

Dri-release technology evaporates sweat, odor

The 250,000+ sweat glands in each foot can produce more than a pint of sweat daily.

Performaxx™ orthotics are made with dri-release® with Freshguard® to keep feet dry, no matter what. Their patented blend of fibers grabs moisture and pulls it away from the skin, so every workout is no sweat.

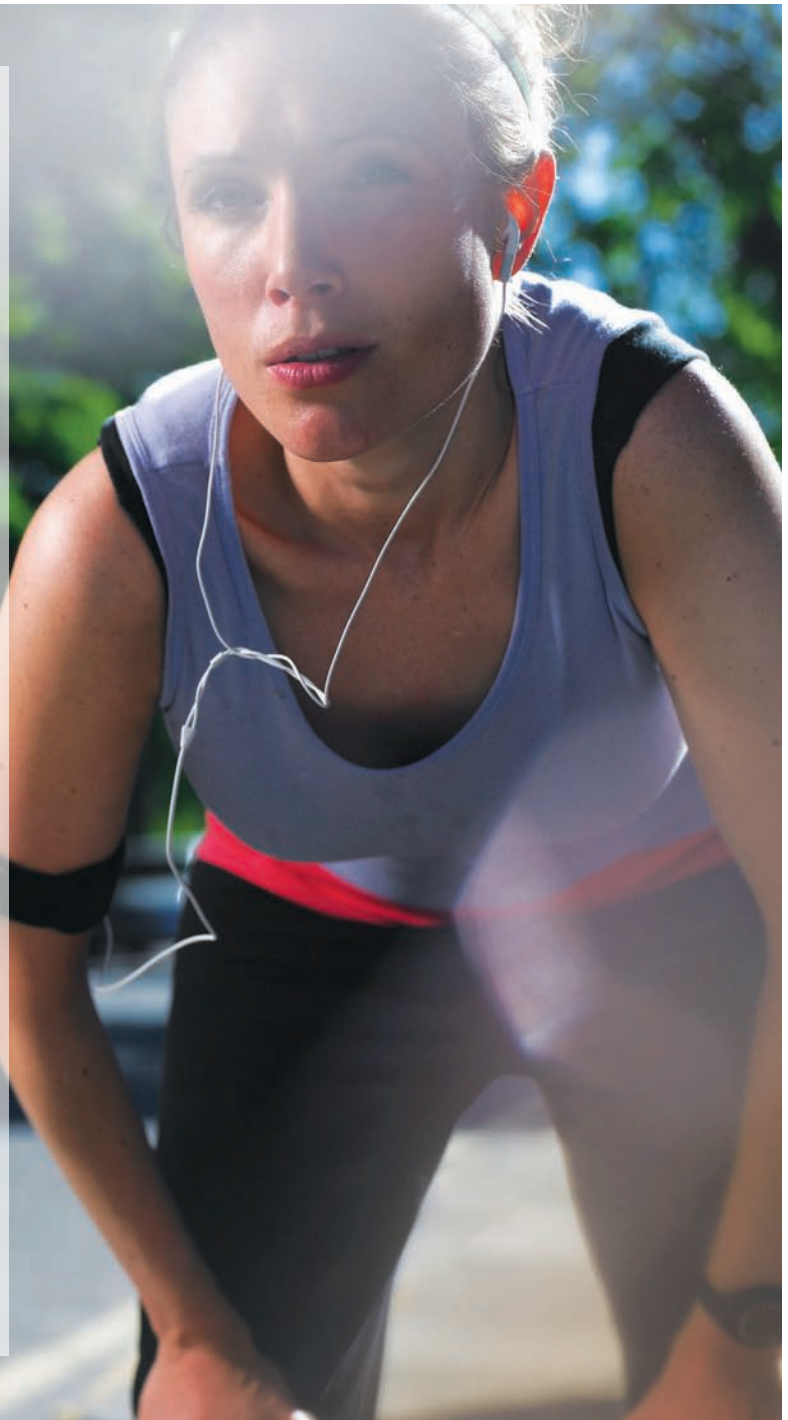
Take the Heat

Fabrics infused with dri-release dry four times faster than cotton. The technology uses a combination of “water-hating” fabrics and “water-loving” fibers that wick the sweat away from the source and expose it to air, enabling it to evaporate more quickly.

Fight the Funk

Freshguard neutralizes odors by preventing the body's odor-causing oils from attaching to the fabric. Other odor-fighting technologies are often sprayed onto the surface of the fabric, but Freshguard is built into the fibers, so it doesn't wear off.

drirelease®
with **FRESHGUARD**®



More than 130 brands worldwide are using dri-release with Freshguard, including:



One brace doesn't fit all

An Ankle Foot Orthotic (AFO) is a brace specifically designed to control the motion of the ankle and support the foot. By controlling the motion of the ankle, the brace decreases pain while encouraging proper extremity function.

However, one brace doesn't fit all pathologies. The brace that treats Drop Foot won't be the best option to correct Posterior Tibial Tendonitis; while the best brace for Medial Instability may not be a patient's best prescription for Degenerative Joint Disease.

Insightful™ Custom AFOs are individually designed to fit a patient's foot and pathology – offering outstanding control and comfort during the healing process. The newest addition to the Insightful product line is a gauntlet-style brace, the Schooner™ CS.



Insightful™



Right Foot Medial View

Schooner™ CS for Compressive Stabilization

- Addresses conditions like Posterior Tibial Tendon Dysfunction (PTTD), Charcot foot, Pes planus (severe pronation), Talocalcaneal valgus, Tibialis Tendonitis, Subtalar/midtarsal ankle trauma, Ankle Arthritis, and Degenerative Joint Disease (DJD)

Blaze® MI for Medial Instability

- Addresses conditions like Posterior Tibial Tendonitis (PTT), excessive pronation, tibialis dysfunction, internal rotation



Left Foot Medial View

Step-Smart® for Drop Foot

- Supports swing and stance phase of gait



Right Foot Lateral View

Cuboid Lock™ LI for Lateral Instability

- "I" strap controls external tibial rotation and supination



Right Foot Lateral View



Case Study

Patient

38-year-old male

Complaints

Pain and swelling on the inside of his left foot

History

Is a casual runner with flat feet who recently increased his weekly mileage

Clinical observations

A visual analysis shows that the patient's arch has begun to flatten and the ankle is rolling inward during gait. A Footmaxx Dynamic Gait and Pressure Analysis Report confirms over-pronation during patient's gait.

Diagnosis

Posterior Tibial Tendonitis



Posterior Tibial Tendonitis (PTT)

What is it?

The posterior tibial tendon connects the posterior tibial muscle to the bones of the foot on the inner and bottom sides of the arch. The purpose of this tendon is to help prevent pronation and the arch from collapsing. When this tendon becomes injured (usually as a result of overuse), the body has trouble healing the area because blood has a hard time getting there. This difficulty is what can cause chronic problems.

What are the common symptoms/complaints?

Patients complain of pain and swelling along the course of the tendon. The arch height will also begin to fall and may flatten completely, causing the whole foot to ache and feel weak. The increased pronation that results can also cause shin splints and pain in the lower back, hip, knee, ankle and/or heel. Patients may also exhibit pain when standing on their toes.

How is it caused?

PTT can be caused by an injury of the tendon, age-related changes or hereditary defects. A direct injury could result from a blow or a sprain caused by a fall, while an overuse injury would develop over time from repetitive movements. As patients age, the tendon may also lose elasticity, causing it to function improperly. Patients born with certain defects, like flat feet, excessive pronation, an accessory navicular sesamoid or obesity, can also develop PTT.

How is it treated?

Treatment starts with firm arch support, which takes stress off the tendon. This support can be custom orthotics, braces, or footwear. Spending less time on your feet can take additional stress off the strained tendon and enable it to heal more quickly. More serious cases may require surgery, during which the affected tissue is removed in order to decrease pain and avoid tendon rupture.