



FootPROP

Foot orthoses prescription recommendations for symptomatic flexible pes planus in adults

Cast pour	
Neutral (L) <input type="checkbox"/> (R) <input type="checkbox"/> <input type="checkbox"/> Reflects the foot position <input type="checkbox"/> Rearfoot control is adequately addressed <input type="checkbox"/> Inversion cannot be tolerated	Inverted (L) <input type="checkbox"/> ____ (R) <input type="checkbox"/> ____ (°) <input type="checkbox"/> Increased rearfoot control is required <input type="checkbox"/> STJ is medially deviated <input type="checkbox"/> Tibialis posterior is dysfunctional (adult acquired flatfoot) <input type="checkbox"/> There is high supination resistance
Medial heel (Kirby) skive	Rearfoot posting
(L) <input type="checkbox"/> ____ (R) <input type="checkbox"/> ____ mm <input type="checkbox"/> Increased rearfoot control is required <input type="checkbox"/> STJ is medially deviated <input type="checkbox"/> Tibialis posterior is dysfunctional (adult acquired flatfoot) <input type="checkbox"/> There is high supination resistance <input type="checkbox"/> Focus is to increase control without bulk <input type="checkbox"/> Greater anti-pronation force required <input type="checkbox"/> To increase calcaneal inclination and inversion	Extrinsic post (neutral) (L) <input type="checkbox"/> (R) <input type="checkbox"/> <input type="checkbox"/> For stability No post (L) <input type="checkbox"/> (R) <input type="checkbox"/> <input type="checkbox"/> For footwear accommodation Extrinsic post (inverted) (L) <input type="checkbox"/> ____ (R) <input type="checkbox"/> ____ (°) <input type="checkbox"/> Increased rearfoot control is required <input type="checkbox"/> Tibialis posterior is dysfunctional (adult acquired flatfoot)
Medial flange	Arch fill
(L) <input type="checkbox"/> (R) <input type="checkbox"/> <input type="checkbox"/> Large transverse ROM <input type="checkbox"/> Tibialis posterior is dysfunctional (adult acquired flatfoot) <input type="checkbox"/> Increased medial control required	Standard (L) <input type="checkbox"/> (R) <input type="checkbox"/> Minimal (L) <input type="checkbox"/> (R) <input type="checkbox"/> <input type="checkbox"/> To ensure foot posture is maintained <input type="checkbox"/> To achieve full correction (ROM allows) Maximum (L) <input type="checkbox"/> (R) <input type="checkbox"/> <input type="checkbox"/> ROM limitations or severe flat foot deformity
Forefoot posting	Accommodations
Balance to perpendicular (L) <input type="checkbox"/> (R) <input type="checkbox"/> <input type="checkbox"/> Standard practice <input type="checkbox"/> To encourage forefoot to be parallel with ground <input type="checkbox"/> Maintains rearfoot to forefoot balance Intrinsic post (L) <input type="checkbox"/> ____ (R) <input type="checkbox"/> ____ (°) <input type="checkbox"/> With forefoot valgus <input type="checkbox"/> To balance misalignments <input type="checkbox"/> When rearfoot offers sufficient support <input type="checkbox"/> In severe forefoot supinatus or varus Extrinsic post (L) <input type="checkbox"/> ____ (R) <input type="checkbox"/> ____ (°) <input type="checkbox"/> In severe midfoot collapse or fixed forefoot deformity No forefoot post (L) <input type="checkbox"/> (R) <input type="checkbox"/> <input type="checkbox"/> Reducible forefoot supinatus	PF groove (L) <input type="checkbox"/> ____ (R) <input type="checkbox"/> ____ mm <input type="checkbox"/> PF is tight <input type="checkbox"/> PF is prominent <input type="checkbox"/> PF is irritated/painful <input type="checkbox"/> To minimise risk of irritation Metatarsal dome (L) <input type="checkbox"/> ____ (R) <input type="checkbox"/> ____ type/size <input type="checkbox"/> Forefoot pain <input type="checkbox"/> Digital deformities <input type="checkbox"/> Previous use 1 st MTPJ cut-out (L) <input type="checkbox"/> (R) <input type="checkbox"/> <input type="checkbox"/> Plantar-flexed 1 st ray Cuboid filler (L) <input type="checkbox"/> (R) <input type="checkbox"/> <input type="checkbox"/> Symptomatic lateral column or midfoot Heel aperture (L) <input type="checkbox"/> (R) <input type="checkbox"/> <input type="checkbox"/> Plantar calcaneal bursitis
Material	
Polypropylene: ____ mm <input type="checkbox"/> Increased weight <input type="checkbox"/> Degree of control	<input type="checkbox"/> Tolerance of rigidity <input type="checkbox"/> Footwear limitations <input type="checkbox"/> Available ROM/joint integrity <input type="checkbox"/> Longevity required <input type="checkbox"/> Stability required <input type="checkbox"/> Activity levels