

Anacortes Prosthetics & Orthotics

2801 Commercial Ave, Suite 5 · Anacortes, WA 98221 · Phone: 360.587-0055 · Fax: 360.587-0077

FOOT ORTHOTICS WEARING SCHEDULE

Thank you for choosing Anacortes Prosthetics & Orthotics.

It will be necessary for you to follow a wearing schedule and perform visual skin checks to ensure your foot orthotics are fitting appropriately. Although your practitioner recommends that you follow the wearing schedule listed below, if at any time you feel that your device is not fitting correctly, discontinue use of the device and contact us.

Visual Skin Check: Remove your socks and shoes. Look at all areas of your skin. Use a mirror if necessary to look at the bottom of your foot. If redness, pain, or swelling develops, please discontinue use and contact us.

Wearing Schedule: Wear your new foot orthotics for the duration suggested in the wearing schedule below, followed with a visual skin check. If there are no areas of concern after completing a visual skin check, please return to your prior orthotics and resume the following day's break-in schedule on the next day. If you experience minor discomfort, such as aching, please stick with the same length of time for the next day. Don't proceed with increased wear-time until the current period ends in comfort. Once you attain a full day's wear, you do not need to alternate foot orthotics any longer. At this time, you may also begin breaking into higher level activities, such as running, hiking, or other forms of exercise.

Day 1: wear device for **1 hour**, then perform visual skin check.

Day 2: wear device for **2 hour**, then perform visual skin check.

Day 3: wear device for **3 hours**, then perform visual skin check.

Day 4: wear device for **4 hours**, then perform visual skin check.

Day 5: wear device for **5 hours**, then perform visual skin check.

Day 6: wear device for **6 hours**, then perform visual skin check.

Day 7: wear device for **7 hours**, then perform visual skin check.

Inspect your device regularly for any signs of damage or wear, such as cracking or loose parts. A 6 month – 1 year recheck is advised. In addition, please follow any guidelines recommended by your physician.

Maintenance Instructions:

For cleaning, use a soapy towel to gently wipe dirt from your orthotics. Rinse the towel with water and wipe your orthotics repeatedly until all soap residues are removed. Do not submerge your foot orthotics in water or put them through the washing machine. If they do get wet, remove orthotics from your shoes and air dry. Please keep your foot orthotics away from extreme heat, as this will damage them. When switching orthotics between shoes, be gentle to prevent pulling the layers apart. If you find your foot orthotics require recovering, please contact us here in the office—this can be done for a fee. With the right care, your foot orthotics can last for many years.

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WARRANTY POLICY

WARRANTY:

1. Anacortes Prosthetics & Orthotics honors the following warranties:
 - Custom fabricated devices for a period of 3 months
 - Prefabricated devices for a period of 1 month for manufacturer defect only
 - Diabetic footwear cannot be returned except within 2 weeks of delivery AND without any signs of visible wear. Please trial them in your home during this time if you are uncertain of style or fit. If you are concerned with a manufacturer's defect, please call to inquire about options.
2. Adjustments or repairs within the warranty period will be done at no charge. However, there may be a charge for modifications prescribed by a physician due to anatomical changes.
3. Adjustments or repairs by anyone other than representatives of Anacortes P&O will void the warranty.

NON-DELIVERY OF DEVICE:

If a custom fabricated device is fabricated but not provided to a beneficiary for the following reasons, payment can be made based on the supplier's expense*:

1. The beneficiary passed away.
2. The beneficiary no longer requires the device because his/her condition changed and the item is no longer medically necessary.
3. The patient failed to show for delivery.

*In such cases, the expense is considered incurred upon the date that the beneficiary passed away, or the date that the supplier was informed that the device is no longer medically necessary.

PLEASE NOTE:

1. Since all devices are for single patient use and prescribed by a physician, they cannot be returned for credit. Once a device has been worn out of our office by you, it cannot be returned or used on another patient except under the above conditions.
2. It is in your best interest to communicate with your practitioner on a timely basis and to allow us to resolve any problems you may experience as efficiently and quickly as possible.
3. It is our goal to provide you with the best care possible, and we will make every attempt to meet your needs.

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