity Inserts or Custom Accommodative Inserts.

For the Medicare Diabetic Footwear Program, select Diabetic Custom Total Multidensity Inserts. These inserts are Medicare Approved for Code A5513 and fabricated using a CAD/CAM manufacturing system. The inserts are composed of a base layer of 40 Shore A EVA and a top cover of medium density plastazote.

Select SureFit Custom Accommodative Inserts with cork shell when ordering Toe Fillers and billing L5000. It can also be used as a non-covered accommodative device.

SureFit Custom Accommodative Inserts are comprised of a firm, longer lasting cork shell, a middle layer of PPT and your choice of a washable EVA, plastazote or leather top cover. This insert can be ordered full length, to the sulcus or met heads. The insert can also be used for patients with heel pain, metatarsalgia, tendonitis, arthritis, posterior tibial dysfunction and many other common pedal complaints. The insert is very well tolerated and can be ordered with any of the accommodations on our order form. The insert can be ordered by itself or with any shoe in our catalog.

A foam or plaster cast is required with the custom order form for all of our custom inserts. More information is provided on TAKING THE FOAM IMPRESSION section.

- III. **Insert Quantity** – Inserts may be ordered in *pairs* or *singularly* for the right or left foot. Please check the quantity desired for a pair OR quantity of *LEFT ONLY* or *RIGHT ONLY* inserts. Medicare will not reimburse for an amputated foot. Diabetic inserts will compress over time and last about four months in active patients. Three inserts per foot are therefore recommended. All three may be delivered to the patient and billed upon patient acceptance.

Custom Accommodative inserts will last 1-3 years depending on activity level. Therefore these are generally ordered one pair at a time.

- IV. **Patient's Current Shoes** - Please annotate the brand, style or model number, length and width of the shoe the patient is currently wearing. Assess the fit of the current shoe and note whether it fits well, is too long, too short, too wide or too narrow.
- V. **Comments** – Please note the type of shoe closure, i.e. a laced, velcro or any distinguishing aspects regarding disproportional wear or noted problem areas.

**VI. Foot Measurements** - All measurements should be taken with the patient wearing the socks they will wear with their new shoes. **You will take a total of 4 measurements for each foot – 3 using the Brannock Device.** You should have two Brannock devices, a men’s and women’s device. The men’s device is black and the women’s is purple. Examine the device. The heel cups are marked left and right. Locate the Arch Length Pointer on the device (measures heel to ball or arch length). Next locate the Movable Width Bar.

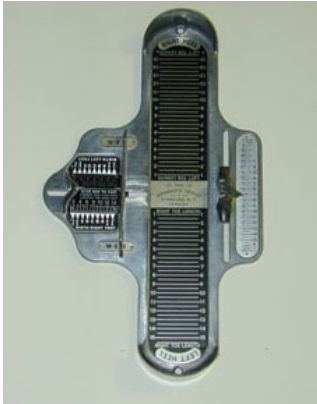


Fig. 1 Men's Brannock Device



Fig. 2 - Movable Arch Length Pointer

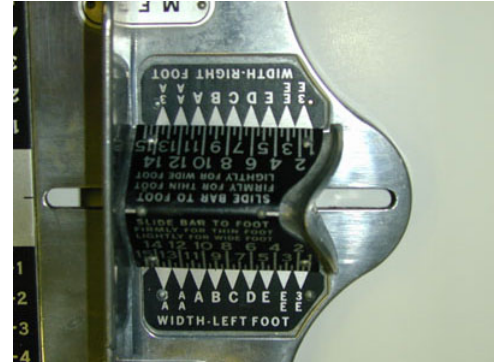


Fig. 3 - Moveable Width Bar

You will take three different measurements using the Brannock device:

- a) *Heel to toe Length*
- b) *Heel to ball Length (or arch length)*
- c) *Width*

Refer to the instructions below for accurate interpretation and recording of measurements using the Brannock Device.

### ***Taking Measurements with the Brannock Device***

Remove the patient’s footwear and pull their socks up so they are snug against the toes (without drawing the toes back). Using the counter or a chair for support, ask the patient to stand with both feet together, positioning the right foot closest to the counter. Place the Brannock device on the lateral side of the patient’s left foot. Request the patient lift his/her left foot and place their heel into the heel cup. Weight should be evenly distributed on both feet, hip width apart, with the heel of the foot as far back in the device as possible.

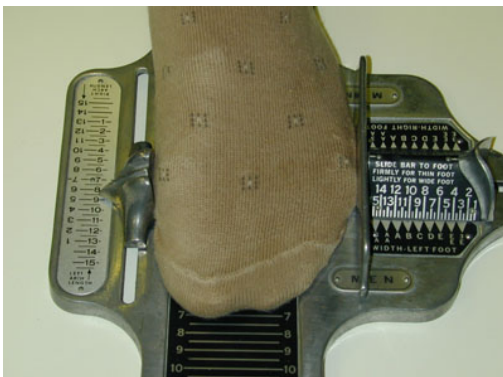


Fig. 4 – Anterior view of proper foot placement in the Brannock Device



Fig. 5 – Lateral view of proper foot placement in the Brannock Device

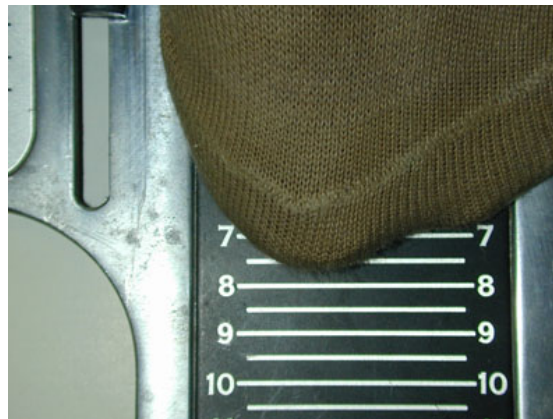
a.) **Heel to Toe Length** -While positioned in front of the patient, press the toes flat against the base of the device. Looking straight down over the foot, obtain the heel to toe length for the longest toe. Viewing at an angle could cause an inaccurate reading.

*Fig. 6 – Look directly over the patient for proper viewing of the markings on the Brannock device.*



The longest toe is usually the first or second toe, but on a rare occasion the third toe may be the longest. Read the measurement based upon the half and whole scale divisions marked on the device. Use a plus sign (+) to note when the longest toe extends in between a half and whole division. If the patient is wearing an AFO, take the heel to toe measurement with the device on. Only the heel to toe measurement will be needed in this case.

*Fig. 7 - The heel to toe length measurement for the foot in this photo is between a 7½ and an 8. Record this heel to toe length as a 7½ +.*



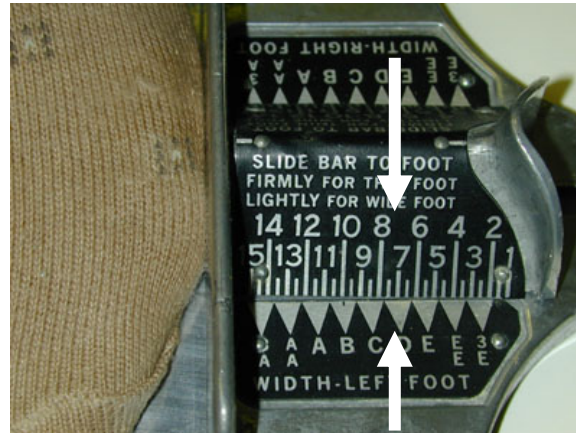
b.) **Heel To Ball Length** –Slide the Arch Length Pointer forward or aft so it is next to the widest part of the foot at the ball (i.e. the pointer is concave and will encircle the medial aspect of the first met head). Record this number on the form in the space provided.

*Fig. 8 - In the photo (right), the heel to ball measurement should be recorded as an 8½ +.*



c.) **Width Measurement** – Slide the Width Bar firmly against the outside (lateral aspect) of the foot. Do not squeeze the foot with the bar; just move it towards the foot until it meets resistance. Locate the patient’s heel to toe size on the top of the Width Bar. View the width immediately below. If the heel to toe size falls between two widths, record the range as in “C-D”. See illustration below.

*Fig. 9 – In this photo, the patient’s heel to toe length was 7½ +. The corresponding width is between a C and a D. In this case the width was recorded as C-D.*



Turn the patient around and position the brannock device so it is to the right side of the patient’s right foot. Have the patient pick up his/her right foot and guide his right heel into the heel cup. Repeat all three measurements for the right foot and record on the order form.

**Semi-Circumference Measurement** - Remove the foot from the Brannock device. With the patient weight bearing, socks on, measure the semi-circumference of the widest part of the foot, at the ball, using a tape measure. Measure from the floor on the medial side of the first met head over the top of the foot and down to the floor on the lateral side of the fifth met head. Make sure the tape measure is not pulled too tightly against the foot. Record this measurement in inches rounding up to the nearest ¼ inch, i.e. 5¼ inches, 6½ inches. Most feet will be between 5 - 6½ inches in semi-circumference. Repeat this measurement for the other foot.

*Fig. 10 – Measurement taken with tape placed against the floor from edge to edge of foot - not under the foot.*



**Patient Wearing AFO** – If the patient will be wearing an AFO in the shoe being ordered, please check the side (left or right) to assure the shoe will accommodate.

**VII. Foot Evaluation:** If the patient has any of the conditions and/or deformities listed, please place a check in the appropriate mild, moderate or severe columns for both the left and right foot.

**VII. Insert Accommodations** - A wide range of accommodations are available and can be ordered with any of our custom inserts. Please indicate on the order form the type and location of the accommodation you are ordering. When ordering reliefs check the appropriate box on the order form and circle the area(s) on the patient's ink imprint. It is not necessary to mark the foam box or cast when ordering reliefs unless no ink imprint was obtained. The following is a list of accommodations and their indications. There is a nominal charge for accommodations (see our price list for details). Toe fillers are the only accommodations that are reimbursable. Please refer to our billing section or call Customer Service at (800) 298-6050 for more information on billing for toe fillers.

**Dancer's Pad:** A dancer's pad is placed on the bottom of an insert to relieve pressure beneath the first and fifth metatarsal heads, usually when a cavus foot type is present.

**Heel Lift:** A heel raise made of a non-compressible cork material up to  $\frac{3}{8}$  inch in thickness may be ordered to place inside a shoe or on the bottom of an insert. When a patient requires a lift greater than  $\frac{3}{8}$  inch to accommodate a limb length discrepancy, it must be placed on the sole of the shoe.

**Metatarsal Bar:** An oval shaped pad that extends across all of the metatarsal heads. Aimed at relieving pressure beneath any or all of the metatarsal heads this accommodation is used commonly in patients with lesions beneath the first or fifth and/or one or more central metatarsals.

**Full Polyurethane Layer:** Polyurethane foam material that is used in an insert for additional cushioning. Useful when several adjacent plantar lesions and or fat pad atrophy is present.

**Relief:** A cut out in an insert to relieve pressure on a particular area of the foot. The relief (pocket) can be placed beneath a metatarsal, a digit or any plantar prominence. The pocket is partially filled with polyurethane to provide additional cushioning. A small dispersion pad is normally placed around the lesion to provide additional off loading. A relief is used to provide additional pressure relief for pre-ulcerative or severe plantar lesions. When ordering please circle the area of increased pressure on the foot imprint. Do not order reliefs for multiple adjacent metatarsal or digital lesions. If multiple adjacent digits or metatarsals require additional off loading, a layer of PPT should be ordered.

**Saddle Pad:** A "U" shaped pad that is placed on an insert as an accommodation to relieve pressure in the area inside the "U". Saddle pad is used to offload pressure beneath one of the central three metatarsals or other plantar bony prominence. It can be ordered in combination with a relief when necessary for the treatment of intractable plantar lesions or the prevention of recurrent ulcerations.

**Toe Filler:** Extra material is added to the top of an insert to fill the void that is present in a shoe due to the amputation of one or more toes. The toe filler prevents the shoe upper from collapsing in the area of the amputated digits. Toe fillers should not be ordered to realign digits that have migrated following an



amputation. Fillers may be ordered for hallux, transmetatarsal amputations or ray resections. They are not indicated for amputations of individual lesser digits. Toe fillers are reimbursable under code L5000. Please refer to the billing section for details on billing for toe fillers.

*Lateral Wedge:*

A lateral wedge can be placed on the bottom of each individual insert or inside the shoe. The wedge will extend from the heel to just proximal to the metatarsal heads, unless other specifications are requested. Can be ordered with a relief in patients who oversupinate and have lesions located under the fourth and or fifth metatarsal heads.

*Medial Wedge:*

A medial wedge can be placed on the bottom of each individual insert or inside the shoe. The wedge will extend from the heel to just proximal to the metatarsal heads, unless other specifications are requested. A wedge can be ordered with a relief for patients who overpronate and have lesions beneath the medial metatarsals (first and or second) or hallux.

To complete an order of custom inserts, you will need to take a foot imprint and impression using a foam or plaster cast. Please refer to "[IMPRINTING THE FOOT](#)" and "[TAKING THE FOAM IMPRESSION](#)" respectively for more information.

When ordering shoes WITH custom inserts, please select the shoe style, color and closure style of shoe desired per the procedures below.

- I. **Selecting the Shoe** – Use the SureFit Style Section Chart to narrow the selection you will offer the patient. For optimum results, offer the styles that are appropriate for their condition. Choose the condition based upon the most severe deformity present on either foot.

**Patients presenting with mild or no deformities may select any style desired.**

- II. **Shoe Presentation** – Show the patient the shoe(s) in the catalog or from the SureFit Display Stand that are appropriate for their condition. Explain to the patient that the shoes presented are best suited for their particular circumstances to fit correctly.
- III. **Shoe Size:** Please indicate the desired length and width of the shoe being ordered. All shoes in the SureFit catalog may be ordered using either the Origins or Legacy fitting system.

The Origins System utilizes the two removable insoles in all Adventure Series shoes to achieve the best fit for each patient. Your patients try on a shoe from the New Fitting Display to determine length, you add or subtract insoles as needed to determine width and order the shoe they prefer from the catalog in the required size.

The Legacy System is based upon the original SureFit Fitting System and utilizes Brannock device measurements to determine the proper size of the shoe. SureFit's Shoe Size Calculator provides a cross-reference from the measurements to the actual shoe size to be ordered based on the individual last for each shoe.

- IV. **Shoe Order** – Record the style and color choice on the SureFit Order form.