

Statement of Certifying Physician for Therapeutic Shoes

Patient Name: _____

HIC #: _____

I certify that all of the following statements are true:

1. This patient has diabetes mellitus.
2. This patient has one or more of the following conditions. (Circle all that apply):
 - a) History of partial or complete amputation of the foot
 - b) History of previous foot ulceration
 - c) History of pre-ulcerative callus
 - d) Peripheral neuropathy with evidence of callus formation
 - e) Foot deformity
 - f) Poor circulation
3. I am treating this patient under a comprehensive plan of care for his/her diabetes.
4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.

Physician signature: _____

Date Signed: _____

Physician name (printed - MUST BE AN M.D. OR D.O.):

Physician address:

Physician NPI: _____

Custom Fitted & Custom Molded Shoes Patient Instruction Sheet

Please carefully read and follow the instructions for the shoes that you have received.

Should you experience any of the following in your feet, call your Physician immediately:

- * Loss of sensation
- * Severe coldness or burning
- * Any blistering, rash or break in the skin
- * Severe on-going tingling
- * Drastic change in flesh color (blue or bright red)

You may notice some discomfort in your knees after the first few days of wearing your new shoes. This is normal and should subside within a week. If it does not, please call us at 814-944-0187 or toll free 1-800-897-1777. You may need an adjustment to the shoes.

You may also experience slight arch pain for the first few days. If the pain is more than the feel of a slight cramp, reduce the actual wear schedule to $\frac{1}{2}$ of the recommended schedule.

DO NOT put any lotions on your feet. Allow your feet to get used to the shoes.

For the first week do NOT stand, walk or weight bear on the shoes for an entire day. Follow the "break-in" schedule below. Try to allocate where you are merely "wearing" the shoes, instead of walking or standing. Your feet need time to get used to that "new" feeling.

** Note: If ANY time the shoes begin to cut or a blister begins to form, remove them and call us: 814-944-0187 or toll free 1-800-897-1777.

WEARING SCHEDULE

- Day 1 - 1 hour on/1 hour off (alternate all day)
- Day 2 - 2 hours on/1 hour off (alternate all day)
- Day 3 - 3 hours on/1 hour off (alternate all day)
- Days 4-6 - Increase wear time (on) by 1 hour each
Successive day
- Day 7+ - You should be able to wear all day

Shoe Care Instructions

Break-In Period for Shoes with Heat Molded or Custom Inserts – (MEDICARE Covered Inserts)

In order to ensure that your shoes become a functioning extension of your pedorthic medical care, please follow these instructions:

1. When you arrive home, place your new shoes (with the inserts in them) on your feet (with socks) and wear them for 30 to 60 minutes – only on carpeting at first.
2. Remove your shoes and socks to look for any areas of redness on your foot (ask a family member for assistance, if necessary).
3. Once you have verified that the shoes do not rub your skin (absence of redness), wear your shoes around your home for a day or two; check again for areas of redness.
4. Once you (or your family member) have verified that you are not having problems with these new shoes, you are ready to wear them outside the home.
5. Remember, even after this break-in period, you should always check your shoes and feet each day – looking for anything out of the ordinary.

The Therapeutic Shoe Bill provides for a pair of shoes and three pairs of inserts in one calendar year. The typical lifespan of these inserts is about 4 months. Please remove each insert as instructed every 4 months (mark your calendar now) and replace it with the other inserts provided. If used properly, 3 pairs of inserts should last one year.

Care of the Shoes (Leather)

1. Clean your shoes regularly – this will give life back to the leather!
2. If your shoes are dirty, we suggest that you first clean them with a damp cloth to get them ready for an application of shoe crème.
3. Use a cleaning and conditioning crème for the leather shoes. This crème will keep the leather clean and supple. Leather crèmes can be found at any drug, shoe or grocery store.
4. Simply apply the crème with a clean dry cloth and work it into the leather. Buff or brush out to provide a fresh finish. If needed, a colored shoe crème may also be used.

Care of the Shoes (Nubuck)

1. This material can be cleaned by the using a small suede brush to work away the dirt.
2. Also, there are sprays designed to refurbish suede or nubuck materials (the Kiwi-brand works great). Try the spray in a small area first to test for any discoloration.
3. Do not immerse the nubuck shoes in water. Shoe polish should not be used.

Care of the Shoes (Lycra®)

1. Never put this shoe in the washing machine.
2. We suggest using any fabric protector on this material to help retard the dirt.
3. Spray the shoes with a fabric protector before wearing them regularly.
4. If the shoes do get soiled, use a small amount of mild soap and water - or a small amount of Woolite and water – to remove the dirt (especially on the beige).
5. Try a baby wipe! (Works great if the shoe has first been sprayed with a fabric protector.)

I certify that I have received a copy of the Shoe Care Instructions.

Signature _____

Date _____

*Foot Orthotics
Patient Information Sheet*

Please read and follow the instructions for the foot orthotics you have received (checked off).

Should you experience any of the following in your feet, call your Physician immediately:

- | | | | |
|---|---|---|--|
| * | Loss of sensation | * | Severe on-going tingling |
| * | Severe coldness or burning | * | Drastic change in flesh color (blue or bright red) |
| * | Any blistering, rash or break in the skin | | |

Your Podiatrist has asked that you contact them after having the foot orthotics for ten days to let him/her know how they are performing and how you are feeling with the foot orthotic in place.

* * * * *

FOR ALL FOOT ORTHOTICS

You may notice some discomfort in your knees after the first few days of wearing your new foot orthotics. This is normal and should subside within a week. If it does not, please call us at 1-800-897-1777. You may need an adjustment to the orthotics.

You may also experience slight arch pain for the first few days. If the pain is more than the feel of a slight cramp, reduce the actual wear schedule to 1/2 of the recommended schedule. There is no need to contact your Podiatrist.

Do NOT put any lotions on your feet. Allow your feet to get used to the orthotics.

For the first week do NOT stand, walk or weight bear on the orthotics for the entire day. Follow the "break-in" schedule below. Try to allocate where you are merely "wearing" the foot orthotics in your shoes, instead of walking or standing. Your feet need time to get used to that "new" feeling.

You may transfer your foot orthotics to any shoe that will accommodate both of them and your foot. We recommend shoes that lace - a jogging or running shoe most preferably.

*NOTE: if at ANY time the arches begin to cut or a blister begins to form, remove the arches and call our office at 1-800-897-1777.

WEARING SCHEDULES

**** Soft Custom Arches:**

- Day 1 - 1 hour on/1 hour off (alternate all day)
- Days 2 & 3 - 2 hours on/1 hour off (alternate all day)
- Days 4 & 5 - 5 hours on/1 hour off (alternate all day)
- Days 6 + - You should be able to wear the orthotics all day.

**** Rigid Arches:**

- Day 1 - 1 hour on /1 hour off (alternate all day)
- Day 2 - 2 hours on/1 hour off (alternate all day)
- Day 3 - 3 hours on/1 hour off (alternate all day)
- Days 4 - 6 - Increase wear time (on) by 1 hour each successive day
- Days 7 + - You should be able to wear all day

I certify that I have received a copy of the Foot Orthotic Wear Schedule.

Signature

Date