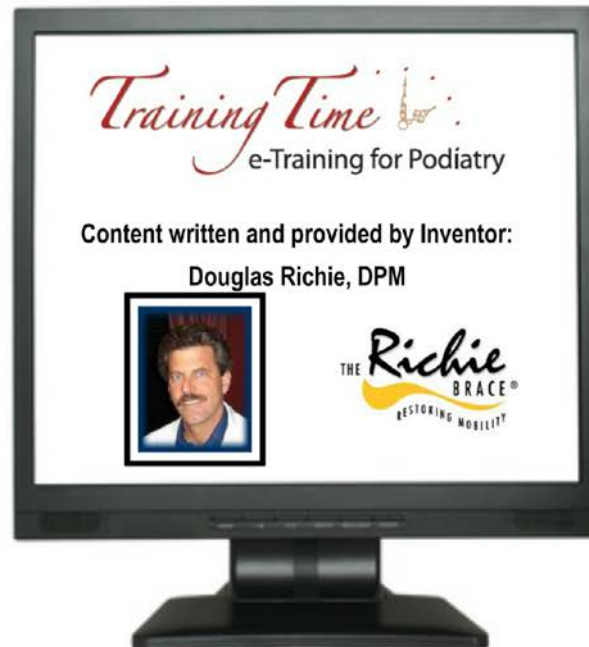




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Casting Techniques and Q & A

CASTING OVERVIEW



Foot held 90° dorsiflexed. Mark foot according to printed instructions



Apply plaster strip #1



Complete with splint #3 and lay over the tip of the toes



Lay cutting strip down. Lay down cutting channel. Place plastic bag over foot and leg. Apply STS sock following instructions carefully



Mold sock. Lock midtarsal joint and plantarflex the first metatarsal

The Richie Brace requires a negative impression cast utilizing either plaster splints or the STS Casting Sock.

**"The success or failure of a Richie Brace treatment boils down
to one single factor:
The quality of the impression cast submitted to a lab"**

Key Issues:

- Neutral Suspension Technique is Superior in almost all situations
- Fiberglass STS Richie Casting Sock is preferred, but requires special attention to technique to assure proper outcome
- Proper positioning of the foot during casting is critical to assure that the brace fits



Casting for the Richie Brace

Proper positioning of the patient



**Patient is sitting on exam table
with the knee flexed 30-45 degrees**

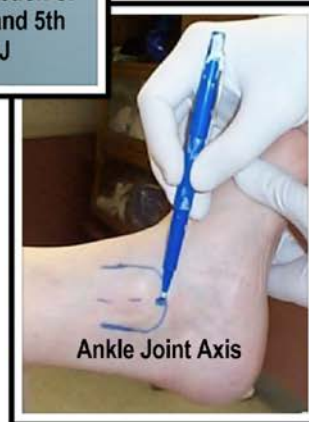


Casting for the Richie Brace

Marking Critical Landmarks



- Bisect Malleoli; mark distal tip of both medial & lateral malleoli as well as other bony prominences
- Foot held 90 degrees during marking



THE *Richie*
BRACE®

Casting for the Richie Brace

Root Technique for Neutral Suspension Cast is preferred

- Capture of plantar contour of the foot
 - Calc-Cuboid contour
 - Talo-Navicular contour
 - Transverse metatarsal arch contour
- Subtalar neutral position
- Midtarsal joint pronated and locked
- Forefoot to Rearfoot Frontal Plane Deformity
 - Forefoot Varus
 - Forefoot Valgus
 - First Ray plantarflexed-Forefoot supinatus reduced
 - 2-5 Varus, 1-5 Valgus
- Molding of cast around malleoli, heel and arch contours



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BRACE®

Casting for the Richie Brace

Using plaster casting technique



- Medial and Lateral Malleoli
- Calcaneus and Plantar heel contour
- Medial, Lateral and Transverse metatarsal arches



Casting for the Richie Brace

Using plaster casting technique



Subtalar joint in neutral position,
midtarsal joint locked & pronated:
proper grip and lifting of toes.
Load foot without inverting forefoot.



Casting for the Richie Brace

Molding the cast material around critical anatomy



First Ray plantarflexed Forefoot Supinatus reduced:
push down on head of 1st metatarsal without
changing position of subtalar joint.



Casting for the Richie Brace using the Richie Brace Casting Sock

- Polyester “fitted” sock
- Quick, clean, accurate
- Water activated resin
- Safe, simple removal system



Bermuda Mid-Leg Ankle length



Casting for the Richie Brace

Marking Critical Landmarks



- Bisect Malleoli; mark distal tip of both medial & lateral malleoli as well as other bony prominences



- Foot held 90 degrees during marking



Casting for the Richie Brace

Application of the Casting Components of the STS Sock

1. Cutting Strip
secured w/paper tape



2. Cutting
Channel secured w/paper
tape



Casting for the Richie Brace

Application of the Casting Components of the STS Sock

3. Plastic Bag



4. Moisten
the Sock



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Casting for the Richie Brace

Application of the Casting Components of the STS Sock

5. Gather STS Sock and unroll from the seam



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Casting for the Richie Brace

Application of the Casting Components of the STS Sock

6a. Cut a small opening for use later when cast is being removed.



6b. Cast sock shaping application



Casting for the Richie Brace

Application of the Casting Components of the STS Sock

7. Subtalar neutral position, midtarsal joint locked & pronated, gently press down on first ray



Casting for the Richie Brace

Subtalar neutral position: palpate and visualize

Midtarsal joint pronated and locked: proper grip and lifting of toes.

Load foot without inverting forefoot.



First Ray plantarflexed-Forefoot supinatus reduced: push down on head of 1st metatarsal without changing position of subtalar joint.

TIP: Use a 3 x 3 gauze pad for a better grip



Casting for the Richie Brace

Application of the Casting Components of the STS Sock

8. Pulling channel out



Casting for the Richie Brace

Application of the Casting Components of the STS Sock



9. Cutting sock with scissors

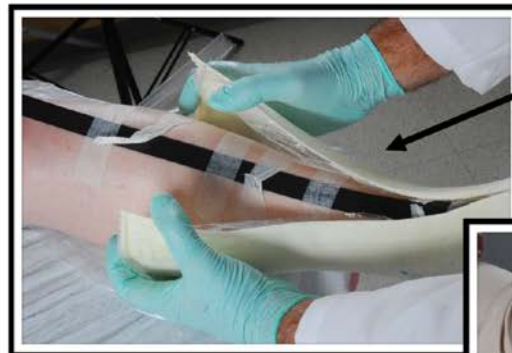
9a. Cutting sock using
"letter opener"
(recommended)



Casting for the Richie Brace

Application of the Casting Components of the STS Sock

10. Gently separate and pull to remove



Casting for the Richie Brace

Remark landmarks

For plaster:

- *Make sure all marks have transferred*

For STS Sock:

- *Remark ankle & 1st and 5th MTPJ*
- *Place cured STS sock back on the foot of the patient (after removing plastic bag liner).*
- *Push cast against the skin at all landmarks to assure transfer of ink to the interior of the cast.*
- *Remove cast and inspect to assure that marks have transferred.*



Casting for the Richie Brace

It is important to remark the bisecting Malleoli; marking the distal tip & other boney prominences



Frequently Asked Questions



Although fit issues are not common with the Richie Brace, they still arise simply because the pathologies treated with these devices are challenging and sometimes unpredictable.

Some frequently asked questions:



Question: How do you reduce the abrasion or rubbing of the brace against the medial malleolus?



Answers to Brace Irritation on Medial Malleolus

First...Understand the Cause:

Improper placement of the hinge pivot of the brace, usually too high on the ankle joint. This can be due to a casting error or lab error.



Answers to Brace Irritation on Medial Malleolus

Answer:

Check the brace on the patient to assure that the metal hinges are located within 5 millimeters of the distal most tip of each malleolus.



Answers to Brace Irritation on Medial Malleolus

Further explanation: Poor pronation control of the brace. As the foot pronates at the subtalar and midtarsal joints, the tibia and talus ADDUCT on the forefoot causing medial displacement of the medial malleolus and pressure against the medial limb upright. This is the most common reason for rubbing of a brace against the medial malleolus.

Question: The Brace is Too Wide

This is an uncommon problem and rarely causes problems with patient discomfort or compliance. However, it can cause shoe fit issues. The cause of the problem is almost always due to a casting error: the cast material was not properly molded to the foot of the patient. Or, with plaster casting technique, the cast may have inadvertently widened at the ankle portion when pulling the cast off the foot.



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Answer: The brace can be spot heated and narrowed at the footplate upright portion, both medial and lateral.



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“POOR FITTING BRACES COST YOU MONEY!”

When practitioners view the Richie Brace Casting videos, and prescribe the authentic Richie Brace, they will be assured of receiving the best fitting ankle-foot orthosis in the industry with the least likely chance of requiring adjustment.



Preparing the cast for shipment

- Cast should be inspected for accurate shape, foot position and markings
- Cast should be fully cured and dry
- Prescription must be completely filled out including diagnosis of patient
- Cast should be shipped in appropriate box to avoid damage

We cannot accept casts which:

- Have no marking of the ankle landmarks
- Are in multiple pieces
- Are a slipper cast appropriate for footorthoses only
- Are flattened, torn or damaged





Item No. **900 - RB/L** Size **Large**

Richie Brace Casting Sock

THE Richie BRACE®
RESTORING MOBILITY

Made exclusively for Richie Brace distributors by the STS Company

Made in USA • Lot: # 04 Use By: 10/27/11 • U.S. Patent 3,228,184



FIREFLY
Custom made foot orthoses

Phone: (800) 451-1111 Fax: (800) 451-1111

RICHIE BRACE PRESCRIPTION FORM

BRACE SELECTION

☐ ORIGINAL RICHIE® BRACE
☐ LITTLE BOY® (7-12 yrs)
☐ RICHIE SOCK® (501-600)
☐ DYNAMIC ASSIST® (501-600)

☐ Cast and measure ortho form enclosed for info for 801-901 form

POSTING

☐ 2 per assembly to be received
☐ 2 per 10 assembly to be received
☐ 2 per 10 assembly to be received
☐ 2 per 10 assembly to be received

ANKLE PIVOT SELECTION

☐ FULL ARTICULATION Original make brace standard
☐ REMOVABLY FIXED
☐ PERMANENTLY FIXED (Dynamic Assist footplate)
☐ TAMARAC (Dynamic Assist footplate)

SHELL MODIFICATIONS

☐ Top cut notch
☐ Top cut notch
☐ Top cut notch
☐ Top cut notch

OPTIONAL TOP COVER SELECTIONS

☐ 1/2" top cover 1/2" top
☐ 1/2" top cover 1/2" top
☐ 1/2" top cover 1/2" top

ADDITIONS

☐ 1/2" top cover 1/2" top
☐ 1/2" top cover 1/2" top
☐ 1/2" top cover 1/2" top

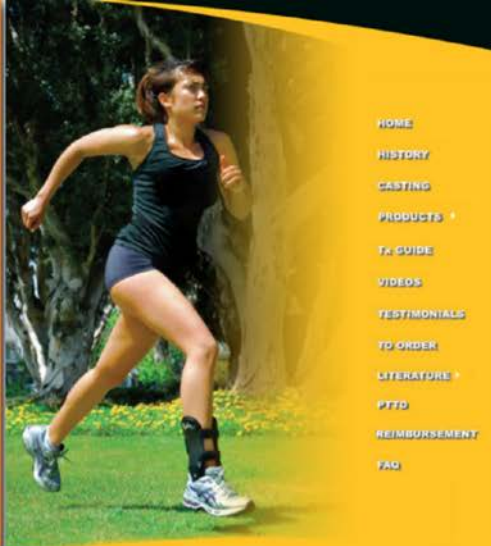
SPECIAL INSTRUCTIONS

In Summary...

With the technology of cast correction and blended podiatric bio mechanical techniques, along with established AFO fabrication techniques and current protocols The Richie Brace design has a substantial advantage...

“ACCURATE FIT, BEST COMFORT, BEST TREATMENT OUTCOMES”





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Welcome ...



The **Richie Brace** is a custom ankle brace (ankle foot orthosis) designed to treat chronic conditions of the foot and ankle. Introduced to the medical community in 1996, The Richie Brace has revolutionized the non-operative approach to the most challenging pathologies treated by the foot and ankle specialist.

With a contoured balanced orthotic footplate articulated to adjustable semi-rigid lower leg uprights, the Richie Brace is ideally suited to stabilize rotational forces at the Miltarsal, Subtalar and Talo-Crural joints. Modifications and

enhancements are available to add further restriction of motion in the sagittal, frontal or transverse plane.

The Richie Brace is fabricated from an impression cast taken of the patient's foot and lower leg. It's lightweight, low-profile design is preferred by patients over traditional longer leg solid shell ankle foot orthoses.

PATIENT

If you are a patient and would like to have a referral to a doctor in your area for evaluation for the Richie Brace, click here and we will get that information right to you. Please provide your name, city, state and zip code.

PRACTITIONER

If you are a practitioner, this web site will provide a list of custom orthotic laboratories offering The Richie Brace who can process your cast and prescription. Also, pertinent reimbursement and casting instructions can be found on this site.

Don't know which
Richie Brace to
prescribe? Check
the [Treatment Guide!](#)



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Foot held 90°
dorsiflexed. Mark foot
according to printed
instructions



Apply plaster strip #1
Form a skoper cast with
splint #2



Complete with splint #3
and lay over the tip of
the toes



Lock midtarsal joint and
plantarflex the first
metatarsal.

Remove cast following
proper guidelines

CASTING OVERVIEW

The Richie Brace requires a negative impression cast utilizing either plaster splints or the STS Casting Sock. Neutral suspension technique is recommended while plantarflexing the First Ray. Complete casting instructions are available at www.richiebrace.com



Lay cutting strip down. Lay down
cutting channel. Place plastic bag over
foot and leg. Apply STS sock following
instructions carefully



Mold sock. Lock midtarsal joint and
plantarflex the first metatarsal



The STS Casting Video • [STS Sock](#)



The Plaster Casting Video

• [Plaster of Paris](#)

Firefly prescription foot orthoses

Richie Brace Catalogue

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Firefly prescription foot orthoses

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Thank you!

Training Time 
e-Training for Podiatry