

The footwear provided may be made to measure or ready made/stock footwear, depending upon the particular foot problems of the patient. While every effort is made to supply shoes or boots that are cosmetically acceptable, this is not fashion footwear and must always be suitable for the patient's foot shape and condition and meet the medical needs.

Where standard footwear is required for adaptation, the patient will be required to provide their own shoes which will then be adapted free of charge by the service.

Made To Measure Footwear

The main purpose of these shoes will be to provide a comfortable supportive shoe as possible. It is not possible for any shoe to improve medical conditions. These shoes will only be provided where no other alternative footwear can be accessed from any other source.

Made to measure footwear can take up to one year to complete. It will entail three to four fitting visits to take foot castings, try on the shoe and allow the orthotist to make alterations so your shoe is tailor made to your foot.

Entitlement:

Adults: The usual allocation is to have two pairs of boots or shoes, which are kept in good repair.

Children: When footwear is provided for children it is usually impractical to provide two pairs of shoes when a child is growing quickly. In these circumstances shoes, which are in good condition, but are too small, will be replaced without question, provided the clinician agrees. The orthotist or physiotherapist will check the fit of shoes whenever it is necessary.

Footwear for children will only be provided when there is a clinical need for non standard shoes. Where standard footwear is required for adaptation, the patient will be required to provide their own shoes which will then be adapted free of charge by the service.

Repair and Replacement

There is no fixed time for renewing footwear. We do not replace boots and shoes every year. They will be replaced when they are no longer economical to repair, for growth, or if the clinician feels they are no longer suitable due to a change in foot condition, and there remains a clinical need for bespoke footwear

Please be advised not to throw your shoes away, even if they think they are worn out. The orthotic service coordinator/orthotist will need to see them before they can be replaced.

Patients must inform the orthotic service to advise them when their shoes/boots need repair or possible replacement and an appointment will be made for them. They do not need to come back to the professional each time.

Adapting Footwear

Patients will provide their own appropriate boots or shoes for normal adaptations, including the following:

- Addition of raises to compensate for a difference in leg length
- Flaring out or wedging of heels to correct foot posture
- Sockets and t-straps for callipers

The orthotist can give advice on appropriate footwear to be adapted. It is usual to adapt up to three pairs of shoes in a year and keep them in good repair. If more are requested by the patient, we will ask them to pay for them, unless there are very special circumstances.

Flared Out or Wedged Heels: heels should be solid and no higher than 3cm (1 ¼"). Ladies shoes should have straight-sided broad based heels. Tapered Cuban heel shape is unsuitable.

Raises: A shoe is usually raised to compensate for difference in leg length. The amount of the raise is usually less than the actual difference.

Raises may be made of microcellular rubber, cork or high-density plastazote. The material used will depend on the type of shoes and the height of the raise required. Depending on the shoe, the raise is sometimes added to the outside of the shoe on the sole and heel, but sometimes sandwiched in the centre of the sole and heel unit.

A raise may be added to the heel of the shoe only to help with tendon problems or where only a very small amount of raise is required. It is important that the base of the heel is broad enough for stability. The higher the raise needed the broader the base of the heel must be. The orthotist will be happy to advise.

A raise may be put on an insole inside a shoe. This may be possible where only a very small raise is needed. It depends on the type of shoe, as there is a limit to the amount, which can be placed inside without pushing the heel out of the shoe. Usually the maximum amount of inside raise is about one centimetre, although it is possible to add a little more inside a boot or trainer.

Suitable styles for low raises of under 1.5cm (approx. ½"): The raise makes the shoe less flexible so that the foot 'walks' out of the shoe. For this reason shoes without fastenings are unsuitable.

Shoes must support the foot and have a wide broad base. The higher the raise the broader the heel base needs to be.

- Broad low heeled shoes which fasten with straps, buckles or laces.
- Higher heeled shoes which fasten and do not have a narrow heel base.
- Trainers which have solid soles and heels.
- Solid or house shoes with lace or strap fastening.

When buying footwear it should be noted that decorative edges or elaborate patterns or inserts on the soles and heels might be lost when adaptations are carried out. If in doubt please check with the orthotist prior to purchasing shoes. NB. Most shoe shops will allow for sale or return.