PADDINGS & EXTENSIONS





The following is a breakdown of the most commonly used accommodations incorporated into devices through paddings or shell adjustments.

Accommodation Descriptions

Met Pad: runs from the 2nd-4th MPJ's and is placed just proximal to the met heads (used to help lift the mets to aid in sub met lesions, metatarsalgia, capsulitis and neuromas).

Met Bar: runs across all metatarsals and is placed just proximal to the met heads. Used in the same fashion as a met pad, but to create a greater region of offload.

Cut Out: used to alleviate pressure or a painful lesion. Typically done in a circular fashion, or to the designated size/area on the scan, in the cast or in the biofoam impression. Cut out traditionally done in the padding, but can be requested in the shell. When cut out is in the shell, it can also be plugged with a soft material. Balance pads can also be placed around these areas to increase the offload.

Channel: similar to a cut out, but done in an elongated fashion. If balance pads are done as well, please note they will be extremely oversized.

Balance Pad: open at one end, or "U" shaped, to build up around an area of interest to increase offload in that region. It can be used in conjunction with a cut out.

Morton's Extension: a built up extension under the 1st ray which can be made from soft or firm material or made from the plate. Useful in any condition where the 1st MPJ is not accepting its full share (50%) of body weight. Typically stops at the IPJ, but can be run to the DIP or all the way to the end of the toe upon request.

**SOLO does not warrant the morton's extensions in the graphite shell against breakage.

Arch Reinforcement: soft material placed on the plantar aspect of a shell to provide shock absorption and/or rigidity to a device. Standard padding runs from the medial to lateral side. If reduced bulk is requested, the material is placed on the medial side only, thereby still providing shock absorption, but decreasing the bulk and rigidity. Can also request an hourglass skive to the arch reinforcement for better fit in shoes.

Medial Arch Platform (MAP): a horizontal expansion of the shell in the medial arch region to support a collapsed midfoot. Use when shoe room allows and the patient will not tolerate the "control" of a medial flange. It can also be done as a **mini MAP** when shoe room is limited or it is a mild collapse.

Medial Flange: a vertical extension in the shell of the medial arch region to offer pronatory control. Please choose a low, medium or high fashion. The height is measured from the apex of the arch (these are guidelines and heights may vary) Low: 3/16"-1/4" Medium: 5/16"-1/2" High: 1/2"-7/8"

Lateral Flange: a vertical extension in the shell of the lateral arch region to offer supinatory control.

Lateral Clip: a vertical extension in the shell of the lateral side of the heel cup to offer better RF control.

Gait Plate: a medial or lateral extension of the distal end of the shell, in an angular fashion, to promote in toe or out toe. Typically used in pediatric patients. We suggest a valgus tip post to promote out toe in adults and a varus tip post to promote in toe.

Full Length Shell: an extension of the shell such that the shell length will be the entire length of the foot. Commonly used for severe hallux rigidus, sesamoid fractures, and as a means to promote a more rigid FF when TMA fillers are needed.

**SOLO does not cover these against breakage.

Padded Heel: a soft 1/8" pad (or to your designated thickness and material upon request) placed directly in the entire heel cup to relieve generalized pain, heel spurs, or create an internal lift.

Horseshoe Pad: a soft 1/8" horseshoe shaped pad (or to your designated thickness and material upon request) placed around the posterior portion of the heel cup to create a centralized offloading of the heel for generalized pain, or to help aid in padding a heel with decreased fat pad.

Intrinsic Heel Pad (IHP): an approximate "quarter-sized" cut out in the center of the heel cup in the shell of the orthotic. The cut out is then plugged with soft padding. It will be visible to the eye. If the RF is posted intrinsically, you will see the plug from the bottom of the device. Please note to ask for a full suede base if you want it covered.

Soft Flange: a medial flange made of soft material.

Toe Filler (previously known as buttress): plastizote material used to act as a filler for an amputation site.

Toe Crest: a crescent shaped piece of soft material placed at the sulcus region to lift and separate the toes. Used to aid hammertoes, claw toes, etc.

Reverse Morton's Extension: a sulcus extension under mets 2-5, with the 1st channeled out. Useful to improve 1st ray function. Typically made from a firm material, unless otherwise requested.

Scaphoid Pad: soft or firm material placed in the medial arch area to create better contact with the arch height or cushion it. This can also be done in the reverse fashion to help a "C" foot.

1st Met Cut Out: half-moon notch of the shell at the 1st met. Similar to the k-wedge, but not as sharp or long.

K-Wedge: angled, straight line cut away from the shell at the 1st ray. Allows the 1st met to plantarflex adequately during propulsion.

Plantar Fascial Groove (PFG): a channel placed in the shell or padding to relieve plantar fascial pain and pressure. If this is desired in the shell, we request that you mark the cast, impression or scan.

Dell: a depression made directly into the shell to offload or accommodate an area of interest. Typically done for bony abnormalities.

Runner's Wedge: a sulcus length extension, acting as an extended extrinsic forefoot post made from soft crepe material. Used to accommodate FF varus/valgus deformities, or offer better control in activities where FF control is necessary (running, biking, etc).

Dancer's Pad: a pad which takes pressure off the 1st, 5th, or combination thereof.

Cuboid Pad: a soft pad placed directly under the cuboid region to relieve bony prominences or generalized pain.