

FOOTWEAR AND FOOT ORTHOSES

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook updates Department of Veterans Affairs (VA) procedures for providing footwear and foot orthoses to Veteran beneficiaries.
- 2. SUMMARY OF CHANGES:** This VHA Handbook updates current policies and procedures.
- 3. RELATED ISSUES:** VHA Directive 1173, and VHA Handbooks 1173.1 through 1173.15.
- 4. RESPONSIBLE OFFICE:** The Chief Consultant, Prosthetic and Sensory Aids Service Strategic Healthcare Group (113), is responsible for the contents of this VHA Handbook. Questions may be referred to 202-273-8515.
- 5. RESCISSIONS:** VHA Handbook 1173.9 dated November 3, 2000, is rescinded.
- 6. RECERTIFICATION:** This document is scheduled for recertification on or before the last working day of October 2009.

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FOOTWEAR AND FOOT ORTHOSES

1. PURPOSE:

This Veterans Health Administration (VHA) Handbook establishes uniform and consistent national policy and procedures in providing footwear and shoe modifications to veteran beneficiaries.

2. SCOPE:

a. Arch supports, shoe modifications, functional foot orthotics, all inlay shoes, healing shoes, custom-made orthopedic shoes and alternative footwear must be provided to beneficiaries who are eligible for prosthetic services in accordance with the policies and procedures contained in VHA Handbook 1173.1, VHA Handbook 1173.2, and this Handbook.

NOTE: The footwear prescription criteria contained in Appendix A are the basis from which determinations are generally made to provide orthopedic footwear, shoe modifications, or orthotics.

b. All prescriptions for orthopedic footwear, modifications or functional foot orthotics must be reviewed by the Prosthetic Representative, Chief of the Prosthetic Clinic Team, or designee, for program compliance. The authorization of appliances for conditions other than those stated in the prescription criteria contained in Appendix A will only be granted when the foot disorder cannot be accommodated or treated with the appliance listed. The most medically and cost-effective method for treatment of the disability is to be used. Custom-made orthopedic shoes need to be authorized only when all other footwear options have been considered.

3. DEFINITIONS:

a. **Accommodative Foot Orthoses.** Accommodative Foot Orthoses are custom or non-custom inlays fabricated for the purpose of providing relief from callosities and pressure points, and maintaining the integrity of the longitudinal arch and/or the metatarsal heads.

b. **Functional Foot Orthoses.** Functional Foot Orthoses Are foot plates fabricated from plaster molds of the feet or electronic (computer) imaging in a semi-weight bearing or non-weight bearing, neutral position, with corrections built in to prevent abnormal compensation during the gait cycle.

c. **Custom-Made Orthopedic Shoes.** Custom-made Orthopedic Shoes are shoes fabricated over special modified lasts (see subpar. 3g) in accordance with prescriptions and specifications to accommodate gross or greater foot deformities or shortening of a leg at least 1 and 1/2 inches or greater.

d. **Depth Inlay Shoes.** Depth Inlay Shoes are prefabricated shoes with a higher toe box to accommodate for hammer toes and other deformities. This shoe may also accommodate the insertion of special inserts. These shoes are traditionally made of plastizote or other pressure absorbent material.

- e. **Healing Shoes.** Healing Shoes are prefabricated shoes with a higher toe box to accommodate for hammer toes and other deformities. This shoe may also accommodate the insertion of special inserts.
- f. **Patterns.** Patterns are cardboard tracing (templates) comprising the shoe's upper and innersole components.
- g. **Last.** A Last is a form which is shaped like the human foot over which a shoe is manufactured or repaired.
- h. **Shoe Modification.** A shoe modification is a medically prescribed alteration(s) to a shoe(s) to accommodate minor foot deformities, disabilities, or leg shortening of less than 1 and ½ inches.
- i. **Standard Orthopedic Oxford.** A Standard Orthopedic Oxford is a prefabricated shoes that can accommodate an inlay, e.g., dress, casual, and athletic shoes.

4. BENEFICIARIES:

Beneficiaries issued orthopedic footwear are authorized to have two serviceable pairs at all times. However, one additional pair of either dress or work shoes may be authorized if required by the beneficiary's occupation due to the climate, the environment of the work place, or as other circumstances warrant.

5. SHOE MODIFICATIONS:

Shoe modifications, e.g., rocker soles, shoe buildups, metatarsal bars, shoe stretching, Thomas heels, tongue pads, velcro closures, modified lacers, etc., may be applied to personally purchased shoes of an eligible beneficiary, upon medical determination of need, to compensate for minor foot deformities.

6. ORTHOPEDIC FOOTWEAR:

NOTE: Over the Counter (OTC) Standard Orthopedic Oxford (dress, casual, athletic) need to be used when a foot can be reasonably accommodated in this type of shoe.

a. Inlay shoes may be furnished to eligible beneficiaries after it has been determined that shoe modifications will not accommodate the foot deformity and that an insole or additional space is necessary.

(1) Inlay shoes may be ordered from commercial sources when cost-effective to prevent a hardship to the beneficiary.

(2) Modifications or repairs of the insole and/or inlay shoes need to be done by the local VA Orthotic Laboratory. Facilities not having Orthotic Laboratories may request modifications from their nearest Shoe Last clinic. All requests for modifications must be initiated by a VA Form 10-2529-3 (ADP), Request and Receipt for Prosthetic Appliances or Services, clearly identifying the modification desired. The same ordering procedures may be applied electronically (Prosthetic Veterans Health Information Systems and Technology Architecture (VISTA) Program).

(3) Replacements of all shoes must be authorized when repairs are no longer practical. Eligibility must be confirmed prior to initiating any replacement order by the referring station.

(4) The issuance of spare shoes must be in accordance with the general policy for spare custom-made orthopedic footwear contained in subparagraph 6i(2).

(5) VA facilities may be authorized to maintain a limited supply of the most common sizes of shoes to facilitate immediate patient care.

NOTE: Inventory control must be in accordance with VA policy and procedures contained in subparagraph 6d(3) of this Handbook.

b. Healing and/or cast shoes may be authorized when medical determination has been made that the foot cannot be slipped into a standard shoe.

(1) Healing and/or cast shoes must be obtained from local commercial sources.

(2) Modifications to healing and/or cast shoes must be done by VA Orthotic Laboratory or qualified commercial sources.

(3) The issuance of replacement, authorization of spares, or repair of healing and/or cast shoes is not usually required since this type of shoe is normally needed for a short period of time.

c. Alternative footwear may be authorized when a medical determination is made that no other type of shoe or modification adequately accommodates the foot deformity or condition.

(1) Molded shoes may be purchased from established VA contracts.

(2) Molded shoes must be replaced sufficiently in advance so as not to interrupt their use; the amount of repair that can be done to this type of shoe is minimal.

(3) Spare molded shoes must be furnished in accordance with the general policy for spare orthotic footwear.

d. Plastizote healing shoes may be furnished to eligible beneficiaries when medically indicated.

(1) Plastizote healing shoes may be obtained from commercial sources.

(2) Modifications to plastizote healing shoes need to be done by VA Orthotic Laboratories or qualified commercial sources.

(3) VA facilities may be authorized to maintain a limited stock of the most common sizes of plastizote shoes to facilitate patient care. All requests for inventory must be initiated by memorandum from the Prosthetic Representative. Inventory control must be in accordance with VA policies and procedures.

(4) Replacement plastizote shoes may be authorized when necessary for the treatment of eligible beneficiaries. Spares will not normally be provided since these shoes are used for a short duration.

e. Custom-made orthopedic shoes may be initially furnished to eligible beneficiaries upon receipt of a properly executed prescription. The orthopedic shoes must be custom fabricated at the VA Shoe Last Clinic or by a local contractor. Reasonable doubt regarding the patient's need for orthopedic shoes normally is resolved in favor of the beneficiary. In conflicting situations, the facts will be referred to the Prosthetic Clinic Team of the field facility for resolution.

(1) Initial issues of custom-made orthopedic shoes are authorized when a physician or podiatrist determines that the severity of the foot condition is such that a lesser means, for example, inlay shoes, shoe modifications, etc., cannot adequately compensate for the deformity or there is a leg discrepancy length at least of 1 and 1/2 inches in length or greater.

(2) Initial custom-made orthopedic shoes, lasts, and patterns normally are obtained when the severity of the foot disability requires the physical presence of the beneficiary for casts, measurements, and possible trial fittings.

NOTE: There is not to be a foot examination at a VA Shoe Last Clinic when the measurements and prescribed corrections can be transmitted by mail.

f. VA Form 10-2908, Measurement for Orthopedic Shoes, must be used in conjunction with VA Form 10-2529-3 (ADP) to order initial orthopedic shoes. The same ordering procedures may be applied electronically (Prosthetic VISTA Program). *NOTE: See clinical evaluation notes section in Footwear Program Guide for checkout procedure for custom orthopedic shoes.*

g. All orthopedic shoes are to be appropriately coded indicating the: month, year of fabrication, and the source, which is obtained from a block of numbers in numerical sequence assigned to each VA Shoe Last Clinic or local contractor.

h. Initial custom-made orthopedic shoes, lasts, and patterns must be obtained from the nearest VA Shoe Last Clinic when:

(1) The severity of the foot disability requires the physical presence of the beneficiary for casts, measurements, and trial fittings.

(2) The measurement and desired corrections cannot be transmitted by mail and there are no qualified local contractors.

NOTE: VA Form 10-2529-3 (ADP) must be used to order custom-made orthopedic shoes from the nearest VA Shoe Last Clinic. The same ordering procedures may be applied electronically through the Prosthetic VistA Program.

i. Initial custom-made orthopedic shoes, lasts, and patterns must be obtained from the local contractor.

(1) Initial custom-made orthopedic shoes, lasts, and patterns must be obtained from local contractors when mail transmittal of measurements and corrections is not feasible and the veteran cannot be transported to the nearest VA Shoe Last Clinic or, it is economically in the best interest of VA. *NOTE: VA Form 10-2421 (ADP), Prosthetic Authorization for Items or Services, is to be used as the normal procurement document.*

(2) The facility must provide spare or repeat orders of custom-made orthopedic shoes when a VA Shoe Last Clinic has delivered a second pair of custom-made orthopedic shoes which are medically acceptable.

(a) VA Shoe Last Clinics, or local commercial contractors, normally provide replacement custom-made orthopedic shoes.

(b) VA Shoe Last Clinics, or local commercial contractors, need to retain the lasts and patterns after the second successful fitting of a patient.

j. Continued service may be furnished by a VA Shoe Last Clinic when it has been medically determined that the severity of the foot condition requires personal fitting and an examination prior to the fabrication of each additional pair of shoes.

k. Local contractors may be used for the procurement of additional pairs of custom-made orthopedic shoes whenever replacements are warranted and the veteran has previously been furnished shoes through that source.

l. Repairs to custom-made orthopedic shoes must be provided when required.

m. Repairs for beneficiaries must be submitted by the medical center responsible for the beneficiary's treatment. VA Form 10-2529-3 (ADP) must be prepared. The same ordering procedures may be applied electronically by using the Prosthetic VistA Program.

n. VA Shoe Last Clinics routinely provide repairs for permanent Shoe Last Clinic cases. Pre-addressed labels and mailing containers may be furnished to eligible beneficiaries to facilitate repair services. When shoes are referred from a field facility, VA Form 10-2529-3 (ADP) must be used to request repairs. VA Shoe Last Clinics may provide minor repairs to custom orthopedic shoes.

o. Local sources need to repair custom orthopedic shoes purchased from that source. Repairs to shoes provided by VA Shoe Last Clinics may be provided by local sources if mail transmittal is not feasible and the veteran cannot be transported to the nearest VA Shoe Last Clinic or it is economically in the best interest of VA.

FOOTWEAR PRESCRIPTION GUIDELINES

PATHOLOGY	SHOE TYPE	INSERT MODIFICATION (As Needed)	COMMENTS
1. Forefoot Deformities Hallux abducto valgus, hallux varus, hallux rigidus	1. Standard Therapeutic Oxford: dress and/or casual shoe.* 2. Standard Therapeutic Oxford walking shoe.* 3. Oxford style boot.** 4. Depth shoe. 5. Custom molded.	1. Semi-rigid or rigid functional orthosis. 2. Additional accommodative padding as needed.	The type of shoe and orthotic must be determined based on the severity of the pathology. The prescribing physician should work with the Prosthetics Service to ensure the most basic equipment to manage the condition is used.
2. Midfoot Deformities Charcot Foot	1. Depth shoe. 2. Custom molded. 3. Oxford style boot.	1. Semi-rigid or rigid functional orthosis. 2. Additional accommodative padding as needed. 3. Ankle-foot orthosis or other stabilization and/or immobilization brace.	The type of shoe and orthotic must be determined based on the severity of the pathology. The prescribing physician should work with the Prosthetics Service to ensure the most basic equipment to manage the condition is used.

* In order to accommodate the need to address both dress and exercise requirements, two categories of oxford style shoes are listed. The exercise shoe must be accompanied by an indication that it is a requirement as part of a therapeutic plan listed in the progress note and consultation form.

**Certain conditions and circumstances may require the use of boots that add ankle support. The boot must be accompanied by an indication that it is a requirement as part of a therapeutic plan listed in the progress note and consultation form.

PATHOLOGY	SHOE TYPE	INSERT MODIFICATION (As Needed)	COMMENTS
3. Rearfoot Deformities a. Symptomatic pronation b. Symptomatic supination c. Symptomatic Pes Cavus d. Symptomatic Pes Planus e. Heel Pain (1) Retrocalcaneal (2) Inferior calcaneal f. Symptomatic equines g. Tarsel coalition h. Ankle instability i. Charcot foot	1. Standard Oxford dress and/or casual shoe.* 2. Standard Oxford walking shoe.* 3. Oxford style boot.** 4. Depth shoe. 5. Custom molded.	1. Semi-rigid or rigid functional orthosis. 2. Additional accommodative padding as needed. 3. Ankle-foot orthosis or other stabilization and/or immobilization brace. 4. Heel cup.	The type of shoe and orthotic must be determined based on the severity of the pathology. The prescribing physician should work with the Prosthetics Service to ensure the most basic equipment to manage the condition is used.
4. Diabetic Neuropathology with no concomitant deformities.	Depth shoe.	1. Over the Counter (OTC). 2. OTC Accommodation Orthoses. 3. Semi-rigid or rigid functional orthosis. 4. Additional accommodative padding as needed.	As a preventive measure, this group of patients should be followed on a regular basis for the development of pathology to ensure quick interventions as needed.

* In order to accommodate the need to address both dress and exercise requirements, two categories of oxford style shoes are listed. The exercise shoe must be accompanied by an indication that it is a requirement as part of a therapeutic plan listed in the progress note and consultation form.

**Certain conditions and circumstances may require the use of boots that add ankle support. The boot must be accompanied by an indication that it is a requirement as part of a therapeutic plan listed in the progress note and consultation form.

PATHOLOGY	SHOE TYPE	INSERT MODIFICATION (As Needed)	COMMENTS
5. Peripheral Vascular Disease with non concomitant deformities (arterial or venous).	Depth shoe.	<ol style="list-style-type: none"> 1. OTC. 2. OTC Accommodation Orthoses. 3. Semi-rigid or rigid functional orthosis. 4. Additional accommodative padding as needed. 	As a preventive measure, this group of patients should be followed on a regular basis for the development of pathology.
6. Digital and Midtarsal amputations.	<ol style="list-style-type: none"> 1. Depth shoe. 2. Custom molded. 	<ol style="list-style-type: none"> 1. Semi-rigid or rigid functional orthosis. 2. Appropriate Filler. 3. Additional accommodative padding as needed. 	As a preventive measure, this group of patients should be followed on a regular basis for the development of pathology.