

Diabetic & Functional **INSERTS**

Product Standards

PURPOSE

Hanger Fabrication Product Standards

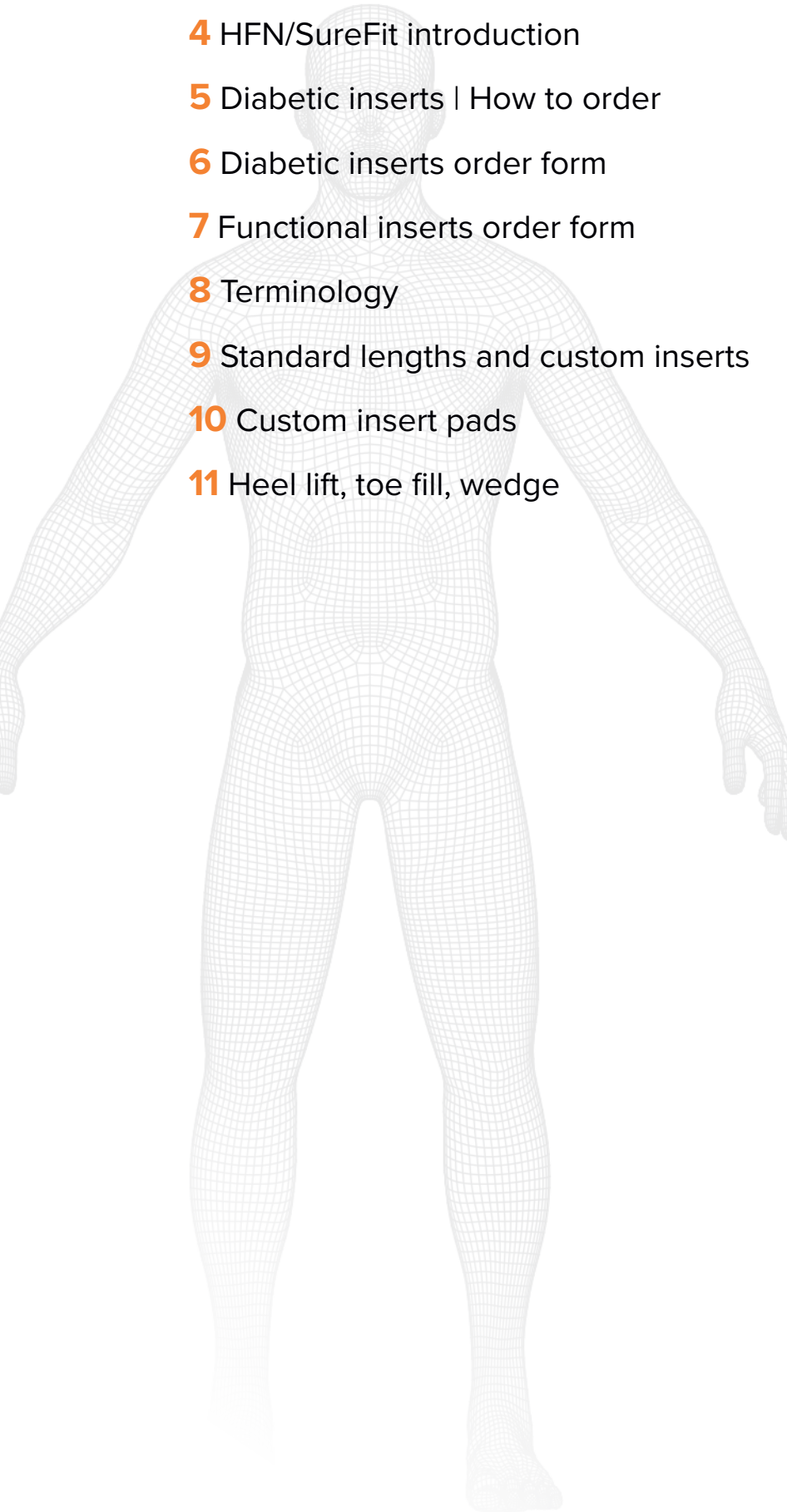
The Hanger Fabrication Product Standards are a collaborative effort to deliver Best in Class O&P devices to our patients.

The goals of the product standards are to:

- 1) ALIGN** expectations between clinicians and technicians
- 2) CONTROL** input and output variations
- 3) REFERENCE** best in class blueprints and orthomerty sheets to fabricate products that translate into maximizing clinical outcomes for Hanger patients
- 4) SUPPORT** future system integration (MRP)
- 5) REINFORCE** clinical research outcome reliability through controlling design variation

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 - 10** Custom insert pads
 - 11** Heel lift, toe fill, wedge

HFN/SUREFIT INTRODUCTION

Contact Information

- 800.298.6050
- HFN Foot Orthotic Lab (SureFit)
HFN/SureFit Alpharetta
6530 Corporate CT **STE 300 Dock 26**
Alpharetta, GA 30005

Support

Reach out to Hanger3D@Hanger.com for help with technology selection.

Return authorizations and adjustments*

- 800-298-6050 > Option 2
- *Prior authorization number is required for returns or adjustments.*

Best Practice

Digital ordering is the preferred method. Simply scan the foot impression box using the Taika3D app and then email the order with scans directly to HangerScan@SureFitLab.com.

Scan files we accept:

- Insignia
- TechMed
- iPad + Structure scanner (Taika3D app)

Benefits of Digital

- Place orders in the queue sooner
- Eliminate inbound freight or shipping delays
- Access patient history files-reproducibility

Alternative

We can still process foot impression boxes but encourage you to take advantage of the digital workflow.

DIABETIC INSERTS | HOW TO ORDER

How to Order

1. Patient evaluation/foam box impression
2. Complete order form
3. Ship impression (or cast) with order form to SureFit

Options: Scan impression box; scan patient
(Contact HFN/SureFit for additional training)

Key Pieces of Information

1. SPS Account Number
2. Indicate Shoe Design
3. Indicate Insert Only or Shoes and Inserts
4. Include Quantity
5. Indicate Options

Service Options

A. Inserts Only

- Fastest Service: 90% of orders are processed within 24 hours of receipt. Please refer to the [Daily Schedule](#) when managing delivery time.

B. Inserts and Shoes

- HFN/SureFit will order the shoes for you. Do not order through HD/Punchout.
- Inserts will be fitted by the lab technician.
- Shoes and inserts will be delivered together labeled and ready to go.

C. Shoes Only

- Order through HD/Punchout.
- Note: Please take note of inventory levels availability upon order.

1.

| HFN
TEL: 800.298.6050
FAX: 888.801.3450
6530 Corporate CT STE 300, Dock 26
Alpharetta, GA 30005

 | | SureFit/SPS Acct Number: | | Ship to Location: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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<small>Turn around time is dependent on warehouse shoe inventory.
NOTE: Notification of a backorder will be delayed.</small>

 | | | SPECIAL INSTRUCTIONS

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| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Left Missing Toes</th> <th style="width: 50%;">Right Missing Toes</th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> </tr> <tr> <td style="font-size: 0.8em;"><small>Select for toe fills only</small></td> <td style="font-size: 0.8em;"><small>Select for toe fills only</small></td> </tr> </tbody> </table>

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 | <input type="checkbox"/> | Left | <input type="checkbox"/> | Right | <input type="checkbox"/> | Arch Height Raise | | | <input type="checkbox"/> | Arch Height Lower | | | <input type="checkbox"/> | Met Bar | <input type="checkbox"/> Standard | <input type="checkbox"/> High ___ Send Separate | <input type="checkbox"/> | Met Pad | <input type="checkbox"/> Standard | <input type="checkbox"/> High ___ Send Separate | <input type="checkbox"/> | Relief (cut out) as marked | _____ | | <input type="checkbox"/> | Relief Intrinsic as marked | _____ | | <input type="checkbox"/> | Heel Lift on Insert (1/4 inch max.) Height | _____ | | <input type="checkbox"/> | Medial Wedge on Insert to: Standard, met, toe | _____ | | <input type="checkbox"/> | Lateral Wedge on Insert to: Standard, met, toe | _____ | | <input type="checkbox"/> | Dancer's Pad | _____ | | <input type="checkbox"/> | Saddle/U Pad (at heel unless specified) | _____ | | <input type="checkbox"/> | Heel Cushion | _____ | | <input type="checkbox"/> | Charcot/Midfoot Deformity/Medial Collapse | _____ | | <input type="checkbox"/> | Cavus Foot | _____ | | <p style="text-align: center;">(FOR INTERNAL LAB USE ONLY)</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> M</td><td><input type="checkbox"/> P</td><td><input type="checkbox"/> TFC</td><td><input type="checkbox"/></td> <td><input type="checkbox"/> L</td><td><input type="checkbox"/> R</td><td><input type="checkbox"/> L</td><td><input type="checkbox"/> R</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/> MF</td><td><input type="checkbox"/></td><td><input type="checkbox"/> TF</td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/> RL LEFT</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input
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HFN

TEL: 800.298.6050

FAX: 888.801.3450

6530 Corporate CT STE 300, Dock 26
Alpharetta, GA 30005

SureFit/SPS Acct Number:	Ship to Location:
Customer PO#:	
Contact/Name:	Date:
Contact Email:	Cell #:

Patient Encounter #:	Patient ID:	<input type="checkbox"/> Female	Wt:
		<input type="checkbox"/> Male	DOB:

Required Information! If incomplete, inserts will be made longer & wider for in clinic adjustments

Shoe SKU#:	<input type="checkbox"/> Lace <input type="checkbox"/> Velcro	Length:	Width:
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Custom Insert Order Information

<input type="checkbox"/> INSERTS ONLY-Preferred Method [Trim to shoes above] Order inserts directly from SureFit - not through HD	<input type="checkbox"/> Please email an order confirmation Email:
---------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

Inserts & Shoes-optional method [Order shoes above]
Turn around time is dependent on warehouse shoe inventory.
NOTE: Notification of a backorder will be delayed.

SPECIAL INSTRUCTIONS

Left Quantity		Right Quantity
_____	Bi-Lam EVA 35 Shor A Base	_____
_____	Tri-Lam EVA 35 Shor A Base	_____
_____	Tri-Lam EVA 50 Shor A Base <i>Recommended cork base alternative</i>	_____
_____	Cork Base Trilam Standard	_____

Toe Fill Custom Cork Insert w/Fill
NOTE: Toe Fill (L5000): Non-Toe Filler Total Contact Inserts.

Left Missing Toes					Right Missing Toes				
1	2	3	4	5	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select for toe fills only					Select for toe fills only				

<input type="checkbox"/>	<input type="checkbox"/>	Arch Height Raise
<input type="checkbox"/>	<input type="checkbox"/>	Arch Height Lower
<input type="checkbox"/>	<input type="checkbox"/>	Met Bar <input type="checkbox"/> Standard <input type="checkbox"/> High ___ Send Separate
<input type="checkbox"/>	<input type="checkbox"/>	Met Pad <input type="checkbox"/> Standard <input type="checkbox"/> High ___ Send Separate
<input type="checkbox"/>	<input type="checkbox"/>	Relief (cut out) as marked _____
<input type="checkbox"/>	<input type="checkbox"/>	Relief Intrinsic as marked _____
<input type="checkbox"/>	<input type="checkbox"/>	Heel Lift on Insert (1/4 inch max.) Height _____
<input type="checkbox"/>	<input type="checkbox"/>	_____ Medial Wedge on Insert to: Standard, met, toe
<input type="checkbox"/>	<input type="checkbox"/>	_____ Lateral Wedge on Insert to: Standard, met, toe
<input type="checkbox"/>	<input type="checkbox"/>	Dancer's Pad _____
<input type="checkbox"/>	<input type="checkbox"/>	Saddle/U Pad (at heel unless specified) _____
<input type="checkbox"/>	<input type="checkbox"/>	Heel Cushion
<input type="checkbox"/>	<input type="checkbox"/>	Charcot/Midfoot Deformity/Medial Collapse
<input type="checkbox"/>	<input type="checkbox"/>	Cavus Foot

(FOR INTERNAL LAB USE ONLY)

M <input type="checkbox"/>	P <input type="checkbox"/>	TFC <input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MF <input type="checkbox"/>	<input type="checkbox"/>	TF <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	RL LEFT	<input type="checkbox"/>	<input type="checkbox"/>	RL RIGHT	<input type="checkbox"/>	
L <input type="checkbox"/>	R <input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>	
<input type="checkbox"/>	IRL <input type="checkbox"/>	<input type="checkbox"/>	SN <input type="checkbox"/>	<input type="checkbox"/>	SA <input type="checkbox"/>	
<input type="checkbox"/>	FLM <input type="checkbox"/>	<input type="checkbox"/>	LT <input type="checkbox"/>	<input type="checkbox"/>	FA <input type="checkbox"/>	
<input type="checkbox"/>	FLL <input type="checkbox"/>	<input type="checkbox"/>	EV <input type="checkbox"/>	<input type="checkbox"/>	CV <input type="checkbox"/>	
<input type="checkbox"/>	DC <input type="checkbox"/>	<input type="checkbox"/>	.75 <input type="checkbox"/>	<input type="checkbox"/>	SC <input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	CP <input type="checkbox"/>	<input type="checkbox"/>	AF <input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	PP <input type="checkbox"/>	<input type="checkbox"/>	LF <input type="checkbox"/>	

See other sheet

SPS ACCOUNT #: _____

BILL TO: _____

ADDRESS: _____

SHIP TO: SAME AS BILLING _____

ADDRESS: _____

SHIPPING: GROUND (FXGD) STANDARD 2 DAY (FX2D)
 OVERNIGHT: PRIORITY (FX1D) 1st OVERNIGHT (FX1A)
 OTHER: _____

PATIENT ID: _____

HEIGHT: _____ WEIGHT: _____ AGE: _____

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

CLINICIAN: _____

CELL #: _____

REQUIRED INFORMATION! If incomplete, inserts will be made longer & wider for in clinic adjustments

SHOE INFO: Male Female > Childs Youth Adult **SIZE:** _____

CUSTOM INSERT ORDER INFORMATION

1. BASE LAYER (Required)

CORK BASE

- 3/4"
- Sulcus
- Full

Quantity L _____ **R** _____

POLYPRO BASE: 3/4" Length Only

- Semi-Flex (3 mm)
- Semi-Rigid (4 mm)
- Rigid (5 mm)

Quantity L _____ **R** _____

2. PORON MID LAYER (Optional)

- Length:** 3/4" Sulcus Full
Thickness: 1/16" 1/8"

3. TOP COVER (Required)

- Length:** 3/4" Sulcus Full
Material: Black Vinyl Black Leather Blue Spenco
 Black Ice EVA Blue Plastazote

4. ARCH HEIGHT


- Standard (Reduced 1/8" from patient's cast)
- Total Contact (Made to patient's cast)
- Increased 1/8" (From patient's cast)

5. HEEL CUP

- Low (1/4") Medium (3/8") High (1/2")

NOTES

Accommodations	L	R	Posting	L	R	°
Metatarsal Pad			Rearfoot Medial			
Metatarsal Bar			Rearfoot Lateral			
Heel Pad			Forefoot Medial			
1st Ray Cut-out			Forefoot Lateral			
5th Ray Cut-out						
Dancer's Pad						
Morton's Extension						
Medial Flange						
Lateral Flange						
Metatarsal Relief Only available on cork inserts (full or sulcus length)						
	1	2	3	4	5	
L						
R						



R **L**

Please clearly mark the areas where reliefs should be applied.

LAB USE ONLY

TERMINOLOGY

Common Materials Used

Plastazote: Is a foamed polyethylene of closed cell construction. It is heat moldable, buoyant and non-toxic. It is ideal for reducing pressure, sheer, wicking away moisture and is typically used as a top cover. It is not used for changing/correcting functions of the foot or altering gait patterns.

P-cell EVA Foam: Is a low durometer closed cell EVA foam. It is heat moldable and is ideal for reducing pressure and sheer. It is typically used as a top cover. It is not used for changing/correcting functions of the foot or altering gait patterns

EVA: Is a higher durometer closed cell EVA foam than P-Cell. It is heat moldable and is good for additional cushioning and arch support. It has the durability to maintain the shape of the orthotic through the life of the device. The material may temporarily be used to correct gait patterns, but will compress against the correcting forces of the foot and cease to perform the intent to correct the gait pattern. Additional layers can be added to the bottom of the device such as a “Dancers Pad” to provide additional offloading of an area.

Cork or Cork Composite: A higher durometer material that is heat moldable and is good for higher endurance support and stability needed in an L5000/Partial Foot Amputation devices. Additional cork applied to the bottom of the insert can be used for additional offloading. It can be used for wedging with limited long term results due to compression.

PPT/Poron/Urethane: Cellular Urethane is a high density, low durameter, open cell foam that offers excellent compression abilities and will retain its shape after repeated stress. It is primarily used for the central core of a foot orthotic, plugs and reliefs.

Glues

FastBond 100: Primarily used to attached top covers. This glue meets 4 requirements for safe and effective use:

1. Non-Toxic. Most glues are hazardous to employees in moderate to large quantities. FastBond can be used to glue on 1000's of top covers in a day without ill effect to employees.
2. Adheres in seconds.

3. Easily removed for a period of time. This allows to adjust some accommodations. (The top cover may be removable to several days.)
4. Must get stronger with pressure and not come unglued in the shoe. Once a patient stands on the insert for a short period, it will no longer be removable. Fastbond 100 acts like a liquid PSA.

Duall 88: An all-purpose, low cost adhesive, which develops fine cohesive strength quickly to give permanently strong, flexible and waterproof bonds. It is extremely toxic and can only be shipped ground or by sea. It cannot be used extensively in manufacturing due to the dangers to employees.

Masters Cement: All Purpose Cement that is an industrial strength glue (adhesive) that can be used on leather, rubber and vinyl. Ideal for patching rubber boots, resole leather shoes, boots, wood, rubber, metal and plastics. It contains Toluene which is extremely toxic and flammable. It is not allowed on airplanes.

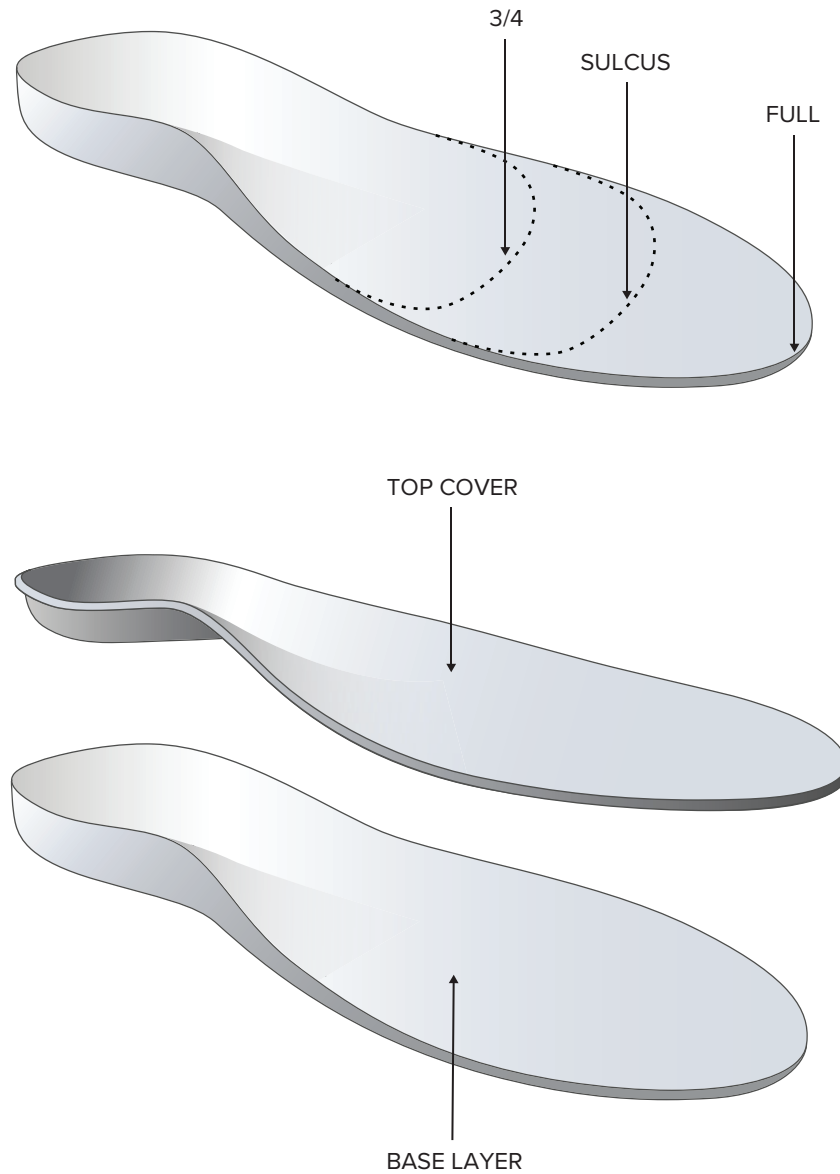
Reliefs

(Generally, the dynamic forces of the patients foot will form natural reliefs in the device.)

Reliefs are cut outs on the base layer.

- Reliefs may be used to offload metatarsal heads, the base of the fifth and/or the navicular.
- Reliefs will be backfilled with a 1/16", 1/8", or 1/4" ppt.
- A single relief should not cover more than one met head at a time.
- Reliefs should not be used to “offload” the distal ends of toes.
- No more than three reliefs should be used on a single insert as this compromises the integrity of the insert.
- Two reliefs should not be placed side by side. (Consider a met pad or bar)
- Reliefs should be no more than 1.25" in diameter. (Larger will cause material separation and folding. Consider a “dancer” or “saddle” pad.)
- If a larger than 1.25" relief is desired, please draw on impression and/or indicate on order form.

STANDARD LENGTHS & CUSTOM INSERTS



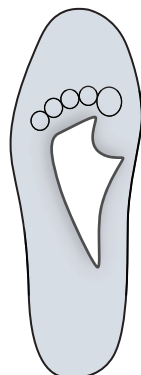
CTQ MEASUREMENTS CTQ = Critical to Quality	STANDARD MATERIAL /TRIMLINES	VARIATIONS ON REQUEST
<ul style="list-style-type: none">• Meet PDAC requirements in materials and thickness• Smooth edges• Symmetrical length unless requested• Lateral side beveled in	<p>BILAMINATE</p> <p>TOP COVER</p> <ul style="list-style-type: none">• Lower Density Heat Moldable <p>BASE LAYER</p> <ul style="list-style-type: none">• 3/16" Material O Shore A 35 Durometer or higher EVA with ample arch fill material• The lateral portions of the base layer must extend from the heel through the distal metatarsals and may be absent at the toes	<p>TRILAMINATE</p> <ul style="list-style-type: none">• 1/16" Urethane Central Portion Minimum may be thinner (but at least) to allow for greater pressure reduction• Additional layers/materials available on request

CUSTOM INSERT PADS

Dancer, Heel, Metatarsal, Saddle/U

DANCER PADS

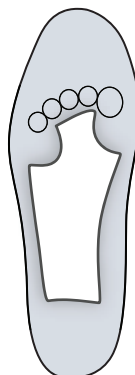
DANCER PAD



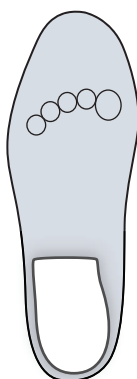
REVERSE



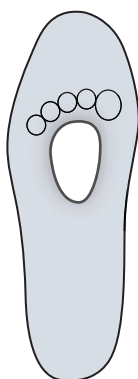
DOUBLE



METATARSAL PADS



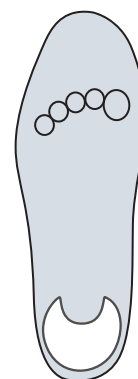
HEEL PAD



PAD



BAR



SADDLE/U PAD
Heel variation shown,
can be used where indicated

STANDARD MATERIAL /TRIMLINES

VARIATIONS ON REQUEST

DANCER PADS

- Cork

HEEL PAD

- 1/16" Poron added to heel area (additional thickness can be added upon request)

METATARSAL PAD

- ppt
- Tear shaped
- Intrinsic
- Placement: proximal of the met heads, 3rd metatarsal at center

METATARSAL BAR

- ppt
- Club shaped
- Extend further laterally and medially
- Intrinsic
- Placement: proximal of the met heads, 3rd metatarsal at center

SADDLE PAD/U PAD

- EVA or Cork (same material as shell)

DANCER PADS

- Other material available on request

HEEL PAD

- Other thickness available on request

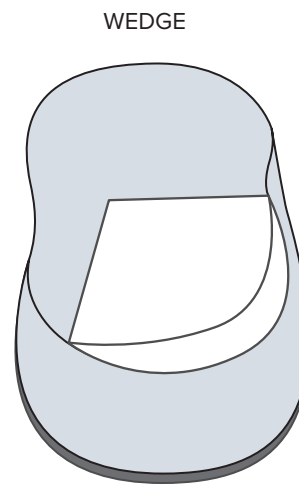
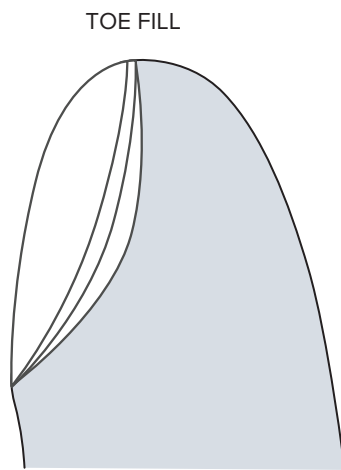
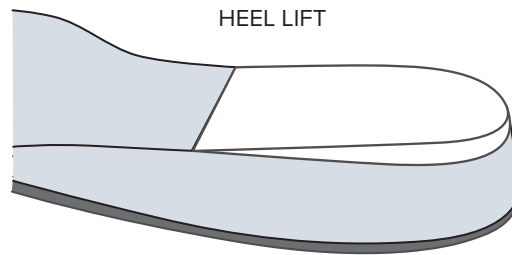
METATARSAL PAD/BARS

- Extrinsic available on request

SADDLE/U PAD

- Other material available on request

HEEL LIFT, TOE FILL, WEDGE



CTQ MEASUREMENTS CTQ = Critical to Quality	STANDARD MATERIAL /TRIMLINES	VARIATIONS ON REQUEST
<p>HEEL LIFT</p> <ul style="list-style-type: none"> • 1/8" to 1/4" material added to heel area <p>WEDGE</p> <ul style="list-style-type: none"> • Length: posterior heel to ML arch, indicate medial or lateral 	<p>HEEL LIFT</p> <ul style="list-style-type: none"> • Cork material <p>WEDGE</p> <ul style="list-style-type: none"> • Cork material <p>TOE FILLS</p> <ul style="list-style-type: none"> • If HFN/SF cannot safely determine the proper fabrication of the toe filler, we can provide material for you to place 	<p>HEEL LIFT</p> <ul style="list-style-type: none"> • In shoe or on inserts <p>WEDGE</p> <ul style="list-style-type: none"> • Custom length wedge available on request <p>TOE FILL</p> <ul style="list-style-type: none"> • <i>Note:</i> 5th ray or 5th digit may not be possible due to lack of room in the shoe requested. • They may not be reimbursable. • Please review Medicare policy on billing for toe fills. • *HFN/SureFit toe fills are designed to compliment proper footwear. <i>Considerations:</i> Rocker bottom and/or a fiber carbon plate, high top shoes or boots. • Please refer to our catalogue for which shoe may be good for toe fillers.