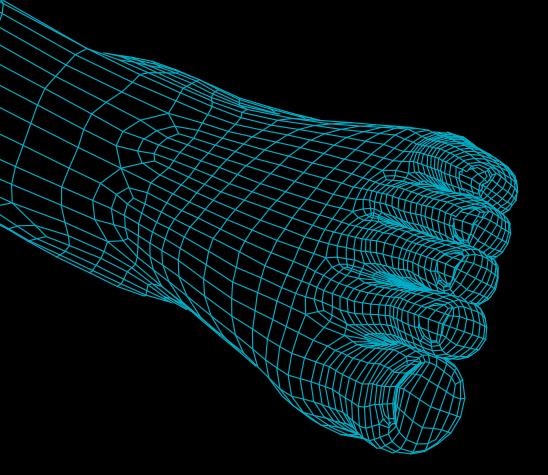
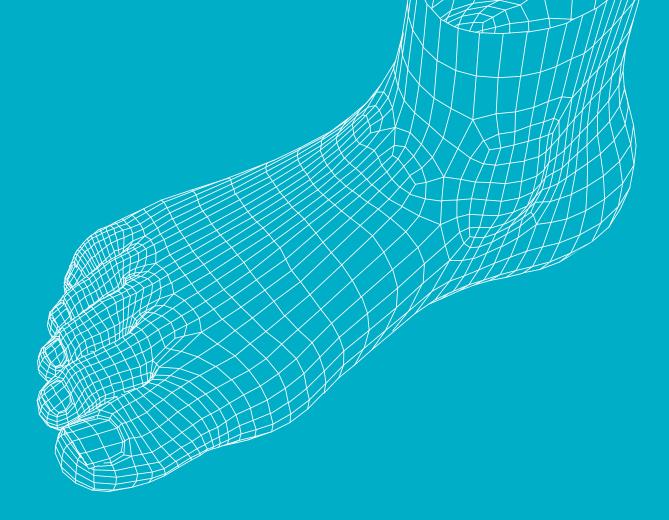


#### **CUSTOM ORTHOSES**







PPL Biomechanics Tramore Commercial Park Tramore Road Cork, Ireland **T:** + 353 (0)21 4320277 **F:** + 353 (0)21 4321159 **E:** info@pplbiomechanics.com **www.pplbiomechanics.com** 



#### **COMPANY INFORMATION**

PPL biomechanics was established in 1993 by two Podiatrists following an exhaustive search for a complete range of orthotic devices that satisfied individual patients needs. To address this issue they decided to manufacture their own custom orthoses.

Today PPL is the largest supplier of custom orthoses and biomechanical products in Ireland. The company's success is based on its ability to design and supply innovative biomechanical solutions, that match both practitioner and patient needs. Central to this success is the development and selection of products that are evaluated within a clinical environment.

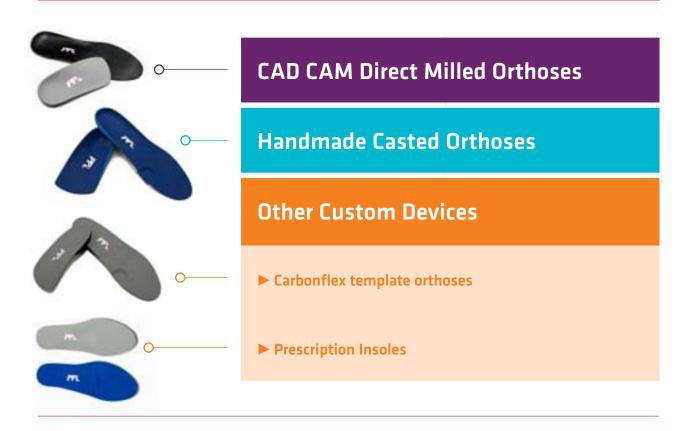
#### INTRODUCTION

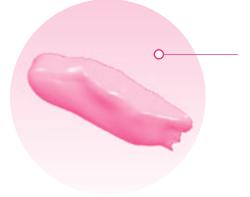


#### **CUSTOM MADE ORTHOSES**

Our Custom made orthotic devices are truly made to measure, and each one is unique. We allow total flexibility in the customisation of your devices. Each device is individually designed and handmade to your requirements. Current research and theories of biomechanics from a multidisciplinary knowledge base are applied to both our manufacturing processes and product design.

#### CONTENTS





As PPL are dedicated to making truly custom made orthoses, we have had a cautious approach to integrating CAD CAM technology. With the emergence of superior CAD technology, and many months of testing, we are now confident that we can produce CAD orthoses that are on a par with our traditional handmade devices. We are now proud to offer a comprehensive range of direct milled CAD CAM devices which merge new technology and the experience of our twenty years of traditional custom fabrication.

#### **CUSTOMER SERVICES**

#### **Technical Advice Services**

Whether you are a new prescriber, or you have a complicated case our technical advice line offers you the security of speaking to an experienced practitioner or technician before you complete your order. Occasionally patient compliance or the desired outcome is not achieved and the company is committed to working with practitioners to ensure that problems are solved in a rapid and effective manner.

The care and attention we offer with this complimentary service is what makes PPL the practitioners choice.

#### Turnaround Times & Fast track

PPL prides itself on speedy and reliable turnaround times. Fast track is an additional service offered for an even quicker return. Times are based on complete orders received before 10am.

Product	Turnaround time	Fast track
Prescription Insole	3 working days	1 working day
Carbonflex Device	4 working days	2 working days
Casted Orthoses	7 working days	3 working days
Total Contact	time variable - normally 7 days	Not Applicable
CAD CAM	7 working days	3 working days
Alterations	time variable - normally 4 days	Not Applicable

#### **STANDARD GUARANTEES**

We offer the following standard guarantees for all our custom made products

#### **Comfort & Posting Adjustment Guarantee**

One free adjustment for fit & comfort or posting adjustment within 3 month of dispatch, e.g. trimming of sides and edges of orthoses or increase/decrease of extrinsic posting. This does not include stripping covers or adjustment to additions (postal charges apply).

#### Materials, Shell Fracture & Workmanship Guarantee

6 month guarantee to repair any orthotic device which has any defects relating to materials or manufacture. One year guarantee against shell fracture for all hard shell orthoses.

**Please note:** We will manufacture what you order. If you order the wrong type of device or prescription, we will do our best to assist you, however we cannot accept liability for inappropriate prescriptions.

#### LOYALTY DISCOUNT

Regular customers of custom orthotic devices are rewarded with our loyalty discount scheme.

#### **SPECIAL FITTING SERVICE**

Tick on the prescription form for this service, which is recommended for those patients requiring complex forefoot and midfoot additions. This service allows even greater flexibility in the customisation of your devices by having the device returned to you uncovered for a trial fitting. Once tested by the patient the devices can be returned for further alteration or finishing. This service allows 2 adjustments over a 6 week period. (postal charges apply).

#### **ALTERATIONS**

Alterations not covered by our standard guarantees can be undertaken, subject to an additional charge. This includes, changing the length of device, adding or removing additions and changing covers. We are willing to alter devices not manufactured by our company, however only on written instructions by the medical practitioner, and we disclaim any liability relating to these devices. Turnaround times vary, dependent upon complexity of work required and production scheduling.

**Please Note\*** All custom orthotic devices and alterations are not returnable for refund.

Terms & Conditions: Please refer to our website for further details www.pplbiomechanics.com

**PP** 

#### **PPL TECHNICAL ASSESSMENT PRINCIPLES**

The modification procedures that we employ to adapt our casts/scans are a variation on the Blake and modified Root techniques. These procedures are tailored to the particular type of shell that you have chosen for your patient. The technical screening of each cast and scan that we receive as well as the numerous quality control checks within our laboratory maximises the accuracy of each device.

#### The following is a very brief synopsis of our protocols and techniques:

- We modify casts differently for different shell types, for example for flexible shells (e.g. EVA, Polyurethane) minimal arch fill and tissue spread is given to give a more total contact effect. The more flexible materials allow the dynamic movements of the medial column to occur
- We favour intrinsically posting the rearfoot as close to the desired corrected position (normally STJ neutral) as possible. This depends on the type and amount of forefoot deformity present and the patient profile. If full correction intrinsically is not possible we may add extrinsic posting to the device
- We generally intrinsically balance out soft tissue forefoot inversions to 0° if possible. We recommend either midfoot additions &/or total forefoot medial extrinsic posting for larger forefoot Inversions

- We prefer to use intrinsic posting rather than extrinsic posting. Extrinsic posting adds bulk to the orthoses and can cause shoe fit problems. Intrinsic posting is limited by the medical/surgical history and age of the patient, the type and severity of the forefoot deformity and reduced range of motion in the foot
- We ask practitioners to select their own forefoot and midfoot additions to account for medial column and forefoot pathologies. We recommend the less is more principle to assist with shoe fitting.
- We recommend that you send a weight bearing footsketch to ensure midfoot and forefoot additions are placed correctly on finished devices. We always ask practitioners to tell us the patients shoe size and style. We recommend that a mens template is selected for ladies wearing trainers

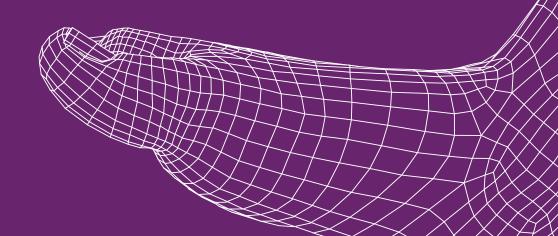
To make	CADCAM Orthoses Direct Milled	You send us	Plaster Cast or Foambox Cast or 3D Scan & Prescription form
To make	Casted Orthoses Traditional Handmade	You send us	Plaster Cast or Foambox Cast & Prescription form
To make	CarbonFlex Template Devices	You send us	Prescription form with Template Code Sketch/Cast (optional)
To make	Prescription Insoles	You send us	Prescription form Sketch (optional)

#### **ORDERING PPL CUSTOM ORTHOSES RANGE**

#### **QUANTIFYING YOUR ASSESSMENT**

In the absence of any reliable repeatable method of quantifying the findings of biomechanical assessment, PPL have developed the Neutral Zone Prescription Platform, which is a tool to assist in biomechanical assessment and prescription writing. This tool assists in the quantification of the prescription needed, to allow a person to function within their neutral zone. For further information on the Neutral Zone Prescription Platform, please contact us.

#### CAD CAM ORTHOSES



#### **CAD CAM ORTHOSES**

In keeping with our continued emphasis on the provision of the most superior custom foot orthoses, we combine our traditional handcrafted knowledge along with the most technologically advanced CAD CAM equipment to provide an unequalled service.

As a result of the knowledge gained from twenty years of traditional custom fabrication we have being able to fully utilise and maximise the complete capabilities of CAD CAM equipment. Consequently we have the capability and skill set to craft truly personalised foot orthoses. A CAD CAM system is only as good as the company who operates it. As a principle we do not use library systems, we only manufacture fully custom CAD devices.

#### SCANNING

We have a full complement of cast scanning equipment in the lab. Therefore you DO NOT need to use a scanner to order CAD CAM orthoses, you can continue to send us plaster or foambox casts.

However a 3D scanner will speed up the ordering process considerably, allowing it to all be completed online. We can accept scans from any 3D scanner that has an STL output.

The Envisic Veriscan 3D scanner and software has been fully tailored to PPL's ordering systems. This complete capture system offers an online ordering and scan sending service, and allows you full control over your orders.

#### The Veriscan 3D scanner is the market leader in scanning technology, compared with other 3D scanners it offers the following advantages:

- Only scanner to offer a true 3D picture of the foot alongside the 3D shape capture
- Unparalleled ambient light handling
- Highly portable, the lightest, smallest and will run from batteries
- Accuracy is equal to or surpasses any other scanner on the market
- Will allow you to scan in a full range of foot casting positions, fully weight bearing, semi- weight bearing, and non-weight bearing either sitting, prone or supine

### WHAT IS THE MANUFACTURING PROCESS?

We either scan your cast or use the scan you have sent us. The scan is then modified in our CAD package as we would a plaster cast. We then produce a CAD digital model of the final orthoses shell. This orthoses is then direct milled on a CNC machine. The milled orthoses is then trimmed and finished in our assembly department in the same way a traditional handmade orthoses would be. The efficiencies associated with CAD CAM enable us to offer the new range at lower price than our traditional handmade casted orthoses

#### How to Order

 Prescription form & 3D scan or plaster/foambox cast with footsketch if required

#### Services

- Standard guarantees apply
- 7 Day turnaround time
- 3 Day Fast track \*
- Special Fitting Service \*
- Refurbishment Scheme\*
- Discount on 2nd pair ordered (see terms and conditions)
   \* extra charge

#### Paediatrics

CAD CAM orthoses are available in children's sizes.
 Discount given on child size 3 and under

#### WHAT ARE THE ADVANTAGES **OF CAD CAM ORTHOSES?**

#### **New Material Options** •

as CAD CAM direct milling does not require materials which can be heat moulded, new materials like PU (polyurethane) can be used.

#### Lower Cost

savings on labour time result in a more cost effective product

Faster ordering systems if using a scanner • total online ordering systems

#### Accuracy

digital modelling allows complete accuracy to 0.01 of a millimetre

#### Repeatability

Increased forever storage capacity, means repeats are available after any period. Identical repeatability on orthoses shells.

#### **POLYURETHANE CAD CAM ORTHOSES**

#### CONTOUR



#### Features

- Offers superior impact resistance
- Excellent shock attenuation
- Structural memory, returns to original shape after loading
- Elastic recoil & energy returning properties
- Increased durability & high load bearing capacity
- Open cell breathable PU, wicks moisture away

Contour

#### Medium density black polyurethane (PU) shell

#### Recommendations

- Closely cradles osseous deformity
- Useful post fracture & post op
- Maintains shape after many loading cycles
- Energy-returning
- into a patients step
- Hyperhidrosis and moisture problems

#### Limitations

- Not suitable for slim fitting footwear
- Not suited to heavy patients

#### **PU-COMBI**



#### Features

Contour

- Similar properties to Contour PU device with firmer rearfoot control
- Comfortable midfoot support
- Enables optimal load transfer
- Designed to facilitate propulsion

#### Recommendations

High density rearfoot & medium density forefoot (PU) shell

- Similar recommendations to Contour PU device with midfoot lighter control facilitates 1st ray plantarflexion
- Midfoot softness allows a closer contact device
- Extra comfort with good rearfoot control
- Suitable for a variety of sports
- Enhances proprioceptive feedback

#### Limitations

- Not suitable for slim fitting footwear
- Not suited to heavy patients

**PP**<sup>1</sup>

#### For comfort and putting a bounce

#### POLYPROPYLENE CAD CAM ORTHOSES

#### GLIDE

#### Black Polypropylene Shell with Polypropylene Heel Post



#### Features

- Available in rigid, semi-rigid or semi-flexible
- Firm polypropylene milled heel post & shell
- Very durable polypropylene heel post and shell
- Heel post will not deteriorate
- Functional control



#### Recommendations

- Slim for casual footwear
- Choice of shell flexibility for different activities
- Rigid & semi-rigid will suit heavier patients
- Semi-flexible will suit some sports

#### Limitations

Black Polypropylene Shell with Standard EVA Heel Post

- Patients requiring shock attenuation
- Osseous deformity
- Patients requiring a close contact device

#### MOTION

# CAL C

#### Features

- Available in rigid, semi-rigid or semi-flexible
- Firm polypropylene milled shell
- High density EVA heel post
- EVA heel post offers added shock attenuation
- Functional control
   & shock attenuation

Contour

#### Recommendations

- Slim for casual footwear & trainers
- Choice of shell flexibility for different sports & activities
- Rigid & semi-rigid will suit heavier patients
- Semi-flexible will suit many sports
- Rearfoot shock attenuation for sports & walking

#### Limitations

- Osseous deformity
- Patients requiring a close contact device

#### PROPEL

#### Black Polypropylene Shell with Slimline EVA Heel Post



#### Features

Available in rigid, semi-rigid or semi-flexible

- Very slimline heel post to stabilise device in difficult shoes
- Slimline shell design
- Machined to fit shoes of any heel height/pitch
- Slimfit rounded heels will fit football/ rugby boots

#### Contour

#### Recommendations

- Very slimline for difficult to fit footwear
  - Ideal for high heels and dress shoes
- Choice of shell flexibility for different sports & activities
- Rigid shell ideal for cycling shoes
- Semi-rigid may suit sprinting shoes
- Semi-flexible may suit football/ rugby boots

#### Limitations

- Osseous deformity
- Hypermobility
- High levels of rearfoot correction
- Patients requiring a close contact device



#### EVA CAD CAM ORTHOSES

#### **EVOLVE**



#### Features

- Medium-high density EVA shell
- Flat base for stability
- Close contact device
- Functional/accommodative foot orthoses
- Increased shock attenuation

#### Contour

#### High density black EVA shell

#### Recommendations

- Provides excellent stability
- Suitable for hypermobility
- Suitable for casual or sports wear
- Enhances proprioceptive feedback
- Closely cradles osseous deformity

#### Limitations

High density rearfoot & medium density forefoot EVA shell

- Not suitable for slim fitting footwear
- Not suited to heavy patients

#### **EVA-DUAL**



#### Features

- Similar properties to Evolve EVA device with firmer rearfoot control
- Comfortable midfoot support
- Enables optimal load transfer
- Designed to facilitate propulsion



#### Recommendations

- Similar recommendations to Evolve EVA device with midfoot lighter control facilitates 1st ray plantarflexion
- Midfoot softness allows a closer contact device
- Extra comfort with good rearfoot control

#### Limitations

- Not suitable for slim fitting footwear
- Not suited to heavy patients

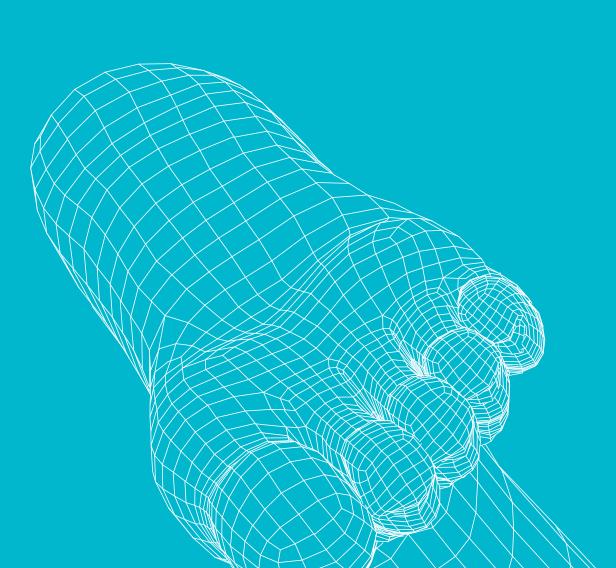
# PPL biomechanics

Tramore Commercial Park, Tramore Road, Cork, Ireland. Tel: + 353 (0) 21 4320277 / Fax: + 353 (0) 21 4321159

	OPTHOSES	PRESCRIPTION	FORM
CADCAW	UKIHUSES	PRESCRIPTION	FURIN

P	RACTITIONER INFORMAT	ION		В	ILLING INFO	RMATION				LÆ	AB USE ONLY	
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Р	hone Number:				ccount Name	& Delivery	Addres	ss:		٨	rrival Date: / /2	20
E	mail:											
D	ate Prescribed:			A	wait HSE Sand	tion: 🗌	Awa	iit Paymen	: 🗆	Dı	ue Out Date: / / 2	20
PA	TIENT INFORMATION		A	GE	SEX	SHAPE	& LEN	IGTH			Shape	Siz
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SF	IELL TYPES	COVERIN	G								LADIES 31/2 - 10	
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	Motion ck Polyprop Shell with Standard EVA Heel Post	<ul> <li>Silver Carbo</li> <li>Black Microfi</li> </ul>										•
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	Flexibility 🔲 Rigid	Semi-Rigid	Semi-Flex	Max 5r				mm	mm		LOW Trainer/Wa	alking Shoe
	Contour dium Density Polyurethane Shell	Black 1mm B	EVA		Raise Detacha	ble					MED Heel betwee	een 1 & 2"
Hig	PU-Combi n Density Rearfoot & Medium Density Forefoot			Max 10	0mm			mm	mm		HIGH Heel over	2"
Hig	Evolve n Density EVA Shell	Black 1mm E	:VA		Cushion lecommended)			3mm	3mm		NONE Football bo	oot
	EVA-Dual Density Rearfoot & Medium Density Forefoot	Black Microf	bre Suedette						3mm			
	IELL ADAPTIONS LEFT		RIGHT		a Cushioning ur Recommended)	ider Arch	V	5mm	5mm		SERVICES	
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Sta	ability Options	el Cup 🔲 D ial Side 🔲 H	eep Heel Cup gh Medial Side		FOOT ADDIT			LEFT	RIGHT		Special Fitting Service	
	Available With Slimline Options High Late	ed For No	gh Lateral Side of Advised For /A /PU Devices	Meta	itarsal Bar	<u> </u>	<u> </u>			-	Ex charge	
Ot Plea	her Shell Adaptions	Devices	ATPO Devices		i 2-5 Varus itarsal Bar	<u>600</u>					Refurbishment Schem	
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or	Neutral Calcaneal Stance Position	INV EV	INV EV	Circle	e one Met Head O	nly <u>6000</u> 00	00	Please Circle	Please Circle	J٢	Mailing Boxes & Labe	ls 🔲
В	RCSP Relaxed Calcaneal Stance Position	n INV EV	0 INV EV	FOR	REFOOT ADD	ITIONS		LEFT	RIGHT		Mailing Labels Only	
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D	when standing? Total Forefoot Invertion	Supinating 0 INV			kness of Met Sl Poron ™ used a			3mm 5mm	3mm	ΙΓ		
E	BONY Forefoot Invertion (FF varu	s) <sup>0</sup> IN\		-	/arus Met Lift			3mm	5mm			
G	BONY limitation of movement				erse Mortons Pad	)		5mm	5mm			
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	e following should be considered en deciding intrinsic posting	heel vertical 0 INV	0 INV		atarsal Cushion							
	ue of total Forefoot Invertion tients age and joint mobility	0 <sub>EV</sub>	° <sub>EV</sub>		thickness below							
	arfoot Extrinsic Posting	0 <sub>MED</sub>			kness of Cushio Poron ™ used a			□ 3mm □ 5mm	3mm			
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Onl	dial Heel Skive (Kirby) y advised on Podofirm. 15 <sup>°</sup> angle ess otherwise prescribed	mm	mm	U in	hich Met Head? P Cushions? hich Met Head? P			Please Circle	Please Circle			
	al Forefoot Extrinsic Medial Posting	o <sub>MED</sub>	0 <sub>MED</sub>	NOT			30					
for s	shoe fit reasons			We r	recommend taking	g a full size s	ketch of	the foot for c	rthoses with a	any m	nidfoot or forefoot additions	s
	er Posting Type ase Describe			You	must complete eit	her Posting -	PPL Ass	istance <b>OR</b> P	osting Prescri	ption	sections.	

#### HANDMADE CASTED ORTHOSES



#### HANDMADE CASTED ORTHOSES

#### Features

- Truly custom made orthoses.
- Individually handmade and designed from a plaster cast or deep foam box impression of the foot
- Intrinsic posting is applied as standard
- We assume all casts are taken in subtalar neutral position unless otherwise informed.
- Modified Blake and Root principles of cast modification used
- High quality durable materials
- Inbuilt shock attenuation

#### How to Order

 Prescription form and plaster or foam box cast by post. With foot sketch if required

#### Options

- Non standard additions can
- be requested with a sketch
- No additional cost for any combination of rearfoot and forefoot extrinsic posting
- Small charge for each heel, midfoot and forefoot addition
- 4 types of shell
- Stabilising and slimline options
- Choice of coverings and colours available

#### Recommendations

• See shell types for different uses and recommendations

#### Services

- Standard guarantees apply
- 7 Day turnaround time
- 3 Day Fast track \*
- Special Fitting Service \*
- Refurbishment Scheme\*
- Discount on 2nd pair ordered within six months (see terms and conditions)
   \* extra charge

#### Paediatrics

 All casted orthoses are available in children's sizes. Discount given on child size 3 and under

#### PODOFLEX



#### Recommendations

- Casual wear
- Excellent for most sports including long distance running
- Hypermobility
- Gross foot deformity
- Post fracture / Post-op

#### **Features**

- Super high density eva shell.
- Durable with maximum shock absorbency
- Flat based for good stability

#### Limitations

- Not recommended for very heavy patients
- Not recommended for slim fitting footwear

#### **FLEXIFIRM**



#### PODOFIRM





#### Recommendations

- Casual wear
- Excellent for nearly all sports
- Gross hypermobility
- Fits football boots

#### Features

- A composite device giving strength, durability and shock absorbency, yet maintaining good flexibility
- Thin 2-3mm quality Supralene<sup>™</sup> shell, with super high density EVA moulded under entire length of device

#### Limitations

• Not recommended for slim ladies shoes

#### Recommendations

Casual wear and casual sports

#### Features

- Semi- rigid casted orthoses, giving strength and durability, yet maintaining limited flexibility.
- 3-4mm quality Supralene<sup>™</sup> shell.
- Super high density EVA heel posts, provides moderate shock absorption at heel strike
- Slimmer device for easier accommodation

#### Limitations

- Not recommended for high impact sport or long distance running
- Not recommended for instability or gross foot deformity

#### PODOSOFT



#### Recommendations

- Post fracture/Post-op
- At risk patients, only use when functional control cannot be tolerated

#### Features

- Low density EVA shell (Blue colour option only)
- Accommodative device only

#### Limitations

 Not recommended where any level of functional control is required



# PL biomechanics

Tramore Commercial Park, Tramore Road, Cork, Ireland. Tel: + 353 (0) 21 4320277 / Fax: + 353 (0) 21 4321159

CASTED ORTHOSES PRESCRIPTION FO
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PRACTITIONER INFORMATION	N	BILLING INFO	RMATION			LAB USE ONLY	
Name:		Account Code:			Ref No: MO		
Phone Number:		Account Name	& Delivery Addres		Arrival Date: / / 20		
Email:						Arrival Date. 7 7 20	
Date Prescribed:		Await HSE Sand	ction: 🗋 🛛 Awa	it Payment	: 🗆	<b>Due Out Date:</b> / / 20	
PATIENT INFORMATION			SHAPE & LEN	IGTH		Shape	Size
Name:		Age:	Full Length Cut	t to Sulci	3/4 Length	MENS 3 <sup>1</sup> /2 - 14	
Relevant History:		Sex:				LADIES 31/2 - 10	
		Male Female				CHILDS 71/2 - 3	
SHELL TYPES COLOUR	R COVERING	HEEL & ARCH A	DDITIONS	LEFT	RIGHT	Shoe Pitch	
Suprelene Sheel	EVA	Heel Raise Attached				LOW Trainer/Walking	Shoe
with EVA Heel Post     Blue       Flexifirm     Image: Construction of the second sec	Microfibre	Heel Raise Detacha	hle	mm	mm	MED Heel between 1	& 2"
Suprelene Sheel with EVA Heel & Arch Support Black	Suedette Special Covers	Max 10mm		mm	mm	HIGH Heel over 2"	
Very High Density	nora ® Lunairflex 3mm Beige Ex Charge	Heel Cushion (Not Recommended)		3mm 5mm	☐ 3mm ☐ 5mm	NONE Football boot	
Low Density	Ex charge	Extra Cushioning ur	der Arch	🔲 3mm	🔲 3mm	SERVICES	
SHELL ADAPTIONS LEFT Slimline Options		(Not Recommended)	00	5mm	└ <b>」</b> 5mm	Fast Track	
Not Available With Stabilising Options Slim Width of S	Shell Slim Width of Shell	MIDFOOT ADDIT	IONS	LEFT	RIGHT	3 Days Ex charge	
Stability Options         High Medial Sic           Not Available With Slimline Options         High Lateral Sic	de High Medial Side de High Lateral Side	3mm 2-5 Varus Metatarsal Bar				Special Fitting Service Ex charge	
1st Met Cut Out         Interview           Other Shell Adaptions         Please Describe	EVA Devices	5mm 2-5 Varus Metatarsal Bar				Refurbishment Scheme Ex charge	
POSTING - PPL Assistance	LEFT RIGHT	2-4 Metatarsal	00	Low	Low	Prescription Forms CadCam	
A Type and amount of rearfoot posting required	O MED O MED	Dome Pad		Med High	Med High	Assessment Forms	
using prescription platform	0 <sub>LAT</sub> LAT 0 0	Teardrop Pad	$\mathbf{\hat{\theta}}$	12345	12345	Foot Sketch Forms	
or         Neutral Calcaneal Stance Position           B         Decon	INV EV INV EV	Circle one Met Head O	ny 202000 00	Please Circle	Please Circle	Mailing Boxes & Labels	
RCSP Relaxed Calcaneal Stance Position	0 0 INV EV INV EV	FOREFOOT ADD		LEFT	RIGHT	Mailing Labels Only	
C Are they Pronating or Supinating in the Rearfoot Complex	Pronating Pronating Supinating Supinating	Long Met Shaft Pac (Mortons Pad) Which I		1 2 3 4 5 Please Circle	1 2 3 4 5 Please Circle	FURTHER INFORMATI	ON
when standing?           D         Total Forefoot Invertion	° INV ° INV	Thickness of Met SI Grey Poron ™ used a		3mm 5mm	3mm 5mm		
E BONY Forefoot Invertion (FF varus)	o <sub>INV</sub> o <sub>INV</sub>	2-5 Varus Met Lift		3mm	3mm		
G BONY limitation of movement		(Reverse Mortons Pad	,	5mm	🔲 5mm		
	EFT RIGHT	1st Metatarsal Cut- (Less bulky than Meta					
The following should be considered he	el vertical heel vertical	Cushion with cut-out) Metatarsal Cushion	00 8 0.0				
when deciding intrinsic posting Value of total Forefoot Invertion	° INV ° INV	Cushioning under Met Thick thickness below					
Patients age and joint mobility	° <sub>EV</sub> ° <sub>EV</sub>	Thickness of Cushio		🔲 3mm	🔲 3mm		
Rearfoot Extrinsic Posting We recommend a	O <sub>MED</sub> O <sub>MED</sub>	Grey Poron ™ used a Cut Out in Cushions	0.0	5mm 1 2 3 4 5	5mm 1 2 3 4 5		
maximum of 8° Medial Heel Skive (Kirby)	° <sub>LAT</sub> ° <sub>LAT</sub>	To which Met Head? P		Please Circle	Please Circle		
Only advised on Podofirm. 15° angle	mm mm	U in Cushions? To which Met Head? P	lease sketch	1 2 3 4 5 Please Circle	1 2 3 4 5 Please Circle		
A maximum of 8° is recommended	o <sub>MED</sub> 9 <sub>MED</sub>	NOTE					
for shoe fit reasons Other Posting Type		We recommend taking You must complete eit				ny midfoot or forefoot additions	
Please Describe		i du musi complete elt	Her Fosting - FFL ASSI	istance UR P	sang mesulp		

PPL23112010

#### **TOTAL CONTACT CASTED ORTHOSES**

#### **TOTAL CONTACT DEVICES**

#### **Features**

- Truly custom made orthoses
- Total contact devices reduce peak pressure by spreading the load helping to minimise tissue breakdown
- Handmade to a deep foam impression box.
- 3 types available

#### **Recommendations - High risk patients**

- Diabetic foot
- Neuroarthropathy (Charcot foot)
- Rheumatoid Arthritis
- Pre/Post foot ulceration
- Fixed orthopaedic conditions
- Post surgery

#### **Covering Options**

• 3mm Nora Lunairflex

#### Posting Options

- Accommodative when not intrinsically posted (no movement will occur at the midfoot).
- Extrinsic posting can be applied to all 3 types if movement at the subtalar joint needs to be controlled.
- Semi-functional when small amount of intrinsic posting applied, this allows some movement at the midfoot and facilitates normal medial column motion. (Only available on TYPE 3)

#### Shell Options

#### **Heavy Duty Accommodative**

 The device is moulded the full length of the foot. 2 Layer device with high density EVA full length shell, plus choice of cushioning cover. Bulky device suitable only for made to measure or extra depth extra width shoes and boots.

#### **Medium Duty Accommodative**

The device is moulded the full length of the foot. 3 Layer device with full length 3mm Nora Lunaflex shell, high density EVA 3/4 length shell stiffener, plus choice of cushioning cover. Less bulky, suitable for extra depth extra width shoes and boots and trainers.

#### Medium Duty Semi Functional

 Moulded high density 3/4 length shell, cushioned forefoot extension, choice of cushioning covers. Least bulky, suitable for most standard lace shoes, boots and trainers.

# Lunairfilex

#### How to Order

- Prescription form and foam box cast.
- Foot sketch if required.
- Footwear or template of shoe insole if possible to ensure good fit to orthopaedic or unusual footwear.



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#### TOTAL CONTACT CASTED ORTHOSES FORM

PRACTITIONER INFORMATION	BILLING INF	ORMATION	LAB USE ONLY	
Name:	Account Code	:	Ref No: MO	
Phone Number:	Account Name	e & Delivery Address:	Arrival Date: /	/ 20
Email:				/ 20
Date Prescribed:	Await HSE Sar	nction: 🔲 Await Payment: 🔲	Due Out Date:	/ 20
				Ì
PATIENT INFORMATION		BIOMECHANICAL INFORMATIO	N LEFT	RIGHT
Name:	Age:	Forefoot Inverted on the Rearfoot ?	Yes / No	Yes / No
Relevant History:	Sex:	Estimate how much is BONY (fixed and not correctable)	0	0

E Female

#### SHAPE & LENGTH

PLEASE SEND FOOTWEAR OR INSOLE TEMPLATE IF POSSIBLE
Shoe Size: Style:

#### SHELL TYPE (Please Tick)

 TYPE 1
 Heavy Duty Accommodative

#### FOAM BOX CASTS RECOMMENDED

No cast modifications, no intrinsic posting, moulded entire length of foot. 2 Layer device with High Density EVA full foot length shell, and a 3mm nora® Lunairflex\* cushioning cover. For a better fit, we advise that you send in the patient's footwear.

#### TYPE 2 Medium Duty Accommodative

FOAM BOX CASTS RECOMMENDED

No cast modifications, no intrinsic posting, moulded entire length of foot. 3 Layer device with 3mm nora® Lunairflex\* full foot length moulded inner shell, High Density EVA ¾ length outer shell, and a 3mm nora® Lunairflex\* cushioning cover. For a better fit, we advise that you send in the patient's footwear.

#### TYPE 3 Functional Podoflex Device

If you require a functional device with additions or intrinsic correction, then use the orange CASTED ORTHOSES FORM and request a special nora® Lunairflex\* cover.

NOTE \* nora® Lunairflex cover is a tested and certified skin friendly material, washable and hygienic due to its closed cellular structure

STABILISING OPTIONS	LEFT	RIGHT
Deep Heel Cup		
High Medial Side		
High Lateral Side		

(fixed and not correct	able).					
Is the 1st Ray Plantar		Yes / No	Yes	/ No		
	LEF	Г		RIGH	Г	
	Mobile	Limited	Rigid	Mobile	Limited	Rigid
Rearfoot Mobility						
Midfoot Mobility						
Forefoot Mobility						
1st Ray Mobility						
1st MPJ Mobility						

#### ARE THERE ANY OTHER

Bony Limitations / Amputations / Charcot Joints / Ulcerations ? Please detail on sketch

#### **POSTING INFORMATION** (Please Tick)

Do you want extrinsic posting to allow the rearfoot to sit:

a) In an uncorrected relaxed heel position

b) As close to vertical heel as possible

Further Posting Instructions:

#### FURTHER INFORMATION

#### **OTHER CUSTOM DEVICES**



#### **CARBONFLEX DEVICES**

#### Features

- 14 pairs of sizing shells to fit the majority of foot shapes and sizes.
- Shells are adapted to each specific prescription
- No casting, quick and easy to prescribe
- Cost effective
- Carbonflex shell material allows strength and durability, yet maintains flexibility.
- 2mm carbon composite shell, lightweight and easily accommodated
- Zero memory loss, shells never bottom out

#### Options

- Non standard additions can be requested with a sketch
- No additional cost for any combination of rearfoot and forefoot extrinsic posting

- Small charge for each heel, midfoot and forefoot addition
- 2 shell width options (standard, slimfit)
- 4 heel type options (standard, slimfit, no heel, comfort fill)

#### Recommendations

- Slim and lightweight, fits most footwear including football boots
- Lower cost alternative to casted orthoses
- Moderate rearfoot pronation or supination
- Ideal for all sports
- Flex quality of the shells helps medial column function.

#### How to Order

#### (Ordering with a Kit (recommended))

- Prescription form by post or fax
- With foot sketch if required
- By phone (if no sketch required)

#### Services

- Standard Guarantees apply
- 4 Day turnaround time
- 2 Day Fast track \*
- Special Fitting Service \* \* extra charge





#### The Carbonflex kit contains

- 14 pairs of adult blue sizing shells
- Neutral Zone Prescription Platform



Neutral zone prescription platform

#### **CARBONFLEX KIT**

Using the Carbonflex Kit is the recommended method for prescribing Carbonflex Devices. Casting is not necessary, making the prescription process cleaner and faster.

The kit contains 14 pairs of blue sizing shells, which allow you to select the best fitting device for your patients arch profile.

As you will be standing your patient on a replica of the device you intend to prescribe, you will be able to objectively test your prescription. You can therefore be confident about the function and fit of the devices.

A neutral zone prescription platform is included in the kit, this is used in conjunction with the blue sizing shells to determine how much extra posting is required.

Carbonflex kits are available on a one month free

**trial basis.** The benefit of using the kit to prescribe Carbonflex Devices is not only the accuracy of the prescription, but also there is no need to cast the foot. To help you spread the cost of purchasing a carbonflex kit we offer 2 payment plans, these can be taken over 6 or 12 months.



#### PRESCRIBING CARBONFLEX DEVICES

#### **USING THE CARBONFLEX KIT**

#### Select the correct sizing shell

With the patient lying prone and in STJ neutral position, select the blue sizing shell which best matches their natural arch profile. The shells are marked L or M plus a number. L shells are narrow in width and M shells are wider.

The shell number does relate somewhat to shoe size. However we strongly recommend that you choose the template which best matches the natural arch profile, not the shell that matches the length.

#### Assessment using the Neutral Zone Prescription Platform. Please Note\* Step 3 is different

- 1 Assess footwear to determine height of shoe pitch gradient.
- 2 Assess leg and ankle to determine if heel raises are required.
- Assess arch profile and place your selected sizing shell under the patients foot rather than an arch support.
- Assess medial column to determine if midfoot or forefoot additions are required. Place additions on top of the selected shell.
- Assess forefoot to determine if midfoot additions/forefoot posts are required. Place additions on top of the selected shell.

#### LAB ASSESSMENT SERVICE

Accurate determination of the postings required is difficult without the carbonflex kit. The carbonflex shells have an intrinsic post inbuilt, which gives varying amounts of medial posting, depending on the height of the patients natural non weight bearing arch profile. A patient with a low natural arch profile may get up to 80 of medial rearfoot correction from the intrinsic post. A patient with a high natural arch profile may get 00 medial rearfoot correction from the intrinsic post.

#### Altering the length of the shell

If the shell is too long, you may want to request that it is cut back in length. Stand your patient on the shell on the foot sketch form. Draw around the foot keeping the shell in place. Lift the foot off the shell then draw around the shell. With a different coloured pen draw in your required cut lines. The shell should sit behind the metatarsal heads.



- S Assess rearfoot to determine if any extra rearfoot posting is required. Place any extra wedges under the heels of the selected shells, to determine how much extrinsic medial or lateral posting is required and record.
- Objectively test your prescription.

To use this lab assessment service you must send either a foot sketch or a cast. You must also complete the quantification box on the prescription form labelled WITHOUT CARBONFLEX KIT. We will then depending on the reported arch profile deduct a number of degrees from the rearfoot posting requested/NCSP to take into account the intrinsic posting.





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CARBONFLEX PRESCRIP	TION FORM
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PRACTITIONER INFORM	BILLING INFORMATION					LAB USE ONLY					
Name:				Account Code:					Ref No: CF		
Phone Number:				Account Name & Delivery Address: Arrival Date: / / 20					20		
Email:										.0	
Date Prescribed:				Await HSE Sand	ction: 🗌	Await Pa	ayment: 🗌	Due	e Out Date: / / 2	20	
PATIENT INFORMATION					SHAPE	& LENGT	ГН		Shape	Size	
Name:				Age:	Full Leng	th Cut to		Length	MENS 31/2 - 14		
Relevant History:				Sex:					LADIES 31/2 - 10		
				☐ Male ☐ Female					CHILDS 7 <sup>1</sup> /2 - 3	Ì	
SHELL STYLE			HEEL	& ARCH ADDITI	ONS	LEFT	RIGHT	COVERI	ING Recommende	d in Bold	
The Carbonflex Shell is narrow heel cup. They are slimline ar			Heel R Max 5mn	aise Attached	$\sim$	mm	mm	Microfibr Suedette Thin, durable	0.7511111 Gre	/ 🗆	
shoes. If you require an extraslim sho	ell, please			aise Detachable				DAYWEAR & SPORT	0.75mm Blac	k 🗋	
NOTE IT * with trimming instructions on			Max 10m	im		mm	mm	Astrosho		Grey 🗋	
HEEL OPTIONS	your one		Heel C	Sushion		3mm	3mm 5mm	Shock-absord durable	3mm Grey		
Slimfit Heel	$\sim$		Extra C	Cushioning under Ar	ch	3mm	🔲 3mm	EVA	1mm Blue		
Max 5° Extrinsic Posting   Standard Heel							Vinyl	1mm Black			
Max 8° Extrinsic Posting -			MIDFO	OOT ADDITIONS		LEFT	RIGHT	EXTRA	LAYERS A	dds Bulk	
No Extrinsic Posting Comfort Fill (Poron ™)	No Extrinsic Posting			-5 Varus Irsal Bar 🛛 🔊				On shell of	only		
No Extrinsic Posting			5mm 2	-5 Varus	$\sim$			On whole	device		
WITH CARBONFLEX KIT Reco Complete if using Carbonflex Kit for Assessme	ommendec <sup>ent</sup>	ł	Metata	Metatarsal Bar				What material?			
If you require our lab to trim b Please Send Sketch	ack the s	hell.		2-4 Metatarsal Dome Pad			Low Med	What thickness? mm			
Draw Trimming Instructions on Sketch Shell Cut Back as per Sketch / I		o	Teardr	Teardrop Pad			High	SERVICES			
Shell Code M or L & Number				ne Met Head Only	$\infty$ W	Please Circle	Please Circle	Fast Trac	k 2 Days Ex charge		
EXTRINSIC POSTING	LEFT	RIGHT	FORE	FOOT ADDITION	S	LEFT	RIGHT	Special F	itting Service Ex char		
What Gradient for <b>shoe pitch</b> have you used to measure? Low Flat Shoe / Trainer / Walking Shoe	Low Med	Low 🛄 Med 🔲	Long N	let Shaft Pad		12345	12345	Refurbish	nment Scheme Ex cha		
Medium Heels between 1 & 2 inches 3-5cm High Heels over 2 inch (5cm)	High	High 🔲	·	s Pad) Which Met Sha ess of Met Shaft Pa		Please Circle	Please Circle		ion Forms (Carbonfle)	()	
No Extrinisic Posting Remember the shells have an intrinsic			Grey Po	oron ™ used as stand		5mm	5mm		ent Forms		
medial post built into them of between 3° & 8° depending on foot shape/arch profile				arus Met Lift se Mortons Pad)		3mm 5mm	□ 3mm □ 5mm	Foot Sket	tch Forms		
Rearfoot Medial Posting Max 8° (Standard Heel) 5° (Slimfit Heel)	0	o		tatarsal Cut-Out Pao ulky than Metatarsal	d (q)			FURTH	ER INFORMATION		
Rearfoot Lateral Posting Max 5° (Standard Heel) 3° (Slimfit Heel)	o	0	Cushior	n with cut-out)	W						
Total Forefoot Medial Posting Only for Bony Forefoot Varus or	0	0		rsal Cushions hing under Met Heads							
Sprinter Cyclist Max 8°				ess of Cushions? oron <sup>™</sup> used as stand	ord	3mm	3mm				
Forefoot 1-5 Medial Posting Only for Bony Forefoot Varus Max 5° (Not Recommended)	0	o	Cut Ou	It in Cushions?		5mm 1 2 3 4 5 Please Circle	5mm 1 2 3 4 5 Please Circle				
Complete "with kit" section OR "with WITHOUT CARBONFLEX KIT ( Complete for Lab Assessment without using a 1 You must take a sketch and/or send a cast or 3	Extra Char <sub>kit</sub>		U in Cu	ushions? h Met Head? Please sl		1 2 3 4 5 Please Circle	1 2 3 4 5 Please Circle				
QUANTIFICATIONS	LEFT	RIGHT	NOTE								
Non-weight bearing arch profile (axis) in STJ neutral	Low Med High	-							ecommend taking a ful		
Total amount of rearfoot posting required?	° MED			of the foot for device listed on this form	es with any r	nidfoot or fo	oretoot additi	ons or any r	non standard additions	which	
(Accounting for shoe pitch)	° LAT	° LAT									

PPL14112011

**PPL** 

#### **PRESCRIPTION INSOLES**

#### Features

- Quick and easy to prescribe
- Cost effective
- Made to measure
- Easily accommodated
- Durable
- Fits most footwear

#### Options

- Non standard additions can be requested with a sketch
- No additional cost for any combination

of standard additions and wedges Any size or shape to order

- Variety of coverings available
- Available in children's sizes. Discount given on child size 3 and under

#### Recommendations

- Forefoot deformity
- Mild to moderate rearfoot pronation or supination
- Shock attenuation

#### **How to Order**

- Prescription form by post or fax
- With foot sketch if required
- By phone (if no sketch required)

#### Services

Standard Guarantees apply

- 3 Day turnaround time
- 1 Day Fast track \*
- Special Fitting Service \*



#### SHAPE AND LENGTH

Full length insoles are recommended for a better fit as they can be cut back easily in the clinic. Remember patients often wear the wrong shoe size. If you send a sketch you must also tell us the shoe size. The insole length is made to fit the shoe. We use a standard range of children's, ladies and men's templates, you can request either the children's, men's or ladies shape of template. Sending a foot sketch allows us to place cut outs more accurately. Insoles can be made to fit non standard footwear, by either sending an accurate template (preferably the insole or liner from the shoe) or the shoes themselves.

#### **COVERING OPTIONS**

A variety of covering materials are available. Suedette is recommended as a thin comfort cover, ideal for those patients prone to blistering. Thin Astroshock is recommended as a washable cover for sports players or where shock attenuation is required. The thickness of the covering material changes the whole nature and fit of the insole. An insole with an Astroshock cover will not fit into a ladies dress shoe. An insole with a suedette cover will not be thick or durable enough in a Wellington boot.

## PPL biomechanics

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#### INSOLE PRESCRIPTION FORM

PRACTITIONER INFOR	MATION			BILLING INFO	ORMATION	I			LAB	USE ONLY		
Name:				Account Code:					Ref No: SI			
Phone Number:				Account Name & Delivery Address:					Arrival Date: / 20			
Email:									Arriva			
Date Prescribed:				Await HSE Sar	nction: 🗌	Await P	ayment: 🔲		Due Out Date: / / 20			
PATIENT INFORMATION	N					& LENG	ГН		S	Shape	Size	
Name:				Age:		gth Cut to		4 Length refoot Add		MENS 3 <sup>1/2</sup> - 14		
Relevant History:				Sex:			)	11	L	LADIES 3 <sup>1</sup> /2 - 10		
				Female					0	CHILDS 7 <sup>1</sup> /2 - 3		
ARCH & WEDGING	LEFT	RIGHT	MIDFO	OOT ADDITIONS	;	LEFT	RIGHT	COV	ERING	Recommended in	Bold	
Height of Arch	Low Med High	Low Med High		-5 Varus rsal Bar 🛛 🐼				Micro	ofibre	0.75mm Blue		
Rearfoot Medial Wedging	O Max 8°	O Max 8°		-5 Varus rsal Bar 🛛 🚳				Thin, du	urable, YWEAR	0.75mm Black		
Rearfoot Lateral Wedging	O Max 8º	O Max 8°	2-4 Me Dome	tatarsal Pad <u>co</u>		Low Med High	Low Med		shock			
TOTAL Forefoot Medial Wedging Bony FF Varus only	ο	0	Teardro	op Pad ne Met Head Only 6		1 2 3 4 5 Please Circle	High 1 2 3 4 5 Please Circle		absorbing - SPORT		/ 🗆	
(Gives more control)	Max 8°	Max 8°						EVA		1mm Blue		
TOTAL Forefoot Lateral Wedging	0	0	1	FOOT ADDITION	0.0	LEFT	RIGHT	Vinyl		1mm Black		
Bony FF Valgus only (Gives more control)	Max 8 °	Max 8 °		s Pad) Which Met Sh	aft?	1 2 3 4 5 Please Circle	1 2 3 4 5 Please Circle	SER	VICES	;		
Medial Wedging Bony FF Varus only (Not Recommended)	O Max 5°	O Max 5°		ess of Met Shaft Pa pron ™ used as stand		3mm 5mm	3mm     5mm	Fast Ex cha	Track	1 Days		
Forefoot	0	0		rus Met Lift e Mortons Pad)		3mm 5mm	3mm 5mm		190			
Lateral Wedging Bony FF Valgus only (Not Recommended)	Max 5°	Max 5°	(Less bu	tatarsal Cut-Out Pa Iky than Metatarsal with cut-out)	ad ( )			Spec Ex cha		ng Service		
HEEL ADDITIONS Heel Raise Attached Max 10mm	LEFT	RIGHT	Metata Cushion	rsal Cushions ing under Met Heads ickness below				Preso	cription	Forms (Insoles)		
Heel Raise Detachable Max 10mm	mm	mm		ess of Cushions? pron ™ used as stand	dard	3mm 5mm	3mm     5mm	Asse	ssment	t Forms		
Heel Cushion	3mm 5mm	3mm 5mm		it in Cushions? h Met Head? Please s	sketch	1 2 3 4 5 Please Circle	1 2 3 4 5 Please Circle					
Heel Cobra Pads				ushions? h Met Head? Please s	sketch	1 2 3 4 5 Please Circle	1 2 3 4 5 Please Circle	Foot	Sketch	Forms		
SKETCH			FURTI	HER INFORMAT	ION							
NOTE												
We recommend taking a full this form. Note the insole wi						additions or	any non star	idard ad	lditions	which are not listed on		
PPL14112011												

**PPL** 



