

✓ = most commonly ordered options

Superglass®

Superglass orthotics include advanced fiberglass/graphite/epoxy resin components, a patented reinforcement system and a proprietary manufacturing technique.

1.5 mm thin no matter how rigid or flexible.

Options

Flex // Thin and semi-flexible composite.

For geriatrics and adults requiring control with a bit of flexibility.

✓ **Everyday //** A semi-rigid foundation - the perfect blend of control and flexibility to comfortably treat most patients.

Recommended for day-to-day use for most adults. Most-prescribed Superglass option.

Performance® // Amazingly thin & rigid orthotics for serious athletes or patients who require a firmer device.

Recommended for athletes participating in activities like running, basketball, soccer, football or other high impact sports.

Polypropylene

The most popular material for custom orthotics featuring NWPL's shape.

Maximum durability and amazing value.

Ideal for athletes, patients who are price conscious and/or applications where maximum durability is a must.

Options

Semi-Flexible // Geared towards geriatrics and adults needing a bit more flexibility.

✓ **Semi-Rigid //** Middle ground with both control and flexibility to comfortably treat most patients.

Ideal for day-to-day use for most adults.

Rigid // For very active and athletic patients who require a firmer device.

Recommended for patients participating in high impact sports.

NCV®

NCV is a carbon fiber-reinforced engineered nylon.

Nearly as thin as Superglass, NCV strikes a balance between form, function and value.

Features softer medial and lateral edges for increased peripheral soft tissue accommodation. Approximately 2.5mm thin through the center and 1.5mm thin on the medial and lateral edges.

For patients who weigh 250 pounds or less.

Options

Gentle // Comparable to Superglass Flex. Provides mild support along the long axis of the device.

For patients who require an orthotic that's "forgiving" underfoot. High patient compliance.

✓ **Firm //** A hybrid between Superglass Flex and Superglass Everyday.

Semi-flexible support and a high degree of comfort.

Prescription Comfort

Premium accommodative orthotics offering comfort and light control. Built with a thin composite shell so devices don't lose their shape or "bottom out."

With a maximum total thickness of 4.0mm, Prescription Comfort devices fit in most shoes.

Options

Multi-Density // Our most accommodative orthotics featuring a very flexible composite shell with a layer of pre-stressed, dual-density foam. Add additional cushion as needed.

Ideal for diabetics or patients seeking maximum comfort.

✓ **Composite //** A hybrid between accommodative and functional orthotics with a flexible composite shell topped with a layer of pre-stressed foam. Add additional cushion as needed.

Ideal for treating diabetic, geriatric, pre/post-surgical patients and those with chronic foot disorders.

No top cover

Shell material only - a custom orthotic in its purest form.

Pros:

Same as 3/4, plus: No top cover/ cushion to wear out. High durability. Lower cost.

Cons:

Same as 3/4, plus: Can tear nylons. Top surface is generally more slippery without a top cover. Not available on Polypropylene.

3/4

Extends from heel to end of orthotic shell. Can feature only a top cover (e.g. vinyl) or a cushion + top cover (e.g. soft EVA + vinyl).

Pros:

Will fit in even the most low-profile shoes. Easy to move from shoe to shoe.

Cons:

Limited accommodations. Exposes forefoot to the unfinished interior of the shoe. Less stability within the shoe.

To sulcus

Begins at heel and ends proximal to the phalanges. Often requires additional forefoot cushion/extension. Infrequently prescribed.

Pros:

Provides cushion for the met heads, but allows for additional space in the toe box.

Cons:

Drop off from the distal edge of the top cover to the inside of the shoe can be irritating for some patients.

✓ Heel to toe

Extends the full length of the foot/inside of shoe. Can require additional forefoot cushion/extension.

Pros:

Helps keep orthotic properly positioned inside shoe. Is a direct replacement for the shoe insert. Allows for a full array of options/accommodations. Assists shock absorption for the forefoot.

Cons:

Can cause fit issues, depending on the shoe type and cover/cushion. May be a bit difficult to move between shoes. Forefoot/extension will wear out.

Posting

✓ Heel post

Crafted from a proprietary material that slightly compresses and rebounds with each step.

- Flat/vertical: Immobilizes the subtalar joint at the moment of heel contact and attempts to maintain the calcaneus in a vertical position. For tarsal coalitions, flat feet associated with muscle spasm or any time that the prime concern is stability.
- Varus: Is generally 4° but could be 6° (rarely more). This places the heel 4 (or 6) degrees inverted at heel contact and permits the calcaneus to evert to perpendicular. The post mandates motion in the subtalar joint for normal locomotion.

Integrated heel post

Heel post built into the orthotic shell.

- Polypropylene only. No additional charge.

Heel lift

A heel lift decreases the tension on the Achilles tendon and reduces the pronatory force of the foot. Heel lifts greater than 1/8" can raise the heel out of the shoe.

Heel lifts of up to 1/2" are available to correct limb-length discrepancy.

Forefoot post

Crafted from a proprietary material that slightly compresses and rebounds with each step.

Extrinsic forefoot posting controls the foot better than intrinsic forefoot correction. However, extrinsic forefoot posting requires increased shoe volume and can be destructive to the shoe.

Keep extrinsic posting no more than 3 to 4 degrees. Further correction should be intrinsic.

Integrated forefoot post

Forefoot post built into the orthotic shell.

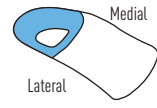
- Polypropylene only. No charge.

Heel

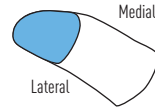
✓ Deep heel cup

More fully encapsulates the plantar, lateral, medial and posterior aspects of the heel. Adds lateral stability and reduces heel pain (increases weight-bearing area and decreases direct pressure). Can help stabilize foot on the orthotic.

Donut cushion

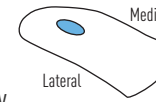


✓ Heel cushion

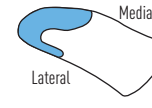


✓ Medial heel skive

Flat area on medial aspect of heel cup (intrinsic varus wedge). Increases the supinatory force to the subtalar joint. Often used with a heel post for increased stability.



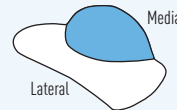
Horseshoe cushion



Arch/midfoot

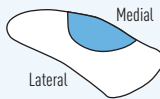
✓ High medial overlay

Like scaphoid pad, but pad extends past the medial edge of the shell. Can help prevent medial edge of the orthotic from digging into the medial arch of the foot.



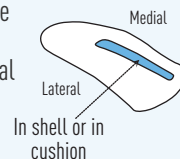
Scaphoid pad

Supports the talonavicular joint, decreasing the medial displacement of the midfoot. Pad ends at medial edge of shell.

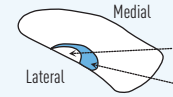


Plantar fascia accommodation

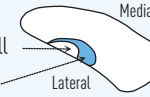
Linear channel in the shell or cushion underlying the medial slip of the plantar fascia.



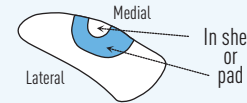
Base of 5th/styloid



Cuboid accom.



Navicular accommodation



High medial/lateral

High flanges on medial and/or lateral aspect of shell. Increases control of rearfoot/midfoot. Potential for irritation on high medial.

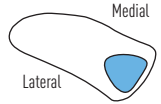
Metatarsal

✓ Cutouts

Available in shell or in cushion. Reduces weight-bearing pressure, providing a sweet spot for met heads 1 to 5.

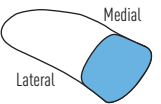
✓ Met pad

Available in soft and firm. Firm is default.



Full met pad

Pad to support metatarsal arch; provides offloading of met heads and increase loading of met shafts.

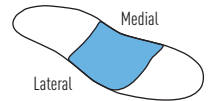


Met raise (in shell)

Same as a met pad, but in shell. Generally lower than a met pad as it can cause pain if too high or too distal.

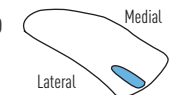
✓ Dancer's pad

Pad across distal 1/3 of met shafts to base of toes. Allows for cutouts to offload a given metatarsal.



Neuroma pad

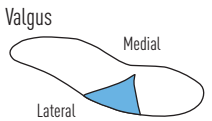
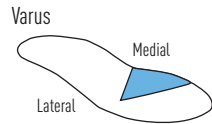
Separates mets to reduce pressure.



Forefoot

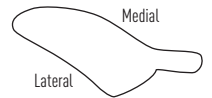
Forefoot wedge

Wedge shaped extension from distal end of shell to toes. Provides inversion or eversion positioning on foot after heel raise. A less aggressive alternative to a forefoot post.



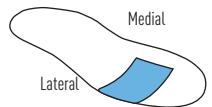
Morton's extension

Soft in-cushion extension limits motion. Rigid in-shell extension prevents motion at 1st MTPJ.



Reverse Morton's extension

Allows the 1st metatarsal to plantarflex below the plane of the lesser metatarsals, thereby relatively increasing the dorsiflexion available at the 1st MTPJ. Useful for hallux limitus/DJD of the 1st MTPJ.



Other

Northwest Podiatric Laboratory is a true custom orthotic laboratory. If there are options/accommodations/modifications you'd like to order but don't see on the Rx form, add additional information to the Notes section or the Rx form or call our Customer Care Team for additional assistance.

Tips for Northwest Select Orthotics

Everyday

- Most popular configuration for patients with average activity level and general foot pain.
- Designed to fit in nearly any type of footwear.
- Add a heel post if extra rearfoot stability is desired.

Dress

- Heel below 1.5" - Slightly narrower design with softer cushion and more luxurious top cover.

Athletic

- "Low profile shoes" - For lower-volume shoes where space for an orthotic is limited (soccer cleats, sleek running shoes, etc.).
- "Standard shoes" - For standard/high volume shoes (e.g. traditional running shoes, basketball shoes, etc.). Blend of firm support and shock absorption for high impact activities.
- "Standard shoes + stability" - Same as "standard shoes" with the addition of a heel post for additional rearfoot stability. Adds minimal bulk, but may cause heel to "pop out" of some shoes.

Amputee

- Utilizes custom-shaped foam to replace missing toes or portions of patient's foot.
- Orthotic features moderately flexible shell and multiple layers of foam to provide support and decrease irritation and hot spots.

Making changes to Northwest Select Orthotics configurations

- Mark the checkbox found approximately 3/4 of the way down Page 1 of the Rx form (between the Northwest Select Orthotics and You Build Orthotics sections). Then indicate desired changes in the You Build Orthotics section of the Rx form and/or in Notes.

Suggestions for other pathologies

Achilles tendinitis

- Superglass Everyday.
- Deep heel cup with high lateral flange.
- Heel post (consider heel lift, bilateral).

Ataxic gait

- Very deep heel cup.
- Vertical forefoot post.
- Vertical rearfoot post.
- Forefoot extension (full).

Bunion/hallux valgus

- Superglass Everyday.
- Heel post.
- Reverse Morton's extension.

Shin splints

- Superglass Everyday.
- Deep heel cup.
- High medial overlay or scaphoid pad.

Hallux rigidus

Morton's extension (in shell) with additional dorsiflexion.

Plantarflexed first ray

- Cutout, 1st (in-cushion).
- Reverse Morton's extension.

Rigid cavus foot

- Flatten plantar medial (request in Notes).
- Correct first four degrees of valgus extrinsically and correct the remainder intrinsically.

Charcot-Marie-Tooth

- Superglass Proformance.
- Forefoot post with 3 or 4 degrees of correction (remaining correction intrinsic).
- Vertical heel post.

Questions about ordering?

Our Customer Care Team is here to support you! Whether it's a complete walkthrough of our Rx form or ordering advice for a challenging patient, we can help!

Phone

800-443-7260

Email

customer@nw
podiatric.com

Hours

6:00am to
3:30pm (PST)

✓ **Vinyl**

- High quality synthetic leather.
 - Top cover only.
- Pros:*
- Durable with a long lifespan.
 - Very similar in appearance to leather.
 - Available in four colors (charcoal, dark brown, gray-tan and blue-gray).
- Cons:*
- Not breathable.
 - Can feel “slippery” to some patients.
 - Can curl and crack over time.
- Common uses:*
- Every day orthotics for most patients.
 - When durability is important (children, teenagers, work boots, etc.)

✓ **Firm EVA**

- Low density, closed-cell EVA foam (1/16" or 1/8").
 - Cushion/extension or top cover.
- Pros:*
- Very durable.
 - Won't absorb perspiration.
 - Excellent shock absorption.
 - Molds slightly to the foot, but “rebounds” when not in use.
- Cons:*
- Not a “soft” material.
- Common uses:*
- Great all-purpose cushion material.
 - Most functional orthotics.

Leather

- Natural leather with light grain.
 - Top cover only.
- Pros:*
- Luxurious feel.
 - Durable.
 - Complements high end shoes.
- Cons:*
- Can bleed, discolor, and/or smell.
 - Cost.
- Common uses:*
- When aesthetics are important (e.g. sandals, dress shoes, high heels, etc.).
 - Patients with allergies to man-made materials.

Soft EVA

- Closed-cell EVA foam (1/16" or 1/8").
 - Cushion/extension or top cover.
- Pros:*
- Compresses and molds to the foot.
 - More durable than popularly prescribed Plastazote®.
- Cons:*
- Can “bottom out”.
 - Can abrade or wear out more quickly than other materials.
- Common uses:*
- Accommodative orthotics.
 - Geriatric patients.
 - Diabetics.

Microsuede

- High-end synthetic suede fabric from a leading manufacturer.
 - Top cover only.
- Pros:*
- Feels great under foot.
 - Not slippery.
 - Breathability.
 - Color won't bleed.
- Cons:*
- Can “grip” patients' socks
 - Will eventually lose its soft, plush feel.
- Common uses:*
- Excellent alternative to vinyl.

P-Foam

- Extra soft, memory foam-like cushion.
 - Popular, orthotic-grade urethane foam (1/16" or 1/8").
 - Cushion/extension only.
- Pros:*
- Great combo of softness & durability.
 - Widely used with long track record.
- Cons:*
- Bottoms out somewhat quickly.
 - Can abrade or wear out more quickly than other materials.
 - Tears easily.
- Common uses:*
- Accommodative devices.
 - Extra comfort for functional devices.

Neoprene

- Synthetic rubber (1/16" or 1/8") with a fine weave cloth top layer.
 - Top cover + cushion combination.
- Pros:*
- Top cover and cushion in one.
 - Good feel underfoot.
 - Some breathability.
- Cons:*
- Less durable than vinyl.
 - Can hold odors.
- Common uses:*
- Athletic devices.

Arch height

✓ **Standard (default)**

Leaves some space between the patient's arch and the medial arch of the orthotic for foot elongation during gait.

High or very high

The orthotic is more intimate with the patient's foot and may appear to have a more “custom” or exact fit. Can cause arch pain for some patients.

Low

More comfortable for some patients, but may allow for overpronation.

✓ **X-Guard**

Adds durability by reinforcing the transition between the orthotic shell and extension. Aesthetically pleasing.