Why Rigid Orthotics and cast orthotics involving podiatry principles fail

No stimulation

Posture dynamic

Podiatry insole over external femoral-tibial torsion

Weight bearing over-pronation

Rigid Cast insoles lead to weakening of intrinsic feet muscles and lower limb locomotive gait mechanics

Young Juvenile Boy placed in rigid orthotics from the age of 2 years old (3 years in rigid orthotics)

- The parents were advised the boy had a short right lower limb, and was placed in a rigid podiatry insole with rear foot heal lift of 5mm.
- All the lower limb measurements of the true anatomical lower limb leg length were normal.
- The boy presented with mild patellar tendinosis and lower lumbar mechanical back pain

Look at the Functional dynamic knee bend test

- 1st image: No stimulation no insoles
- 2nd image: Stimulation with posture dynamic insoles for Primus Metatarsal supinatus foot type (9mm)
- 3rd image: Rigid foot podiatric orthotic with right heal lift
- 4th image: Static image with upright posture no motion: These insoles are created for only rigid statues not dynamic human locomotive beings.

No functional knee bend dynamic test: This technology is only for rigid human beings not dynamic beings


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14 year old female girl post-injury dancer while wearing rigid foot orthotics pre-scribed by a podiatrist.

Left knee osteo-chondritis dissecans Grade III-IV, medial patella injury impaction

- Advice from one orthopaedic surgeon no surgery.
- Left knee ROM: 0-15 knee extension, 0-45 knee flexion.
- All other orthopaedic tests McMurray's, acl/pcl draw tests etc not possible due to pain.
- Advice usage of proprioceptive insoles (pre-clinical club feet)

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MRI OF LEFT KNEE(PD sagittal and coronal & T2W/FFE sagittal & PD SPIR & STIR coronal)

There is a large amount of joint effusion. There is evidence of lateral patellar subluxation. There is evidence of extensive trabecular microfrature in the anterolateral surface of the lateral femoral condyle and mild in the medial patellar facet. This is due to impaction injury of the medial patellar facet on the lateral femoral condyle. This suggest recurrent lateral patellar subluxation. There is an ovoid low signal intensity lesion in the lateral aspect of the suprapatellar bursa surrounded by joint effusion. This could represent a hemorrhagic componed.
There is also an osteochondral lesion in the articular surface of the lateral femoral condyle involving the weight baring surface. There is no evidence of significant perifocal bone marrow edema and there is no fluid between the osteochondral fragment and the donor bone indicating that the lesion is stable. The overlying articular cartilage appears intact. the menisci appear normal. The cruciate and the collateral ligaments are intact.

OPINION
There is an evidence of osteochondritis dissecans which is however chronic and the osteochondral fragment appears stable.
There is evidence of lateral patellar subluxation and imaging signs of impaction injury of the medial patellar facet of the lateral femoral condyle as described above.

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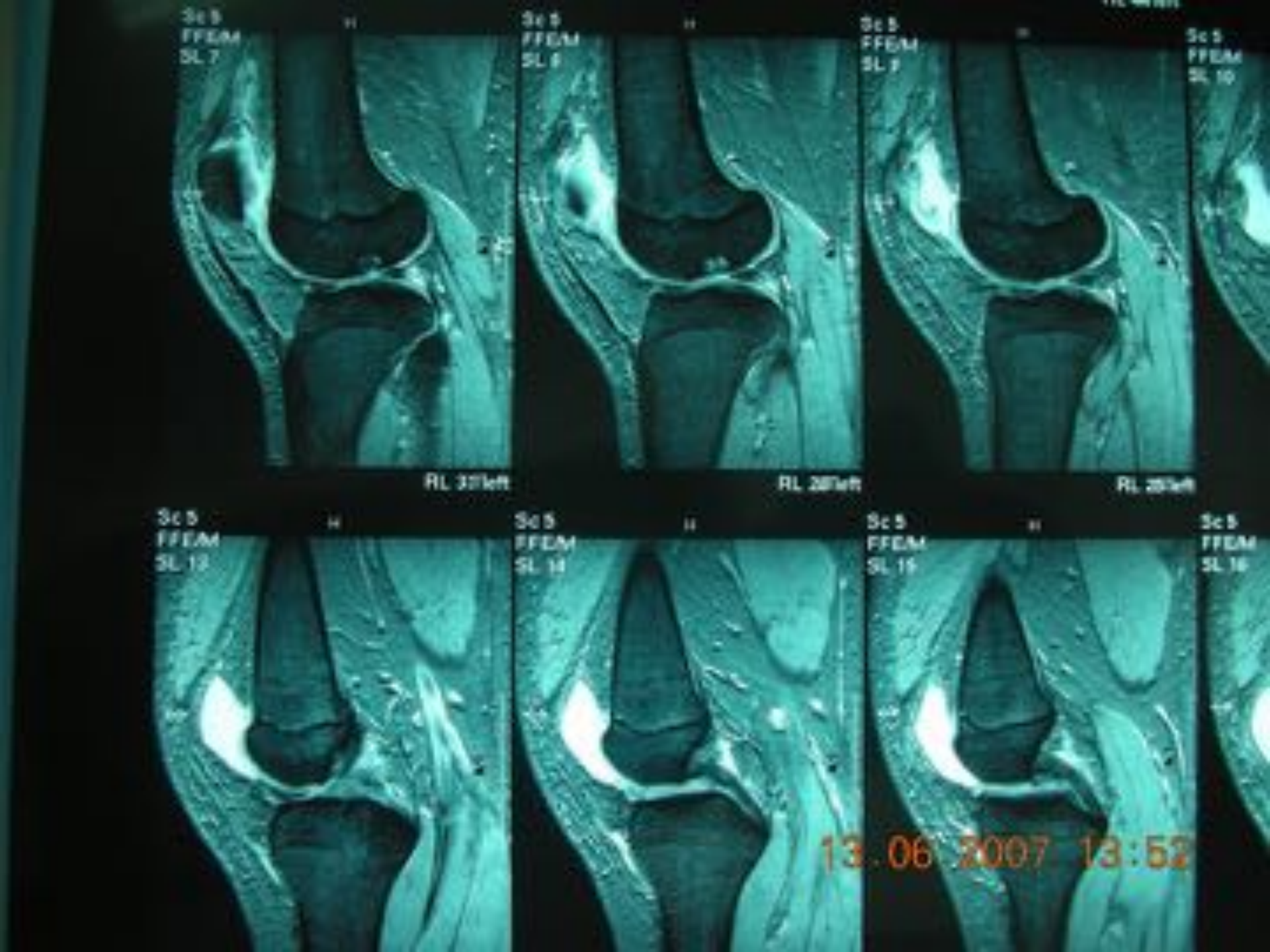
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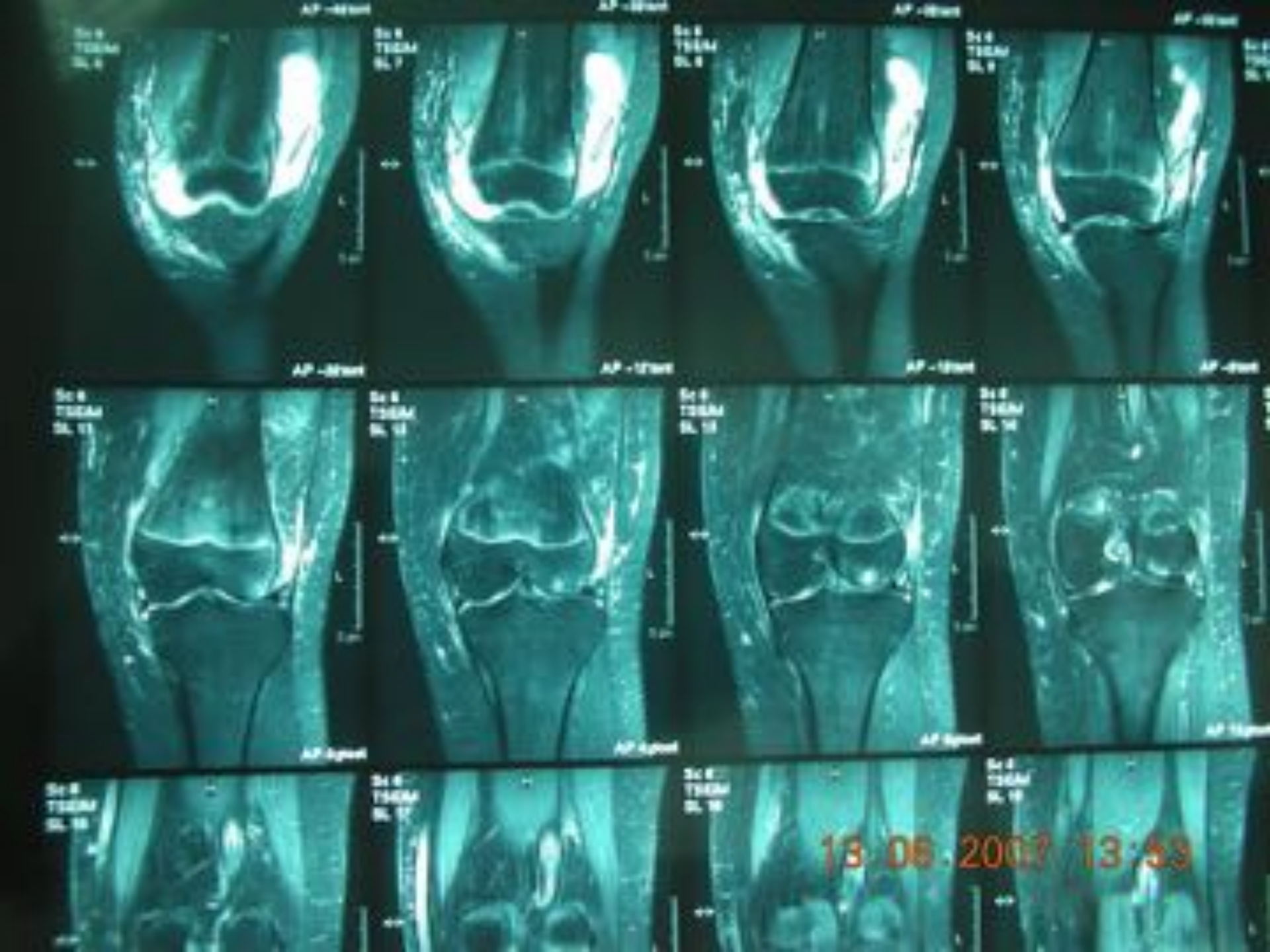
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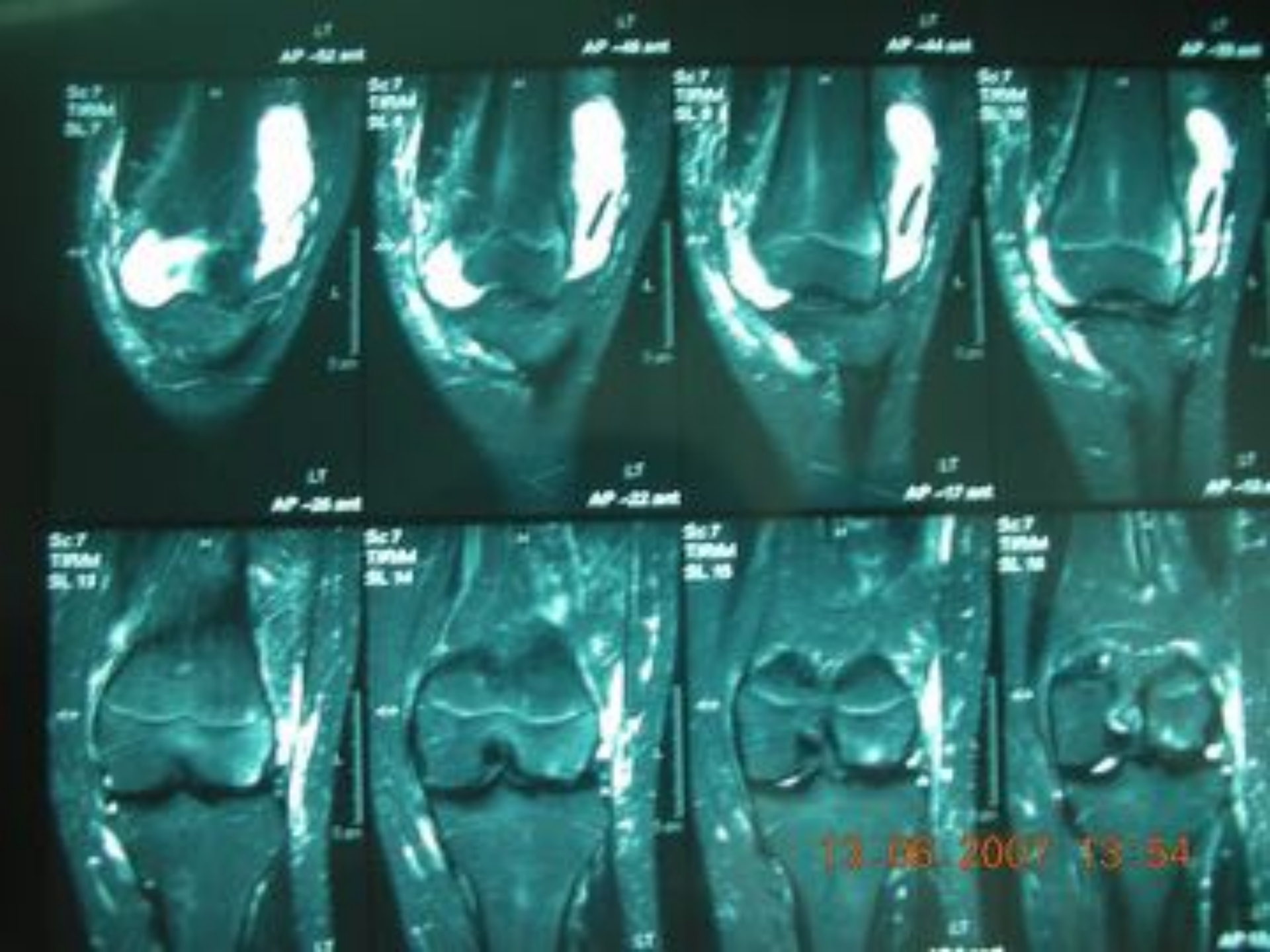
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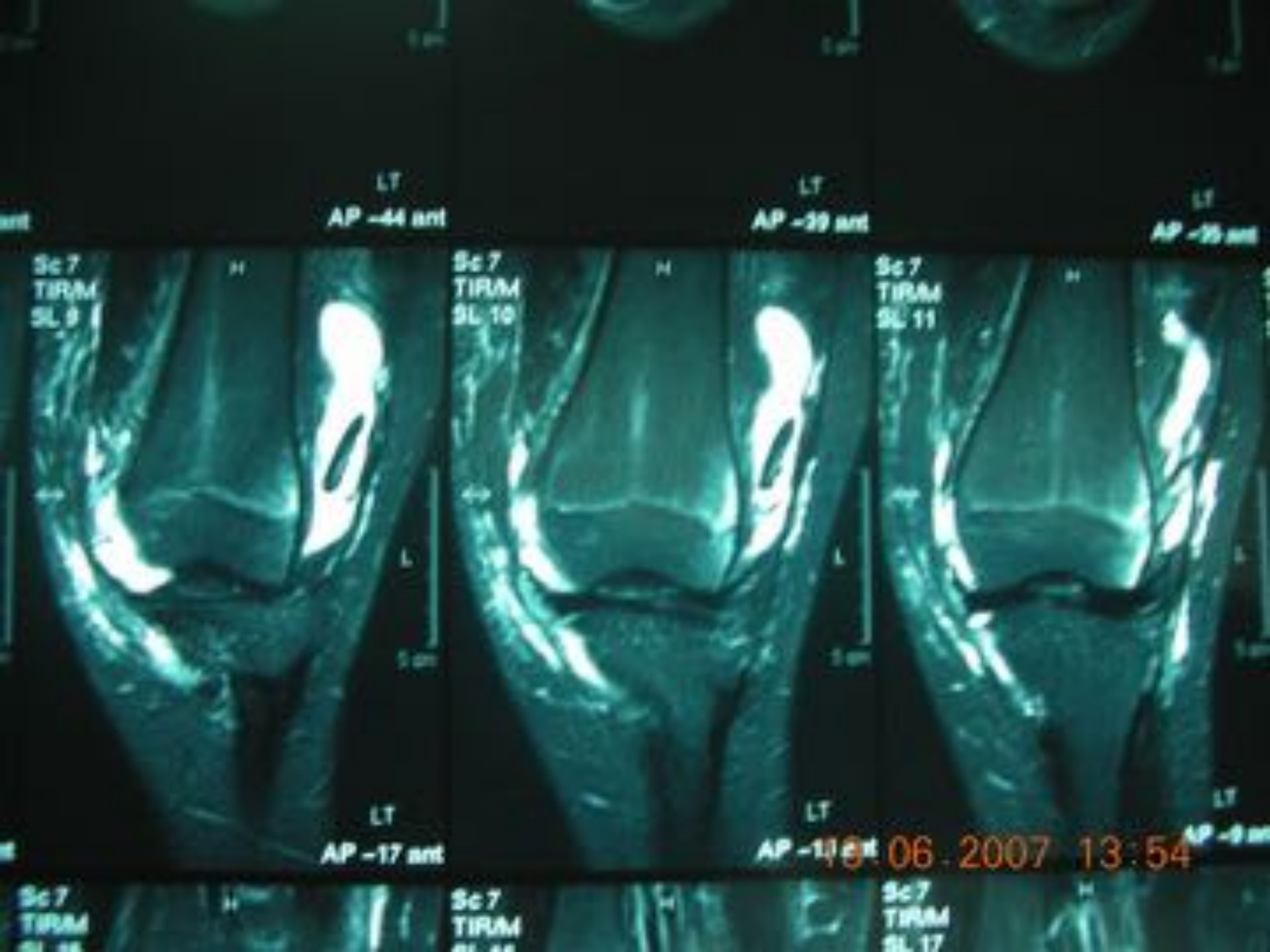
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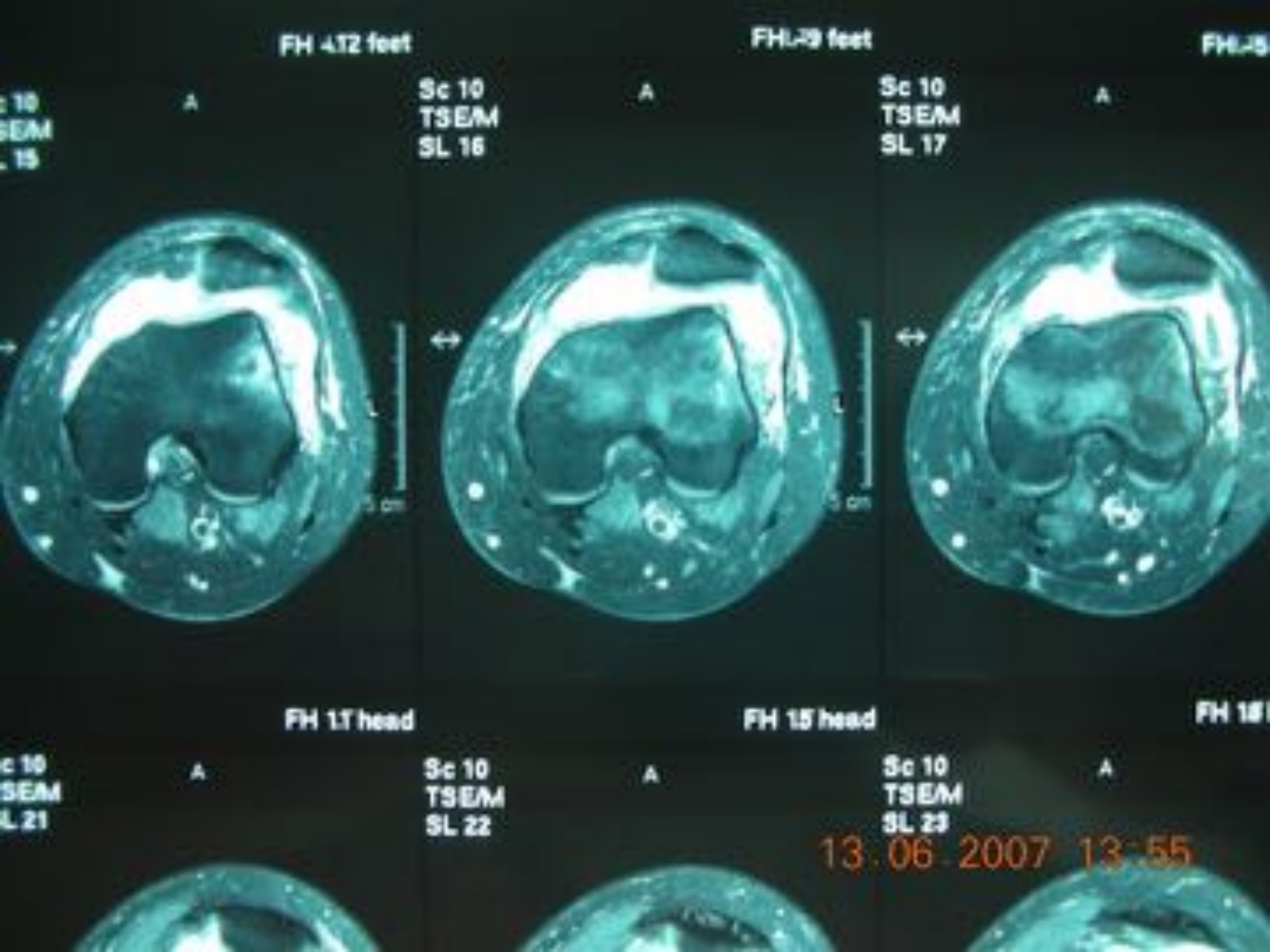
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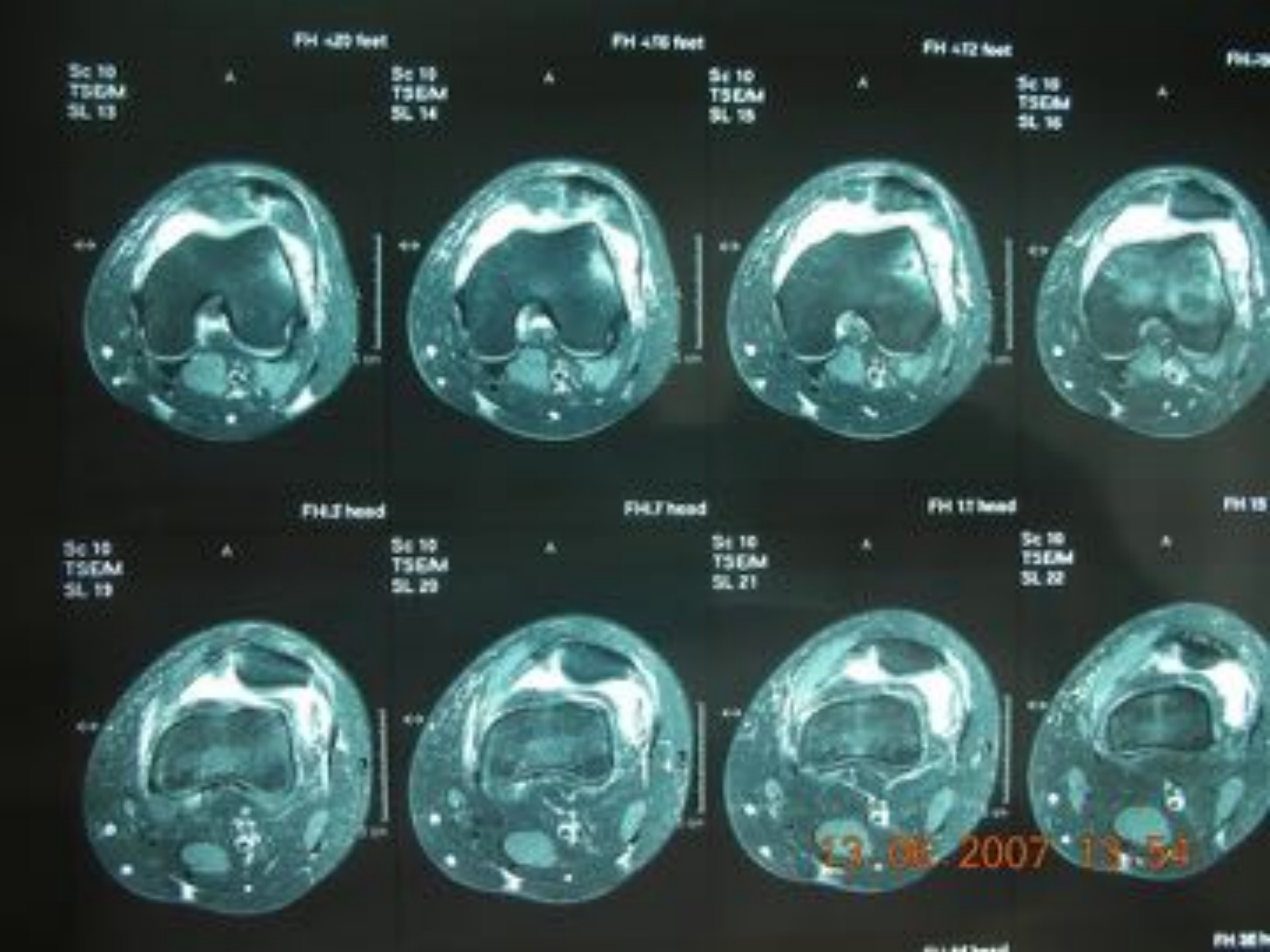
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Patient used rigid orthotic insoles for 2 years. Advised to remove rigid orthotic = in two weeks pain subsides

Compare knee bend test

No Stim

Posture dynamic Stim

Rigid Orthotic Created early degenerative changes of Talo-crural joint


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Pre-clinical club foot insoles
Medial column proprioceptive technology

After 1 month of stimulation

Three months Later


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- Patient return to dancing classes, no pain reported and full range of knee motion.
- All orthopaedic joint tests negative: Mc Murrays meniscus, ACL/PCL draw tests.
- Patient reported that the proprioceptive insoles were the best form of therapy ever implemented for her pre-clinical club feet

View the improvement

- 1st images functional knee bend test prior to proprioceptive stimulation.
- Cerebellar engramming is achieved at 6 months


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2nd post treatment consultation

- Walking 45 min/day, playing sport, no pain

6 months follow up

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Young Female patient complaining of anterior knee pain after rigid orthotics introduced

- The rigid cast podiatric insoles lead to an increase in genu-recurvatum and an increase in anterior innominate rotation.
- The parents were afraid that ever since the rigid orthotics were worn by her daughter the knee and the lower lumbar spine increased in angle and the child was complaining.
- Notice the postural photos

Postural photo after using podiatry rigid insoles for 1 ½ years

Notice the change in posture

Rigid Foot Cast Orthotic

Another Female Patient with genu-recurvatum and anterior innominate.

Wearing rigid insoles for two years.

Look at the postural changes with posture dynamic insoles

Young juvenile girl

- Mild knee ache, and in toeing during gait cycle.
- Mother has also noticed genu recurvatum
- D/D: Genu recurvatum and hyper pronation and lumbar hyperlordosis postural sway back

- Notice the change in:
- pronation of the lower feet
- decrease internal knee/ genu rotation

- Notice the advance change in positive postural shift:
- No more Anterior pelvic rotation, decrease in lumbar hyperlordosis (sway back)
- No more genu recurvatum
- No more in toeing during gait
- 9mm stim


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