

Available In Eight Luxury Styles



IBIZA

MAUI

OAHU

LOMBOK BUCKLE

KONA

TROPEZ

JAVA

VIENNA

RECOMMENDATIONS

In an ideal world, Podiatrists would prescribe custom made orthoses and advise them to be worn in good supportive footwear. It is rare that an open toed or open backed sandal would be recommended; however, many patients choose and prefer to wear these sandal styles in the hotter weather as they would do with slippers during the winter time.

In order to compromise, LBG Medical and sister company Strive Footwear, have devised a solution where a prescription footbed can be incorporated into the upper of a Strive sandal or slipper.

The very fact that an orthotic prescription is being combined with a sandal/slipper means that there are some limitations.

Please take note of the following recommendations in order to achieve best possible outcomes:

1. Limit rear foot posting to a maximum of 8°. Anything higher could cause your patient to slip laterally off their shoe. If more correction is required, try adding a Kirby Skive. This will help to control your patient's rearfoot without lateral slippage. Too much posting could also rotate the heel cup.
2. Limit heel raises to 5mm and remember that the more you increase a heel raise, the lower your heel cup will be.
3. Limit forefoot posts to 4°.
4. Your prescription is milled into the Footbed of the footwear. Due to this, "cut outs" of any sort are not possible. Instead of prescribing a 1st Met or 1st Ray cut out as you would on an orthotic, try asking for a 1st Met / Ray "Dell" or "Depression" instead.
5. The heel cup height on all sandals is approximately 16mm, depending on your prescription – if a heel raise is added, this will alter the heel cup height. This is more than adequate to accommodate a moderate prescription. However, medial or lateral flanges, or MOSI's are not possible.
6. Bear in mind that if you have taken a non weightbearing cast and marked a lesion, the position may change once your patient is weightbearing. If you require a dell at a specific point, (e.g a 2nd met vascular corn) mark this on the sizing template and send to the lab along with your prescription.
7. Since the finished prescription Footbed is incorporated into a finished footwear product, it is NOT possible to make adjustments.
8. Consider the style of footwear you offer. A back strap will help to stabilise the rearfoot on more aggressive prescriptions. Velcro or buckle fastenings will accommodate a wider foot better.
9. Due to the fact that this is a prescription EVA Footbed, it will feel harder than stock Strive footwear.
10. Always contact our lab or your local rep for advice if you are unsure about the effects of a prescription on footwear.

PRACTITIONER DETAILS

NAME **TEL.**
ADDRESS

ACCOUNT NUMBER
EMAIL
ORDER TYPE: 1ST PRESCRIPTION REPEAT

PATIENT DETAILS

NAME **AGE** **WEIGHT**

FOOTWEAR DETAILS*

EVA: MEDIUM HIGH
UK SHOE SIZE*: 3 4 5 6 7 8 9

STYLE MAUI <input type="checkbox"/> Black <input type="checkbox"/> Pale Gold <input type="checkbox"/> Gold Metallic IBIZA <input type="checkbox"/> Black	LOMBOK BUCKLE <input type="checkbox"/> Black <input type="checkbox"/> Marshmallow OAHU <input type="checkbox"/> Black <input type="checkbox"/> Black/Roebuck	JAVA <input type="checkbox"/> Black <input type="checkbox"/> Sunset TROPEZ <input type="checkbox"/> Black Lizard Skin <input type="checkbox"/> Pewter	KONA <input type="checkbox"/> Black <input type="checkbox"/> Navy/Marshmallow VIENNA (HOUSE SHOE) <input type="checkbox"/> Black <input type="checkbox"/> Classic Tan
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*PLEASE USE A STRIVE FOOTBED OR STRIVE FOOTWEAR TO ENSURE ACCURATE SIZING FOR YOUR PRESCRIPTION PRODUCTS

CAST SPECIFICATION

ARCH PROFILE: NO ADDITION STANDARD 3MM ADDITION EXTRA 3MM ADDITION (6MM)

REARFOOT POSTING (Max 8° Recommended)

LEFT: <input type="text"/> ° MEDIAL <input type="checkbox"/> LATERAL <input type="checkbox"/> HEEL RAISE <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 MM KIRBY SKIVE <input type="text"/> MM	RIGHT: <input type="text"/> ° MEDIAL <input type="checkbox"/> LATERAL <input type="checkbox"/> HEEL RAISE <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 MM KIRBY SKIVE <input type="text"/> MM
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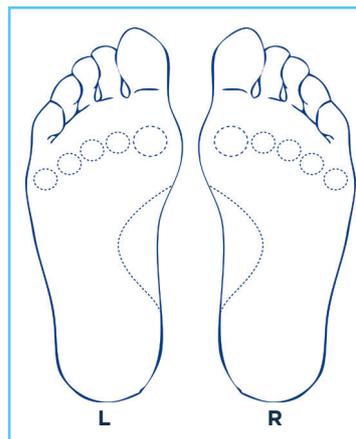
FOREFOOT POSTING (Max 4° Recommended)

LEFT: <input type="text"/> ° MEDIAL <input type="checkbox"/> LATERAL <input type="checkbox"/>	RIGHT: <input type="text"/> ° MEDIAL <input type="checkbox"/> LATERAL <input type="checkbox"/>
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SHELL SPECIFICATION

LEFT: MET DELL <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 1st RAY DELL <input type="checkbox"/>	RIGHT: MET DELL <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 1st RAY DELL <input type="checkbox"/>
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ADDITIONAL & PADDING INSTRUCTIONS



PLEASE FORWARD

PROTECT INFORMATION
 CASTING CHART
 MORE PRESCRIPTIONS
 MULTI CAST BOXES
 SINGLE CAST BOXES