



College of Physicians and Surgeons of British Columbia

Professional Guideline

Custom Orthotics

Effective: November 27, 2020

Last revised: November 27, 2020

Version: 1.0

Next review: November 2023

Related topic(s): [Access to Medical Care](#), [Charging for Uninsured Services](#), [Complementary and Alternative Therapies](#), [Conflict of Interest](#), [Promotion and Sale of Medical Supplies and Devices](#)

A **professional guideline** reflects a recommended course of action established based on the values, principles, and duties of College registrants (physicians and surgeons who practise medicine in British Columbia). Physicians may exercise reasonable discretion in their decision-making based on the guidance provided.

Registrants may seek advice on these issues by contacting the College and asking to speak with a member of the registrar staff, or by seeking medical legal advice from the CMPA or other entity.

PREAMBLE

This document is a professional guideline of the Board of the College of Physicians and Surgeons of British Columbia.

COLLEGE'S POSITION

Orthotic devices are an integral part of patient care in the management of pedal pathologies and are used to improve gait and alleviate pain and discomfort from abnormal foot function or structure. This professional guideline outlines expectations of registrants with respect to prescribing, constructing, and dispensing custom orthotics.

The prescription of custom orthotics is dependent on many variables including the patient's medical history, footwear, activities, and work environment. As a result of the personalized treatment plan and this multi-factorial and complex process, deviations may be unavoidable in certain circumstances. Custom orthotics can therefore be functional devices, accommodative devices, or be a combination of the two devices. In these situations, the patient's chart should clearly document the revised treatment process and the justification for any deviations from this professional guideline.

When charging for custom orthotics, registrants are expected to abide by the College's [Charging for Uninsured Services](#) practice standard. This includes setting fees which are reasonable and commensurate with the service provided, communicating the cost with patients in advance, and considering the patient's ability to pay.

This professional guideline does not apply to prefabricated, over-the-counter orthotics. Although these can be helpful on their own or can be modified to accommodate the patient's foot or condition when appropriate, they must not be conveyed to the public as a custom-made or custom-molded device. For more information on selling over-the-counter orthotics, see the College's [Promotion and Sale of Medical Supplies and Devices](#) practice standard.

PRESCRIBING THE CUSTOM ORTHOTIC

Functional Device

Functional orthotics are prescribed to control and/or improve the function of the foot to a specific degree as determined by a thorough biomechanical evaluation to alleviate pedal and lower extremity musculoskeletal symptomatology. They can prevent or slow down the development of abnormal forces and subsequent deformities by mechanical control, which may be due to structural weaknesses, deformities, or overuse symptom.

A prescription of a functional orthotic should include:

- A thorough biomechanical examination with appropriate measurements taken and recorded.
- A stance and gait analysis.
- Plaster of Paris casts, STS slipper casts or equivalent, or three-dimensional (3-D) volumetric images of the feet.

It is important to remember that the quality and efficacy of the orthotic device is dependent upon the accuracy and precision of the negative cast or 3-D volumetric image of the feet.

Accommodative Device

An accommodative device is prescribed for patients for whom a functional device is not appropriate.

Objectives for accommodative orthotics are to provide a measure of control to the function of the foot to alleviate pedal and lower extremity musculoskeletal symptomatology, to prevent the worsening of pedal deformities by mechanical control, deflect pressure from ulcers, hyperkeratoses and areas of excessive pressure which permits forces to be evenly distributed to the foot and increase cushioning of the foot. Indications for accommodative orthotics may include structural weaknesses or deformities, and a high-risk foot with a potential for soft tissue breakdown.

Prescription of an accommodative orthotic should include:

- A thorough biomechanical examination with appropriate measurements taken and recorded.
- A stance and gait analysis (where appropriate).
- Plaster of Paris casts, STS slipper casts or equivalent, or 3-D volumetric image of the feet.

The assessments outlined above for the prescription of both functional and accommodative devices are to be done by the registrant and not delegated to an assistant.

CONSTRUCTING THE CUSTOM ORTHOTIC

Custom orthotics must be constructed from the prescription and fabricated from appropriate materials in consideration of the patient's diagnosis, footwear, and activities.

DISPENSING THE CUSTOM ORTHOTIC

1. Orthotics should be dispensed by the registrant to ensure that the fit of the device meets the prescription and the contours of the patient's foot.
2. Registrants should provide the following advice/guidelines to the patient in a manner that can be understood by the patient:
 - a. Guidelines for developing tolerance and acceptance of the devices.
 - b. Time frames to achieve potential results.
 - c. Appropriate footwear for the patient's:
 - i. condition
 - ii. activities
 - iii. orthotic devices
3. The requirements for follow-up to the dispensing of orthotic devices should include:
 - a. Providing short term instructions for usage of the devices.
 - b. Offering a follow-up appointment within a reasonable period after dispensing of orthotic devices (such as 3-4 weeks). This should be documented in the patient's chart.

- c. If no follow up appointment is scheduled or kept, then reasoning must be clearly articulated in the medical record.
 - d. Advice to the patient regarding the need for periodic long-term checkups.
4. Registrants should address what the patient may expect regarding the outcomes from the treatment. Although the registrant cannot guarantee the success of any treatment, a reasonable level of patient satisfaction should be expected. Registrants should explain these expectations in advance, both at the time of obtaining consent (prior to casting for the orthotics), and at delivery of the orthotics.
5. Registrants should have an office policy to deal with patient dissatisfaction. This policy should be communicated to the patient before initiating treatment. While patient non-compliance may contribute to lack of success with orthotics, it is the responsibility of the registrant to attempt to work with the patient to achieve positive results and compliance.

REFERENCES

College of Podiatric Surgeons of BC. *Orthotics*. Standard of Practice for Podiatrists. Archived 2020.