Orthotic Review & Outcome Assessment

A Structured Framework for the 6–8 Week Review Appointment

The orthotic review appointment is where clinical decisions about prescription success, modification, or escalation are made. A structured review approach — examining compliance, outcomes, device condition, fit, and wear patterns — ensures no key information is missed and provides a defensible clinical record. This reference provides a systematic framework for the 6–8 week review.

1 The 6-Step Review Framework

Step	Action	Key Questions
1	Confirm compliance	How many hours/day has the patient been wearing the device? In which footwear? Did they complete the wear-in schedule? Non-compliance is the most common cause of poor outcome — establish this before assessing the prescription.
2	Record outcome measures	Repeat NRS pain score (worst/average/best), PSFS, and any other baseline measures recorded at issue. Calculate change. MCID for NRS = 2 points; PSFS = 2 points average. Document whether MCID has been achieved.
3	Assess the device condition	Is the top cover intact? Is the posting compressed or deformed? Has the shell cracked or distorted? Device degradation is a common cause of declining effect — assess the physical orthosis, not just the patient's symptoms.
4	Assess fit in footwear	Is the device correctly seated in the heel cup? Is there forward migration? Is there edge pressure visible (red marks on foot)? Is the footwear appropriate and in good condition?
5	Assess foot and skin	Check for new pressure marks, blistering, callus changes, or skin breakdown — particularly at common pressure points (medial heel, lateral 5th met, navicular, lesser met heads). Compare to pre-prescription state.
6	Formulate next steps	Based on steps 1–5: continue unchanged / modify prescription / replace device / escalate to further investigation or referral. Document decision and rationale.

2 Interpreting Outcome Measure Results

Outcome	Definition	Clinical Interpretation	Next Step

Exceeded MCID (good responder)	NRS improved ≥2 points OR PSFS ≥2 points average	Prescription is working; patient is benefiting	Continue; plan for discharge or maintenance schedule; consider long-term replacement plan
Met MCID (partial responder)	NRS improved 1–2 points; patient reports functional improvement	Clinically meaningful change — prescription is contributing	Continue with possible minor modifications; reassess at 12 weeks
Did not meet MCID — compliant	No meaningful change despite confirmed wear compliance	Prescription may be incorrect, footwear incompatible, or diagnosis needs review	Reassess biomechanics; check footwear; consider prescription modification; reassess diagnosis
Did not meet MCID — non-compliant	No meaningful change but patient has not worn device consistently	Cannot assess prescription efficacy	Re-educate on compliance; re-issue with structured wear schedule; reassess at 4 weeks
Worsened	Symptoms increased after orthotic issue	Over-correction; adverse mechanical effect; new pathology	Reduce correction; assess for over-correction symptoms (lateral loading, new knee/hip pain); consider removing modification

3 Wear Pattern Interpretation

Wear Pattern Observed	Clinical Interpretation	Action
Top cover worn centrally under met heads	Normal wear pattern for active patients — forefoot loading in late stance	Replace top cover if cushioning compromised; reassess met dome if metatarsalgia persists
Top cover worn medially (1st ray / hallux)	Excessive 1st ray loading; possible FHL or hallux rigidus	Review forefoot prescription; consider Reverse Morton's or kinetic wedge
Top cover worn laterally (4th/5th)	Lateral forefoot overload; pes cavus pattern or lateral compensation	Review forefoot wedging; consider lateral valgus post addition
Posting compressed asymmetrically	Over-correction on one side or excessive supination resistance — the heavier load side compresses faster	Replace posting material; reassess post angle; consider harder durometer material
Shell cracked medially	Shell too thin for patient weight/activity, or stress concentration at medial flange	Replace shell with higher gauge or more rigid material
Device migrating forward in shoe	Heel cup not deep enough; footwear too loose; or device too short	Deepen heel cup; advise on lacing/fit; check device length matches shoe

No visible wear on device	Device not being worn consistently	Address compliance — re-educate; document

4 Prescription Modification Decision Guide

Presentation	Guidance
Symptoms improved but not resolved	Continue current prescription; add one targeted modification if a specific deficit is identified (e.g. residual forefoot pain → add met dome). Do not over-modify at first review.
New lateral symptoms (knee, ankle, hip)	Likely over-correction of rearfoot pronation. Reduce rearfoot post by 1–2°; remove medial heel skive if present; reassess at 6 weeks.
New medial symptoms	Possible under-correction or lateral overcorrection. Reassess RCSP — consider adding medial rearfoot post or increasing post angle conservatively.
Arch pain / discomfort under arch	May indicate arch height too high, or forefoot-to-rearfoot relationship not addressed. Assess casting position; consider frame undercut; reassess forefoot relationship.
Heel edge discomfort (posterior)	Posterior shell edge not bevelled adequately, or shell too long. Grind posterior edge; reduce shell length; add heel undercut modification.
No change at all despite compliance	Full reassessment warranted. Revisit diagnosis, biomechanical driver, prescription logic, and footwear. Consider referral for imaging if structural cause not yet excluded.

5 Device Condition & Replacement Guide

Component	Signs of Replacement Needed	Typical Lifespan
Top cover (Poron/PPT)	Compressed flat; loss of rebound; visible thinning under met heads or heel	12–18 months (everyday); 6–12 months (sport/high load)
Top cover (Plastazote)	Permanent compression; loss of total contact moulding; hardening	3–6 months (high-risk/diabetic); 6–12 months (general)
Rearfoot posting (EVA/cork)	Visible compression asymmetry; posting angle lost; hard base	12–24 months standard; 6–12 months sport
Shell (polypropylene)	Cracks, particularly at medial aspect; distortion of heel cup; loss of spring	3–5 years with good care; earlier if cracked
Shell (3D-printed TPU)	Delamination of layers; loss of infill structure; visible deformation	2–4 years depending on infill density and activity level
Full device replacement	Multiple components worn; patient growth (paediatric); significant deformity progression; >3 years old	Review annually; replace proactively for high-risk patients

A structured review is a clinical intervention, not an admin task. The decisions made at 6–8 weeks — whether to continue, modify, replace, or escalate — have more impact on long-term outcome than the initial prescription. Document every decision with clear rationale.