Digital Foot Scanning Guide

A step-by-step reference for capturing and submitting scan files for orthotic manufacture

We accept digital foot scans from a wide range of scanners and apps. The key is not the device or file format — it is that the scan is complete, accurate, and captured in a clearly documented position. This guide sets out the practical steps for producing scan files that are clinically useful for orthotic manufacture.

File Formats and Minimum Requirements

Requirement	Details
Accepted file types	Any format your scanner exports — provided the file opens correctly and scan quality is sufficient. One foot or both feet per file are both acceptable.
Scan quality	Resolution must clearly capture: heel shape and cup region, medial and lateral arch contours, forefoot width, and toe shapes. Avoid heavily faceted, blurred, or blocky scans.
Coverage required	Full plantar surface heel to toes, medial and lateral borders, and dorsal toe contour where your system permits.

Prepare the Environment and Patient

Area	Actions
Set up the space	Good lighting, sufficient room to move around the foot. Power on and calibrate the scanner per its instructions. Have wipes, positioning aids, and prescription form ready.
Prepare the patient	Shoes and socks removed, trousers rolled above ankle. Skin clean and dry — remove excess cream or lotion. Explain the process: painless, takes seconds, patient to keep still during capture.

Scanning Position — Choose and Document

Position	Description	Best used when
Non-weight-bearing	Lying or seated, lower leg supported, foot free	Maximal control of posture — marked deformity, post-surgical, or paediatric cases
Semi-weight-bearing	Seated, foot resting on plate or block with light load	Good compromise: controlled posture with functional shape
Full weight-bearing	Standing in usual stance, unless deliberately altered	Where the fully loaded shape is specifically required

Record the position used on your prescription form — e.g. 'Right foot, semi-weight-bearing scan'.

Position and Align the Foot

Step	Guidance
Stability	Patient stable — use handrail or bench if standing
Alignment	Foot approximately straight relative to scanner unless deliberate rotation is intended
Rearfoot / forefoot	Gently guide to your chosen reference position without forcing extremes. Toes relaxed.
Bilateral scans	Position feet symmetrically and use the same load condition for both

Capture the Scan — By Scanner Type

Scanner type	Technique
Plate / tunnel / fixed	Confirm full foot is inside scan area. Patient still, looking forward. Initiate from control screen — most systems capture in a single pass.
Handheld / phone-based	Start from a consistent landmark (commonly the heel), move at a steady speed at the recommended distance. Capture plantar surface, medial arch, lateral border, and dorsum. If tracking is lost, pause and re-establish rather than continuing incomplete.

Check Scan Quality Before the Patient Leaves

Check area	What to look for
Heel	Clear contour and cup region — no tearing or distortion
Arch	Medial and lateral arch contours intact and realistic for the position used

Check area	What to look for
Forefoot / toes	Full toe coverage captured by the system — no truncation at the box edge
Overall model	No obvious holes, missing regions, or severe distortion. Not flattened, stretched, or heavily noisy.
If poor quality	Repeat immediately. Re-scanning takes less time than compensating for poor data in design.

Label, Document, and Send

Task	Guidance
File naming	Use a consistent format — e.g. ClinicID_PatientCode_Right_SemiWB_2026-02-27. Avoid full patient names in filenames.
Prescription notes	Record: side and load condition, any deliberate positioning choices, footwear constraints, any scanning issues encountered.
Sending the file	Export in your system's available format. Confirm the file is complete and not truncated. Upload or transfer paired with the matching prescription form.

Link the Scan to Your Clinical Reasoning

A high-quality scan is only useful when paired with clear clinical context. Include the following with every submission:

Field	What to include
Diagnosis	Primary condition and main pain area or areas
Key findings	Hindfoot / forefoot position, ROM limitations, hypermobility, any structural considerations
Activity and footwear	Activity level, specific footwear the device must fit (e.g. safety boots, dress shoes, running shoes)
Treatment goals	E.g. reduce morning heel pain, improve work-shift tolerance, return to 5-a-side — so the device reflects your clinical reasoning, not just foot shape

Scanner Compatibility

We accept scans from dedicated foot scanners, handheld 3D scanners, phone-based scanning apps, and any other system where the captured foot shape is clear and clinically usable. If you are unsure whether your system is compatible, contact us before your first case — we are happy to review a test scan.

Questions about scanner setup, file export, or scan quality? Contact us before sending — we are happy to review test scans or discuss your workflow. info@mmpodiatry.com | www.mmpodiatry.com