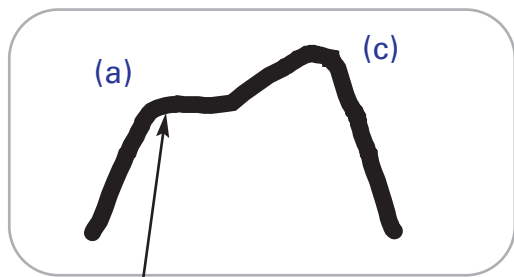


Foot behavior (or function) has influence on the pattern exhibited by the total vertical Force vs. Time curve (often referred to as the gait curve) during gait. "Seeing" behaviors in the gait curve provides the foundation for prescribing optimal foot orthotics. Presented below are typical foot behavior patterns in the gait curve. Once specific patterns are identified, including left vs. right foot comparisons, the treatment process is enhanced. "Seeing" the behavior right then and there also helps eliminate orthotic adjusting over the long term. Instead of having the patient come back every two weeks for assessments and adjustments, the decisions for adjustments can be made immediately from objective data.

The procedure in this approach is simple and summarized as follows: take a recording to assess, or "see" the behaviors in the curve patterns. Make temporary (or test) foot orthotics with components (prescription) that are to resolve the behaviors in the curve patterns. Heating moldable materials (Aliplast, Nicoplast, etc.) using semi-weight bearing and neutral subtalar impression, with the insole shell cut and ground to fit, is one approach. Over the counter (OTC) insoles provided that they can be adjusted and altered is another approach. Take a second recording with patient fitted with the test orthotics, and determine effectiveness of the prescription on resolving the behaviors in the curve patterns. If desired outcome is not met, spot adjustments can be made, re-tested, and so forth until desired outcome is achieved. The inclusion of frontal and lateral plane video motion of the body is also valuable to "see" postural changes pre- and post-prescription.

Force vs. Time (Gait) Curve with the F-Scan® In-Shoe Pressure/Force Measurement System

HEEL PLATEAU

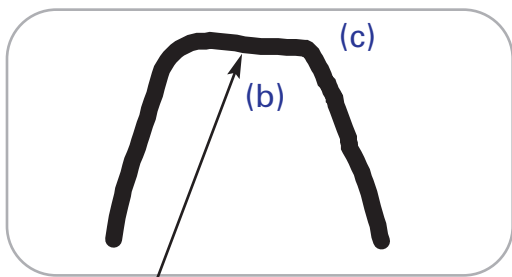


Heel plateau (a): is characterized by the following:

- A higher forefoot peak (c) than heel peak (a).
- Is usually associated with shorter heel contact periods (time).
- Can denote either a shorter limb, equinus, or knee flexion compensation of the longer side.

Treatment: Heel lifts or heel dampening (such as 1/16" PPT)

CENTRAL PLATEAU

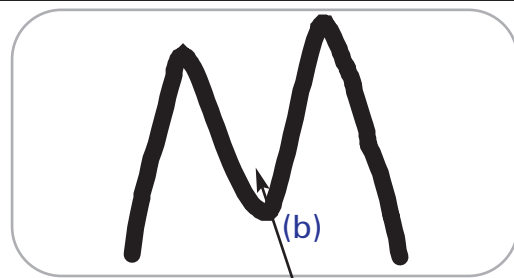


Central plateau (b): is characterized by the following:

- A flat central area (midstance (b)).
- Prolonged heel contact duration (time).
- Lower peaks at forefoot (c).
- Is associated with longer limb function, geriatric or arthritic gait, generally with lack of propulsion

Treatment: Increased cutout size of the 1st ray to better mobilize the forefoot.

CENTRAL DEPRESSION

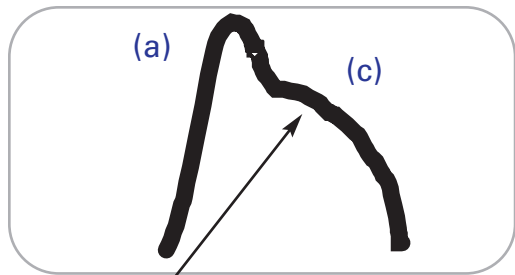


Excessive central depression (b): is characterized by the following:

- Often associated with equinus or flexed knee type gait.
- Consistent with bouncy style gait.
- Stop/start (stalling) type gait.
- Associated with Chronic Low Back Pain and patello-femoral type knee pain.

Treatment: Dampening of the heel is often required (such as 1/16" PPT)

FOREFOOT PLATEAU



Forefoot plateau (c): is characterized by the following:

- Higher heel (a) than forefoot (c) loading.
- May exhibit higher digital (hallux) loading than forefoot.
- Associated with hallux limitus/rigidus, pes planus, and chronic postural complaints.

Treatment: Increase cut out size on 1st ray. Use padding sub metatarsal head in orthotic extension.