

# Paediatric Feet In Motion Insoles



"Feet in motion"





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## Product History

One of the more common conditions seen in Podiatry and Orthotic clinics is the paediatric flat foot. This is due to the developing structures within the foot. This foot type is usually unstable and can often be excessively pronated. This often leaves the foot looking very flat and can lead to increased rotation up into the knees and pelvis. Common complaints are early onset of fatigue in the lower limb as well general aches and discomfort from foot and ankle up to the hips and lower back. Clinical research has shown a significant reduction in symptoms when using paediatric foot orthoses, and this has formed the basis for the development of the Feet In Motion paediatric insole.

Historically, many of the "off the shelf" paediatric orthoses commercially available were bulky, too rigid and ill fitting with resultant low compliance. Ace Feet In Motion wanted to find a solution to this problem and set about designing an insole which could be issued directly on the day of assessment, be effective and comfortable with a high compliance rate. The insole also had to be lightweight and low profile to make it easier for parents to purchase footwear to accommodate the orthoses.

Over the years in our clinics we also found that a lot of patients at review stage were wearing the insoles in the wrong shoe with an obvious detriment to their condition. This problem has been resolved simply by colour coding the insoles red and blue, with Red insole for the Right foot. This also acts as a great way to teach children the difference between their left and right.

In 2005, we began to work with our multidisciplinary team of Orthotists, Podiatrists and manufacturing staff to design the insoles. We ran trials at our local paediatric clinics, experimenting with various insole designs made from a selection of materials. After reviewing the patients and liaising with clinical colleagues we finally perfected the insole we have today.

The paediatric Feet In Motion (FIM) insole is now proven to be an effective and comfortable orthosis with a very high compliance rate. This product is now used extensively across the UK and has been taken up by many of UK's largest orthotic/podiatric suppliers.

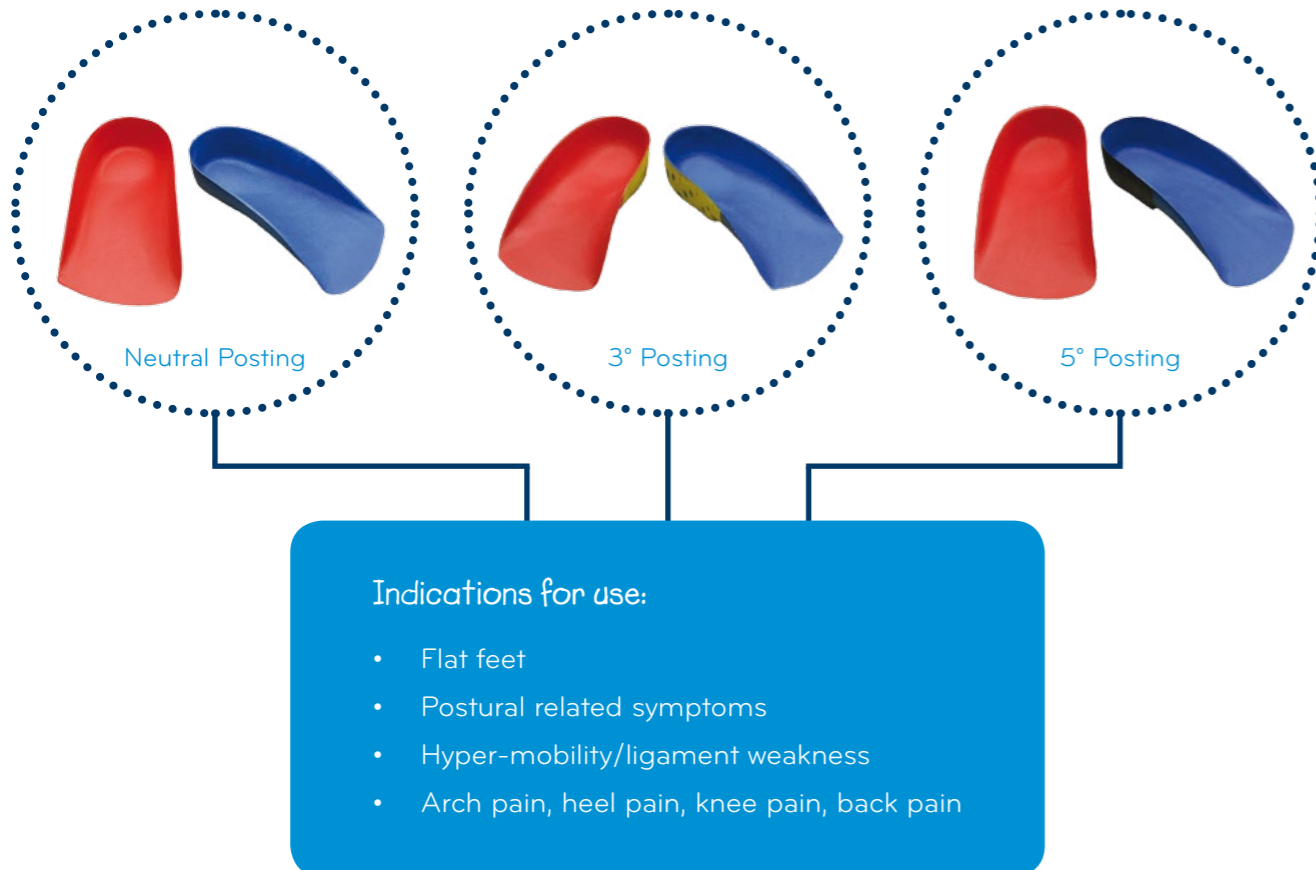
The "FIM" insole is now recognised as one of the leading orthoses in the treatment of a range of paediatric lower limb conditions.

## Product Details

High Density, deep heel cupped EVA orthosis especially designed for children's feet by the leading UK Podiatrists.

These brightly coloured insoles consist of one red (right foot) and one blue (left foot) to help children remember, whilst providing a functional solution.

- Pre-fabricated ready-made off the shelf insole (sold as a pair)
- Available in Neutral or with a 3° or 5° medial rear foot posting
- Low protective high density EVA
- Clinically proven for the effective management of flat foot conditions (Pes Planus)
- High compliance rates
- Coloured Red (right) and Blue (left)
- Available in EU shoe sizes 19-34 (19-20, 21-22 and so on up to 33-34)
- Assignment stocks of all sizes and postings (24 pairs) available, allowing immediate issue at clinic or via orthopaedic shop
- Heat mouldable
- Easily adaptable to receive other postings
- Easily accommodated in footwear
- Extremely cost effective



## Using The Product

Three versions of the paediatric Feet In Motion (FIM's) insole are available across all size ranges. Each version has been designed to offer the following benefits:

**Neutral - Non corrective with enhanced arch support**

**3° Posting - Correction of mild pronation of the feet**

**5° Posting - Correction of moderate - severe pronation of the feet**

All insoles should be placed into the child's shoes taking care to insert them in the right (red insole) and left (blue insole) shoe correctly. Appropriate footwear is essential when using the insoles, which means a supportive style with a secure fastening is advisable.

Having placed an extra insole in the child's shoes, it will probably make the shoes feel a little tight. This can be reduced by loosening the fastening but ensuring the shoe is still firm enough to prevent slipping at the heel. If the shoes already have an insole fitted by the manufacturer, it is often possible to remove this in order to help accommodate the corrective insole.

## Care Of The Insoles

The FIM's will typically last approximately 12 months depending on wear. They can be wiped with a damp cloth and a small amount of mild detergent. Allow them to dry naturally.



## Wearing The Product

At first, the new insoles may feel unusual or even slightly uncomfortable. This is to be expected. After a short time they will become more comfortable.

Paediatric FIM's are designed to be worn immediately. They will usually take 1-2 days to become comfortable, although this can take a little longer on some occasions.

It can take a little while for the child to get used to their new insoles and the full benefits may not be apparent for a few weeks. Please be patient and persist, but if you become concerned, please feel free to contact the issuing clinician or orthopaedic shop.

Some people prefer to increase the use of the insoles gradually. For example: one hour per day, building to more prolonged periods. Feel free to try this if you prefer.

Do not be surprised if some minor aching or fatigue is experienced in the legs during the early stages of use. The body will be adapting to a new position and function.

However, if significant pain in the foot, leg or back is experienced whilst using the insoles; remove them from the child's shoes as a precautionary measure and contact your issuing clinician or orthopaedic shop.



## Product Clinical Trial Results

In 2005, we began to work with our multidisciplinary team of Orthotists, Podiatrists and manufacturing staff to design the insoles.

We undertook a series of patient trials at our local paediatric clinics, experimenting with various insole designs made from a selection of materials.

After reviewing the findings of the patient trials and through liaison with clinical colleagues, suitable alterations were introduced and re-trialed until we were able to finally perfect the insole we have today.

During our clinical trial, the final version of the paediatric Feet In Motion insole surpassed a 90% compliance rate amongst patients trialed.



## Research Based Supporting Evidence

The following research papers and articles are available upon request. The findings in each of the independent studies, reinforce the use of orthoses such as the paediatric FIM's in the effective management of a variety of paediatric lower limb conditions.

- **“The Flat-Footed Child - To Treat Or Not To Treat”**  
*Angela Margaret Evans, PhD.*  
*Journal Of The American Podiatric Medical Association*  
*Sept/Oct 2008, Vol. 98, No. 5*
- **“Assessment of gait characteristics and orthotic management in children with Developmental Coordination Disorder”**  
*Stewart C. Morrison, Jill Ferrari, Sally Smillie*  
*Research In Developmental Disabilities*  
*March 2013*
- **“Immediate effect of orthopedic shoe and functional foot orthosis on center of pressure displacement and gait parameters in juvenile flexible flat foot”**  
*Atefeh Aboutorabi, Hanssan Saeedi, Mohammad Kamali, et al...*  
*International Society For Prosthetics*  
*Nov 2012*
- **“Treatment of Pediatric Flexible Flat Foot with Functional Orthoses”**  
*Paul R. Scherer, D. P. M.*  
*Podiatry Management*  
*Sept 2008*
- **“Functional and Accommodative Foot Orthoses”**  
*Kevin A. Kirby, D. P. M., M.S.*  
*Podiatry Network*

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Manufactured by:

