



CUSTOM FOOT ORTHOTICS

Guide to VeriScan Podiatric Scanning



MATERIALS NEEDED: VeriScan Podiatric Scanning System

**STEP 1**

Position the patient supine with their knee extended and foot and lower extremity aligned with the sagittal plane.

STEP 2

Grasp the lateral forefoot by placing your thumb within the sulcus of the 4th and 5th. Create thumb/index finger salute.

Note: Be careful not to cover the metatarsal heads with your hand.

**STEP 3**

Palpate the talonavicular joint and locate the subtalar joint (STJ) neutral position.

Suspend the foot, dorsiflex the foot and lock the midtarsal joint.

Check for supinatus, if supinatus is present determine if it is reducible.



Important “Do Not Scan” Notice: cases that require plaster cast impressions.

- Charcot deformity or similar marked bony deformities
- Clubfoot/ feet
- Partial or full forefoot amputations
- Prescriptions for inversions greater than 10 degrees
- Any case where you would prefer we use traditional plaster cast corrections techniques (eg. diabetic total contact device with ulcer offloading accommodation)
- Children’s feet smaller than a size 4 or smaller than 4.5” in length

SCANNING + EVALUATION



STEP 1

Position the scanner head so that the foot is within 1-1 ½ inches from the glass with the heel slightly closer than the forefoot.

This will capture more posterior heel data.

STEP 2

The 2nd/3rd digits and bisection of the heel should be positioned with the midline of the scanner head.

The foot should not be abducted or adducted relative to the midline of the scanner.



STEP 3

Re-establish casting position. Reduce supinatus, if applicable, by pressing down on the medial cuneiform/1st ray joint.

Select "Shape Scan" in the software.



SCAN EVALUATION

Review the scan for scanning errors, evaluate the rearfoot to forefoot relationship and determine whether the scan is consistent with what was observed in examination.

