

# SUREFIT™

A Hanger Orthopedic Group Company



*SureFit London in Camel (S196-2)*

## Quick Start Guide for Custom Orders

T (800) 298.6050 • F (888) 801.3450

**ALL INSTRUCTIONS ARE PROVIDED WITH REFERENCE TO THE CUSTOM INSERT ORDER FORM**

- 1.) **PATIENT INFORMATION:** Please fill in Patient information as requested on the order form.
- 2.) **ORDER TYPE:** Select whether order is with Therapeutic Shoes or without. Please select a SureFit Shoe from the offering on the reverse side of the form if ordered with shoes. If ordering WITHOUT shoes, please note the style, length & width of shoe the Insert will be worn in. For additional guidance in shoe selection, please refer to our Style Selection Chart in the catalogue.
- 3.) **INSERT TYPE & QTY:** Select the type of Insert and Top cover material for Custom Accommodative.
- 4.) **PATIENT EXAM**

**A. SHOE EVALUATION:**

Please indicate the brand and style of the shoe; If unavailable, please provide as much information as is known and denote "N/A" on the remainder.

Check the fit of the shoe the patient wore to the appointment and note discrepancies on the order form.

**B. FOOT MEASUREMENTS:**

- i. Request patient stand with feet hip width apart. Position one foot on the mens or womens Brannock device.



*Place patient's heel at rear edge of the appropriate (right or left) heel cup.*



*Look directly over the patient's foot to get the most accurate read on the device.*

- ii. Fill in the following four measurements (continued on the next page) on the order form:



**HEEL to TOE:** Take measurement of longest toe on the center scale. As pictured, measurement would be recorded a 7½+ as longest toe length is between 7½ & 8.



**HEEL to BALL (Arch Length):** Position heel to ball device snug against the first metatarsal head. Record the arch length. As pictured, the measurement for the left foot is 8+.



**WIDTH:** Slide bar against the outside of the foot. Locate the **heel to toe length** on the sloped scale and read the width immediately below. Heel to toe length for this patient was **7 1/2+**. The corresponding width is between an "A" and a "B". Record as "A-B".



**CIRCUMFERENCE:** Measure from the floor next to the 1<sup>st</sup> Met Head over the top of the foot and down to the floor next to the 5<sup>th</sup> Met Head. Round up to the nearest 1/4" and record the measurement in inches.

C. FOOT EVALUATION:

Record foot conditions in the Foot Evaluation section of the order form. Rate as "MILD", "MODERATE" or "SEVERE" for each foot. Note general area of swelling as in ankle, forefoot or instep. Record any ulcerations past or present and their location.

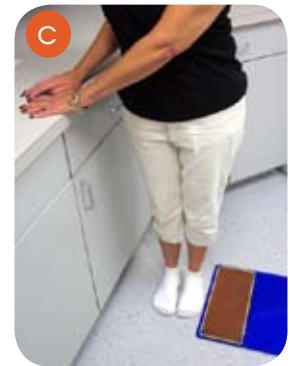
- 5.) **ACCOMMODATIONS:** Check the desired accommodations for the left and/or right foot.
- 6.) **HARRIS MAT FOOT IMPRINT:** Check the desired accommodations for the left and/or right foot.



**INK MAT:** First use--apply 8 drops of ink to the rough cross-hatched side of the rubber mat. Spread ink as evenly as possible with roller. Reapply 3 drops of ink every 2-3 patients as needed.



**INSERT PAPER:** Insert a Legal size sheet of paper on the blue cover opposite the inked pad. Flip the mat over, such that the sheet of paper is covered by the inked pad.



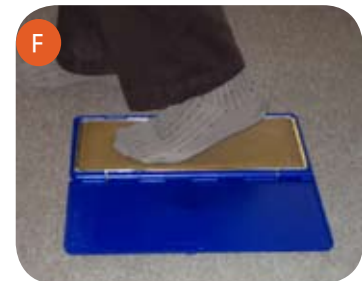
**STANDING AT MAT:** Request patient stand next to a counter for support. Place the mat next to the foot to be imprinted.



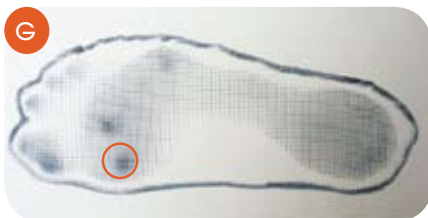
**STAND ON MAT:** Lift patients foot and place in center of un-inked side of the mat, while keeping the other foot stationary.



**TRACE OUTLINE:** Holding a ballpoint pen **vertically**, with the ballpoint **retracted** (so no ink gets on the mat), and applying slight pressure, trace the outline of the entire foot.



**WALK OFF:** Request patient take a step forward with their stationary foot. Request patient step off the mat by lifting their heel as they step forward off the mat.



**CHECK IMPRINT & CIRCLE PRESSURE POINTS:** Remove paper from imprint device. Write patient's name on imprint page. If ordering reliefs (pockets), circle the pressure point(s) to indicate position desired.

7.) **FOAM BOX IMPRESSION: (WEIGHT BEARING TECHNIQUE)** Please use 14" long Impression Boxes only.



**POSITION HEEL:** Draw a pencil line onto the foam 1/2" from the rear edge. Position the back of the patients' heel onto the 1/2" mark without pressing into the foam. Make sure the foot is centered in the foam block.



**HOLD THE FOOT:** Hold foot in neutral position and continuously apply pressure to the 1st Metatarsal. While holding foot in firmly in position, request patient apply downward pressure until they meet resistance.



**PUSH TOES:** Push down firmly on the ends of the toes, so they are not dorsiflexed. They should be level with the rest of the foot.

Heel and forefoot should both penetrate 3/4 of the way into the box for optimum results.

8.) **SHIPPING:** Please ship the following to SureFit for fabrication:

- FOAM IMPRESSION BOX
- CUSTOM INSERT ORDER FORM
- HARRIS MAT FOOT IMPRINTS ( No Copies please)

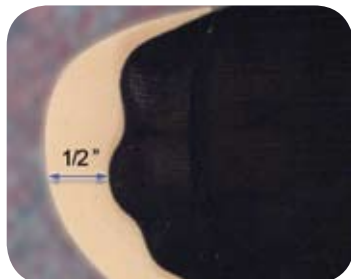
9.) **CHECK FIT UPON DELIVERY:** Please check with patient standing



**TOE:** Feel the edge of the longest toe. There should be 1/2" space between longest toe and the end of the shoe.



**WIDTH:** A pinch of extra material should be present across the ball of the foot at the top of the shoe.



**TOE Alternate:** If you can't feel the toe through the shoe, remove shoe & insert. Request patient stand so heel is at the back edge of the insert. Verify 1/2" space exists from longest toe to the front edge of insert.



**HEEL:** As patient walks, evaluate if there is any heel slippage present.