

### **About Your Orthotics:**

We utilize the latest orthotic manufacturing technology. Your orthotics are made from a solid block of stress-relieved polypropylene and made according to your specific prescription. Your orthotics are guaranteed against material failure and normal use for two years (not including the top cover). These custom made devices fit inside your shoes to help your feet become biomechanically stable and allow your muscles, tendons, ligaments and joints to function more efficiently. Through time, proper function will reduce strain, symptoms and possibly progression of certain foot deformities.

### **Breaking In Your Orthotics:**

The shoes that you wear with your orthotics should have a deep heel seat and high heel counters. The toe box should be deep and wide. Before inserting your orthotics, remove all arch supports or additional insoles from your shoes if possible. Trim the soft material covering the rigid orthotic to match the size of the insole taken out. You may use a pen to trace it. This may be professionally done for you here at our office when you pick up the orthotics. Begin to wear your orthotics right away, so you will receive the maximum benefit.

Once you begin to wear your orthotics, your feet, legs, muscles and bones are going to be moving and functioning differently than before. You may become aware of this during the initial break-in period. Your orthotics will gradually reverse what took years of abnormal function to create. It can take several weeks or even months to adjust your feet to the orthotics as your body begins to adapt to the proper alignment.

Wear the orthotics for a few hours today and see how you do. If you have no problems, keep them on. If you do not feel right or get aches and pain, take them off and increase daily by a couple of hours. The orthotics generally will not be noticed after a few weeks. You may have feelings of firmness or pressure in the heel, mild to moderate pressure in the arch, mild tightness along the back of the leg, or a mild awareness of the outer borders of the orthotics. If the strain becomes excessive, such as strain along the back of the legs or the arches, you may need to break in your orthotics more gradually. You may try some light Achilles and foot stretches to reduce the symptoms. If you are experiencing any other discomfort, please contact our office at (703) 753-3338 and make an appointment to have your orthotics checked by Dr. Bhakta. We recommend you make an appt 3-4 weeks after getting the orthotics for reassessment and possible adjustments that have to be made.

### **Care of Your Orthotics:**

Extreme heat may lead to warping or a loss of shape of the orthotics. Depending on the type of shoes you are wearing, an orthotic may squeak when walking. Apply baby powder or wax to all edges of your orthotics or apply moleskin around the squeaky portions under the orthotic. The top cover of the orthotic over time may show signs of wear and tear due to each patient's individual body chemistry and activity level within 2-3 years. It can be replaced without taking new molds (just bring them in to our office and ask the staff for refurbishment). The orthotics will lose its intrinsic structure over time depending on your activity level and usage. Generally, sports orthotics have a lifespan of 3-5 years and dress orthotics 2-3 years. Also, if you have changes in your foot structure over time, you may need new molds. The orthotic shell (not the top cover) is guaranteed by our office for 2 years from time of purchase against breakage (not including physical abuse).

***\*\*\*If you would like an additional pair for different activities, different shoe gear or the same type of orthotic, new moldings do not have to be taken again. You may call our office and order them by phone (there is a discounted rate for the second pair of non-covered orthotics around 20% and must be ordered within 3 months of initial pair). Certain insurance companies (e.g. BCBS Federal) may allow 3 pairs of orthotics per year, pending you have met your deductible.***

Patient (PRINT): \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Called / Called and left message Notes \_\_\_\_\_ Initials \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Called / Called and left message Notes \_\_\_\_\_ Initials \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Called / Called and left message Notes \_\_\_\_\_ Initials \_\_\_\_\_

**Please read and sign that you acknowledge the following statements:**

- **I have been dispensed custom or refurbished orthotics.**
- **I understand that the orthotics that has been dispensed to me are non-returnable.**

**Please contact our office within 6 weeks of picking up your orthotics if you have any questions or concerns with the fit of your orthotics.**

- **I understand that after 6 weeks of receiving my orthotics, if I am not satisfied with the fit there may be additional charges for any adjustments made.**

Patient (SIGNATURE): \_\_\_\_\_ Date: \_\_\_\_\_