INTRODUCTION
The subject of foot orthoses and their ability to affect change on the functional performance of the foot is an area open to debate. Modifications performed often result in inconsistent biomechanical effects. This leads some to the conclusion that foot orthoses are ineffective in controlling the anatomic foot. Research has indicated, however, that foot orthoses can provide a reduced risk of injury. This study attempts to find trends in orthotic treatment using foot orthoses to provide focus for future research into the matter.

METHOD
Apparatus: A ten-question survey was posted with a third-party service for 2 weeks on the OANDP-L List Serv.

Subjects: 104 individuals participated in the survey, but 16 did not complete both sections and were excluded.

Procedures: Participants answered 10 questions concerning 3 patient care scenarios. Data was collected using single, small group rankings, and distribution.

Data Analysis: Data was collected with distribution for each answer..

RESULTS
Over half (54%) of those surveyed have 15+ years of experience. The next significant group (19%) had 5-10 years of experience.

In terms of casting, use of crush boxes was the most prevalent form of casting for all three patient types (active, non-active, diabetic). The use of crush boxes in partial weight bearing and non-weight bearing accounted for 70% (+/- 5%) of casting methods. Plaster casting in partial and non-weight bearing accumulated 12% (+/- 2%).

The top three materials used for active patients (listed in descending order of use) were: semi-rigid plastics, high density and low density foam. Non-active patient materials choices focused on: medium density foams, cork, and low density foams. Patients with diabetes received the most soft and compliant materials: low density foam, medium density foam, and cork. While the non-active group and the diabetic group shared similar material usage options, the distribution varied.

In each of the patient scenarios the modifications most used included: medial arch support, hindfoot post, heel cup, and metatarsal pad. In each scenario, the support of the medial arch was the most selected, with the other three varying in position afterwards.

DISCUSSION
The group sampled appeared to have slightly more experience than would typically be expected in the population. The use of crush boxes was the most popular casting method by far, which coincides with anecdotal evidence found in the field.

The material options selected by participants reflect general concepts in the field. Healthy, more active patients receive stiffer, more corrective materials while diabetic patients received softer, more accommodative materials.

The modifications sections displayed little difference in between patient groups. This could be due to an over-generalization of the patient scenario, resulting in an overly general modification method.

CONCLUSION
Clear trends existed within the “Casting Method” and “Materials” section of the survey. Trends coincide with methodology taught to orthotic practitioners. No clear trends existed within the “Modifications” section of the exam. Future work will focus on examining trends in modification techniques and reasoning behind selection criteria.

REFERENCES