Understanding Your Orthotic Prescription

What Has Been Prescribed, Why, and What to Expect

Your bespoke foot orthotics have been designed specifically for your feet based on your clinical assessment findings, your symptoms, and your lifestyle. This guide explains the components of your prescription in plain language — what each part does, why it was included, and what it means for your recovery.

1 What Goes Into a Bespoke Prescription

Component	What It Is	What It Does
The shell	The rigid or semi-rigid base of the orthotic, made from polypropylene or 3D-printed TPU	Provides the structural support and correction. The thickness and stiffness are chosen based on your weight, activity level, and how much correction is needed.
Rearfoot posting	A wedge or angled section under the heel of the device	Controls how much your foot rolls inward or outward at the heel. This is one of the most powerful tools for managing pronation-related conditions.
Arch fill / contour	The shape of the orthotic under your inner arch	Supports the arch in its ideal position. Reduces strain on the plantar fascia and tibialis posterior tendon.
Top cover / cushioning layer	A soft material (Poron, Plastazote, or EVA) on top of the shell	Provides cushioning, distributes pressure, and makes the device comfortable to wear. Can be replaced without replacing the whole device.
Forefoot modifications	Wedges, pads, or extensions added under the forefoot	Addresses specific forefoot findings: metatarsal domes for metatarsalgia, Morton's extension for big toe stiffness, forefoot posting for forefoot alignment.
Heel modifications	Heel cup depth, heel raise, or specific padding under the heel	Addresses heel pain, leg length difference, or accommodates the heel fat pad. A heel raise reduces strain on the Achilles and plantar fascia.

2 Why Bespoke Rather Than Off-the-Shelf?

Bespoke Orthotics	Prefabricated Insoles
Made from a precise 3D scan or cast of your foot in its ideal position	Made to an average foot shape — good approximation but not your foot
Every component chosen for your specific findings	One-size-fits-most design — some modifications may not apply to your needs
Can be modified, adjusted, and repaired individually	Usually replaced in full when worn or if adjustments are needed
Prescribed based on clinical assessment, gait analysis, and diagnosis	Chosen based on general guidance or self-selection
Appropriate for complex presentations, multiple modifications, high activity demands	Appropriate for mild-moderate presentations, general support, early-stage management

> **Bespoke vs. prefabricated**
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> A prefabricated insole is not inferior to a bespoke orthotic in all cases — it is simply a different tool. Your clinician will always recommend the most appropriate option for your presentation and goals.

3 Common Prescription Findings in Plain Language

What Your Clinician Found	What It Means for Your Prescription
Rearfoot varus (heel tilts inward)	Your heel naturally tilts slightly inward when your foot is in its ideal alignment. A rearfoot post (wedge under the inner heel) levels this out and prevents your foot from rolling inward excessively through your step.
Overpronation (foot rolls inward)	Your foot rolls inward more than ideal as you walk. The orthotic is designed to control this motion and reduce the load on the structures that are being strained as a result: plantar fascia, medial knee, tibialis posterior.
Forefoot valgus (outer forefoot higher than inner)	When your foot is held in ideal position, the outer part of your forefoot is naturally higher than the inner part. A lateral forefoot wedge (post) compensates for this so the forefoot loads evenly at push-off.
Reduced ankle dorsiflexion (ankle doesn't bend enough)	Your ankle does not bend as far as ideal during walking. A heel raise built into the orthotic reduces the demand on the ankle and relieves strain on the plantar fascia and Achilles tendon.
Functional hallux limitus (big toe doesn't bend freely)	Your big toe joint is limited in how far it bends upward during push-off. A Morton's extension (a rigid extension under the big toe) addresses this by providing a firm surface for the toe to push off against and reducing compensation at the midfoot.
Metatarsal pressure (forefoot pain / metatarsalgia)	One or more of the long bones in your forefoot is taking more pressure than ideal. A metatarsal dome (a small pad placed just behind the met heads) redistributes this pressure and relieves pain.

4 Caring for Your Orthotics

Care Area	Guidance
Cleaning	Wipe the top cover with a damp cloth and mild soap. Allow to air dry fully before wearing again. Do not submerge in water or machine wash.
Storage	Store in your shoes when not in use, or on a flat surface. Avoid leaving in a hot car — high heat can distort the shell material.
Wear pattern	Some wear on the top cover is expected. If the top cover becomes significantly compressed (especially under the heel or ball of the foot), it can be replaced without replacing the whole device.
Replacing the device	Most shells last 2–4 years. The top cover typically needs replacing first (1–2 years). If the shell cracks, the posting compresses significantly, or the device distorts, contact MM Podiatry for assessment.
If something doesn't feel right	If you develop new pain, pressure marks on your skin, or the orthotic feels different, stop wearing and contact us. Small adjustments are normal and part of the process.

Your prescription can evolve with you

Your prescription was designed for your feet at the time of your assessment. If your condition changes significantly, your weight changes substantially, or you develop new symptoms, a reassessment may be needed. Your orthotics can be modified — they do not need to be replaced from scratch.