“STARTING YOUR OWN PEDIATRIC SCREENING CLINIC”

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24 FOOT TYPE CLASSIFICATION SYSTEM

24 Functional Foot Types

6 Functional Foot Groups

Contact Lenses Fitting Inventory
littleSTEPS® foot orthotics:
- UCBL-Type design with 30mm heel cup depth
- High medial and lateral flanges for more control
- Medial Rearfoot posting and skive

littleSTEPS® Toe-In Gait Plates:
- Encourages toeing out gait
- Corrects poor muscle memory
- Encourages corrective torsional forces
- Creates a straighter, more normal gait
FOOT TYPES THAT CONCERN CHILDREN

QUAD B: TOE IN GAIT

QUAD D: DEVELOPMENTAL FLAT FEET

QUAD F: ADULT ACQUIRED FLAT FEET (AFTER AGE 12-13)
3 GOOD REASONS TO TREAT KIDS

REASON #1: GENETICS

Evolution is genetics plus time

- Various types of feet have evolved over time and environments (Epigenetics)
- All Commonly Occurring Foot Types fall within the statistical definition of “Normal”
- No one type is “best”, they are all just different variations of “Normal”.

**Long Story Short: The Apple Doesn’t Fall Far From The Tree!**
3 GOOD REASONS TO TREAT KIDS
REASON #2: KIDS DON’T ALWAYS OUTGROW FLAT FEET

Kids Feet Evolve into 1 of 6 Functional Adult Foot Types

61% Adults May Suffer from Symptoms related to Flatfeet.
LONG TERM EFFECTS OF AGING ON A NEGLECTED PRONATED FOOT

An Ounce of Prevention?
3 GOOD REASONS TO TREAT KIDS

REASON #3: OPPORTUNITY TO GROW YOUR PRACTICE

- Each Kid Represents a Patient for Life
- Kids Inherit Their Parents Feet = Screen the Parents Feet
- Kids Often Have Siblings = Family Foot Screenings

Practice Building Concept: “A Kid A Day”

- Yr 1: 20 kids / Mos = 240 New Patients
- Yr 2: 240 outgrowths + 240 additional NP = 480 Patients
- Yr 3: 480 outgrowths + 240 additional NP = 720 Patients
- ETC

Your Treatment Room Is All You Need to Start Promoting a Pediatric Component to Your Practice.
MYTH BUSTER #1: “It is Normal for Kids to Have Flat Feet”

It is normal for a baby's feet to look flat. The arch doesn't usually develop until age 3 to 4. By ages 5-6 a normal arch should be apparent.

The arch of a baby's foot appears flat, largely due to a fat pad that fills the arch.

Babies are born with skeletally immature foot until about the age of five, when all 26 bones form.

A toddler should start ambulating around 12 months but lacks postural stability due to core and lower extremity neuromuscular weakness.

“There is a tendency for the child's flatfoot to be ignored or treated with benign neglect”.
MYTH BUSTER #2: “Kids Outgrow Flat Feet”

DEVELOPMENTAL FLATFOOT

A frequently overlooked, inconspicuous condition that is the most common musculoskeletal abnormality affecting the foot of children under 6 years of age.

A posturally deficient foot that has the potential to cause future deformity and disability.

FLAT FOOTEDNESS IN KIDS IS NORMAL, UP TO A CERTAIN EXTENT! NOT ALL KIDS OUTGROW THIS CONDITION!!!
Assessing Calcaneovalgus Position

Age Specific Parameters for Normal

- Vertical Bisection Of The Calcaneus In Weight Bearing Is Greatest At Age 1yo, When It Is About 6 valgus.
- Calcaneal Valgus Decreases $1^\circ$ per Year Until About 6 Yrs of Age.
- At 6y.o. The Heel Should Be Vertical!

Left Feet Shown

Birth to 5

Ages 6-8

Ages 9-12

Normal Adult
MYTH BUSTER #3: “Growing Pains Are Normal”

“Growing Pains” are often written off as “Normal Growth Issues”.

“Growing Pains” may be a warning sign of biomechanical dysfunction and should never be ignored!

Common Warning Signs

- Pain (often knee and shin pain at night)
- Poor Balance
- Delayed Walking
- Ackward Gait
- Fatigue
- Poor Coordination

Foot Pain is Not Very Common!
Benefits of a PodoPediatric Screening Clinic

Benefit 1: Efficiency
A Children’s Clinic opens the door to treat many potential pediatric orthotic candidates in a single day. Allows you ability to efficiently screen entire families.

Benefit 2: Build Referrals Through Education
The Children’s Clinic offers opportunity to educate referring General Practitioners and Pediatricians on the benefits of early intervention. Perform community talks to educate parents, coaches and kids on why feet are important.

Benefit 3: Get Your Staff Involved
The Children’s Clinic gets the whole staff involved, particularly the Podiatry Assistants who can effectively manage 90% of the program.

Benefit 4: Affordable Options
Neglect in managing kid’s foot conditions is often due to prohibitive costs. Not all kids need custom devices. Prefabricated kids foot orthotics and/or bracing often offer affordable, yet effective, treatment solutions.
IMPLEMENTING A PODOPEDIATRIC SCREENING CLINIC
STEP 1: PRE-PLANNING

☑ Meet With Your Entire Staff Ahead Of Time And Plan Well In Advance. Allow At Least 4-6 Weeks For Proper Promotion.

☑ Pick A Mid-week Date That Will Include Hours After 5pm For Working Parents, Or Consider A Saturday.

☑ Be Sure Ample Staffing Is Available To Call On If Needed.

☑ Have Enough Prefabs In Various Sizes In Stock To Dispense During The Clinic (orthotics, braces and splints).

☑ Be Prepared To Cast Or Scan During Examination If Custom Treatment Is Warranted.

☑ Set Up A Registration Process For Call In Appointments Or Register On-line.

☑ Try And Make Appointments, But Accept Walk-ins
IMPLEMENTING A PODOPEDIATRIC SCREENING CLINIC
STEP 2: ADVERTISING & NOTIFICATION

IF YOU BUILD IT....WILL THEY COME?
Yes, but not if they don’t know it exists!!!

- Notify the public of the event. **TELL EVERYONE!** Don’t assume just because you are running a clinic, parents will find out on their own and show up!


- Newspaper or radio ads can be very effective and affordable.

- Don’t forget to post the clinic on your website! Set up a registration page.

- Be prepared to cast or scan during examination if custom treatment is warranted.

Next few Slides are Sample Materials for Advertising and Notifications
Join us at the next Stride FREE Kid’s Clinic!
FREE foot exam for Kid’s ages 2-17
Coming Soon!

Call 203-758-8307 for more information

Bring your kids to the FREE Stride Kid’s clinic for a foot exam that will only take a few minutes. The Clinic is for kids ranging from 2 to 17 years old experiencing flat feet, in-toeing, tripping, balance/coordination challenges or pain. These may be symptoms of a condition that can be readily and inexpensively improved using pre-fabricated foot orthotics or other treatment protocols. Roberta Nole, PT, CPED, owner of Stride Orthotics and renowned foot-typing authority will be available for your questions.

Clinic Includes:

- Free foot exam
- Test fitting with prefabricated orthotics
- Recommendations for future treatment.

Please fill out our Clinic Registration Form and bring it with you to your appointment. If you cannot make it on August 21, you may call for an appointment another day but you must mention “FREE Foot Exam”.

Tell your friends about the clinic, click HERE to pass the word!
Does your child struggle with any of the following?

**Ages 1-5**
- Flat Feet
- Toe-walking
- In-toeing
- Coordination
- Foot Alignment
- Balance
- Pain
- Fatigue
- Growing Pains

**Public Speaking Events**
- PTA
- Sports Clubs
- Teams
- Coaches
- Shoe Stores

**Ages 6-12**
- Flat Feet
- Growing Pains
- Knee or Shin Pain
- Osgood Schlatters disease or syndrome
- Calcaneal apophysitis (Sever’s disease)
- Poor Posture and Postural Weakness including Genu Valgus (Knock Knees)

**Ages 13-17**
- Patellofemoral Pain Syndrome (Runner’s Knee)
- Plantarfasctis
- Shin Splints
- Stress Fractures
- Ankle Pain
- Ankle Instability

**Target Your Information To The Age Specific To Your Audience**
LET THE PUBLIC KNOW THAT THERE ARE EFFECTIVE AND AFFORDABLE OPTIONS TO MANAGE FOOT CONDITIONS IN CHILDREN.

Parents Are Turned Off By Cost Concerns And Growth Factor

Did you Know ...

- Developmental flatfoot is one of the most common conditions affecting the musculoskeletal system of children and teenagers. There is a tendency for the child’s flatfoot to be ignored or treated with benign neglect. The fact is that flat feet may not be normal, the majority of children do NOT outgrow it and there IS cause for some concern.
- There is no such thing as “Growing Pains”. Pain is NOT NORMAL and should never be ignored.

5 Signs that your child may have a foot problem
(American College of Foot & Ankle Surgeons, visit ACFAS.org)

- Your child cannot keep up with his peers
- Your child withdraws from activities they usually enjoy
- Your child does not want to show you his foot
- Your child often trips and falls
- Your child complains of pain – IT IS NEVER NORMAL FOR A CHILD TO HAVE FOOT PAIN!!

Your child may benefit from orthotic intervention. If it is determined during the exam that orthotics may help, your child will be able to try on a pair of inexpensive pre-fabricated foot orthotics to see if it makes a difference. Recommendation on other treatment protocols may be given.

Some pre-fabricated orthotic options include:

QUADRASTEPP Prefabricated Orthotics for Adults
The REVOLUTIONARY Custom to foot type prefabricated orthotics system that is based on the 24 adult foot types. Not just a “one-size-fits-all” orthotic, it is tailored to fit a certain set of pathologies known as a “foot-type”, the most cost effective and corrective prefabricated foot orthotics on the market!

See All Models

littleSTEPS™ foot orthotics for kids
littleSTEPS™ provide the same functional foot control found in prescription foot orthoses! These UCBL-Type orthoses have a 30mm deep heel cup and come in sizes to fit toddlers to teens! They are the MOST corrective and affordable prefabricated foot orthotics for children on the market...

Read More

Call ☎ 203-758-8307 to make an appointment or REGISTER ONLINE NOW - Space is limited!
Flyers with Tear Off Tabs or Post Card Mailers

Mailer postcard to patient list: Keep it brief and to the point.

Flyers distributed in local supermarkets, children’s stores, etc. with tear off tabs.

In Your office facility: Signage, take home reminders.

Mention at desk: “Do you know about our upcoming Kids Clinic”? “.....Did you want fries with that order?”

Ask adult patients if they have kids or grandkids that might benefit from the upcoming free foot exam.

Casey@thequadrastepsystem.com
Provide Literature to Your Patients

Have Print Material Available in the Office

Offer Links on Your Website

Decaropodiatry.com
STRIDE ORTHOTICS IS HOSTING A FREE KIDS CLINIC ON WEDNESDAY, AUGUST 21 10 AM-6 PM

Stride Orthotics, located in Middlebury, CT, is a provider of high quality orthotics delivering custom and prefabricated solutions to patients in all age groups. Stride is owned by Roberta Nole, PT, CPED. Roberta is a recognized authority on foot biomechanics, gait analysis, a popular lecturer and creator of the Quadrastep System, a leading foot classification methodology. Stride offers the best fit for the patient, including custom and prefabricated orthotics for kids and adults.

The Kids Clinic is designed for kids 2-17 suffering from flat feet, toe-walking, foot alignment and the other common childhood foot ailments. A perfect way to get ready for school and Fall Sports programs for kids needing supplemental foot and gait support.

THE CLINIC INCLUDES:

- FREE FOOT EXAM/GAIT ANALYSIS
- TEST FITTING WITH PREFAB ORTHOTICS (LITTLESTEPS/QUADRASTEPS)
- RECOMMENDATIONS FOR FUTURE TREATMENT

Parents interested in bringing their kids to the clinic can register by calling 203-758-8307 or online at www.strideorthotics.com/clinic.html.

The clinic will be hosted at Stride Orthotics in Middlebury, CT on Wednesday August 21, 10-6. See www.strideorthotics.com for directions and more information.
Dr. DeCaro is a member of the American College of Foot & Ankle Pediatrics.

Dr. DeCaro routinely lectures to pediatric organizations, groups, and schools. He also conducts screenings for middle school and high school sports teams throughout the Pioneer Valley of Massachusetts.

Dr. DeCaro gathers his referrals not only from the pediatricians locally but the early intervention/pediatric physical therapists, and those who work with kids in many of the Pioneer Valley schools.

Dr. DeCaro sees pediatric patients every week in his West Hatfield, MA office. These patients range in age from infants to teens. The pediatric patient is evaluated both by monitoring gait patterns and examining static biomechanical findings. Currently, pediatric patients are referred with pathologies such as neuromuscular diseases, torsional problems, and general parental concerns affecting the lower extremity.
GET REFERRING PRACTITIONERS INVOLVED
INVITE THEM TO PARTICIPATE IN YOUR CLINICS
IMPLEMENTING A PODOPEDIATRIC SCREENING CLINIC
STEP 4: INCENTIVIZE YOUR STAFF

EDUCATE STAFF ON THEIR ROLES

1. Pre-Planning
2. Creating a Kid Friendly Environment
3. Preparing Announcements & Notifications
4. Booking Appointments
5. Talking up the Clinic to Existing Patients
6. Handout Flyers at Checkout
7. Managing Prefab Inventory
8. Processing Custom Orders
9. Posting Flyers Around Town
10. Assisting in Website Updates
11. Teach Them to Foot Type (PA Webinar)
12. Keep Adequate Supply of Patient Literature On Hand
13. Fax Blast Referring Providers
14. Send Out Post Card Announcements to Patients and Their Families
15. Keep Kids Occupied While You Are Discussing RX Options With Parents

Get Your Staff Excited About Growing Your Program By Offering Incentives For Success.
Implementing a Podopediatric Screening Clinic

Step 5: Clinic Day

**Sample Registration Form**

*Bring this with you for the free foot exam*

- Patient's Name:
- Date of Birth:
- Home Phone:
- SS#:
- Parent Phone:
- Street Address:
- City: _______ State: _______ Zip: _______
- Parent E-Mail Address:
- For Future Specials/Announcement Reminders:
- Person to contact in case of emergency: __________ Phone: __________ (Closest relative not living with you)
- Was this due to an accident? Y N Auto Work Other:
- Where were you injured? ______________________ Date of Injury:
- Height: _______ Weight: _______ Shoe Size: _______ Shoe Style: _______
- Primary Care Physician: ______________________ Phone: 
- Referring Physician: ______________________ Phone: 
- Allergies: ________________________________________
- Current Medications: _____________________________
- How did you hear about us?: __________
- Mailer ☐ Poster ☐ Referred by a friend ☐ Referred by a practitioner ☐ Website ☐ Email
- Name of website/practitioner: __________________
- Patient or Parent/Guardian Signature: __________________ Date: __________

Be sure your receptionist and staff are prepared to welcome clinic patients (kids and parents).

**Get Facts / Improve Each Clinic Results**

- Who are they?
- What Drove them to your clinic?
- Why are they concerned?
- How did they hear about the clinic?
- Get email addresses for future campaigns.
All Kids Welcome!

CREATE A KID FRIENDLY SPACE

Have small toys, crayons, games, kids books available to create a safe and welcoming kid friendly environment.

Much of your time will be educating Mom and Dad on treatment options. Have a variety of age appropriate materials available to keep kids occupied during that time. Offer healthy snacks.
What To Do At The Screening

1. Introduce yourself to both the parents and the child.
2. Ask what concerns the child and the parents have, and what brought them to the clinic.
3. Has the child had any previous treatment?
4. Inquire about family history for foot related conditions or symptoms and LLD’s.
5. Briefly explain the purpose of the foot screening (Is the child’s foot structure and gait within normal parameters for their age).
6. Look at them standing barefoot, check heel valgus alignment and arch height.
7. Allow the child to move around, engage in normal activities and play and notice their balance, ability to maneuver / coordination, etc.
8. Watch and analyze gait.
9. Determine their functional foot type if child is a teen (more on this later).
Signs of Fatigue

Gait Deficits

OBSERVE

Sitting Posture

Lower Extremity Postural Alignment
IMPLEMENTING A PODOPEDIATRIC SCREENING CLINIC
STEP 6: DECIDING ON TREATMENT OPTIONS

Podiatric Measures

1. Bracing for Structural Deformites
2. Custom Foot Orthotics For More Pathological or Extreme Cases
3. PreFabricated Foot Orthotics to Promote Proper Posture, Injury Prevention, or Less Severe Symptomatic Cases
4. Gait Plates
5. Night Splints

Outside Referrals for Treatment

1. ROM
2. Strengthening – Core and Limbs
3. Balance Training
4. Coordination & Agility
5. Proper Shoe Wear
THREE COMMONLY ENCOUNTERED MUSCULOSKELETAL DISORDERS TYPICALLY SEEN AT A PODOPEDIATRIC SCREENING CLINIC

1. Developmental Flat Feet

2. Toe Walking: Contracture versus Idiopathic

3. Toe-In Gait: Structural Torsion versus Functional (Toe-Out Walking Occurs But Not Nearly As Common)
Treatment Options for Developmental Flat Feet

Custom Foot Orthotic

KEY ORTHOTIC FEATURES:

- 30mm Heel Cup Depth
- Deep Medial and Lateral Flanges
- Medial Rearfoot Posting
- Medial Skive

Designed to Improve:

- Coordination
- Pain
- Foot Alignment
- Balance
- Posture
- Strength

Prefabricated Or Custom Foot Orthoses
Treatment Options for Toe Walking

If Idiopathic, Note The Foot...It's Probably Flat. Toe Walking Kicks In The Windlass Mechanism And Stabilizes The Foot. Treat Conservatively By Controlling The Heel!

DETERMINE IF THE TOE WALKING IS IDIOPATHIC VERSUS TRUE CONTRACTURE

Treatment options:

- Prefabricated Foot Orthotics
- Custom Foot Orthoses
- Night Splints
- Surgery?
Treatment Options for Structural Torsion

**Intoeing** means that when a child walks or runs, the feet turn inward instead of pointing straight ahead. It is commonly referred to as being "pigeon-toed."

Consider the foot as a possible contributing factor. If the foot is flat, the medial hip rotators become tight (shortened), and the lateral hip rotators become weak. The foot and ankle musculature becomes weakened as well.
TREATMENT OPTIONS FOR IDIOPATHIC TOE-IN GAIT

**littleSTEPS® Gait Plates**

Gait Plates are the first semi-rigid prefabricated orthoses that effectively limit in-toeing gait caused by rotational deformities of the lower limb. Left untreated toe-in gait may impair proper development of the lower limb and lead to permanent structural, strength, balance, and coordination deficits.

**littleSTEPS® Gait Plates** work by utilizing a semi-rigid shell that extends laterally beyond MTH's 4 & 5 to effectively alter the break of the ball of the foot during propulsion to encourage out-toeing of the limb at the hip. The **littleSTEPS® Gait Plate** further addresses the foot pronation associated with in-toe gait by incorporating the features of a functional FO (deep heel cup, medial rearfoot posting and skive) to control subtalar joint pronation during contact and midstance phases of gait.

**littleSTEPS® Toe-In Gait Plates:**

- Encourages toeing out gait
- Corrects poor muscle memory
- Encourages corrective torsional forces
- Creates a straighter, more normal gait
IMPLEMENTING A PODOPEDIATRIC SCREENING CLINIC
STEP 7: FOLLOW-UP

- Be sure to contact each parent attendee within a week following clinic, by phone or email.

- Get opinions to help improve the next clinic.... would they attend again, what day/time of day would have been better, etc.?

- Start building parent database for the future. You may want to schedule a Children’s Clinic on a regular basis (monthly, quarterly, etc.) and if you save contact information on an ongoing basis, your email and mailing database will become an effective promotional tool.

- Remember, children who start using orthotics early will return for next sizes several times, and will eventually become part of your adult patient base.
Roberta Nole is owner of **Stride®, Inc. Custom Foot Orthotics** (an Accredited ABC Orthotic Facility); Stride Physical Therapy & Pedorthic Center; and, Nolaro24™, LLC - Maker of the **QuadraSTEP® and littleSTEP® foot orthotics.** She is a graduate of the University of Scranton (Biology); the University of Connecticut (Physical Therapy); and is also a ABC Certified Pedorthist. Nole is patented on a unique foot-typing algorithm that identifies 24 variations of the normal human foot (US Patent 7,789,840). Since 1989 she has specialized in biomechanical gait examination and rehabilitation of the foot and ankle. She has developed an educational training program entitled Clinical Analysis of 24 Adult Foot Types that is based on her original technology. She is a member in good standing of the American Physical Therapy Association, and the Pedorthic Footwear Association.

Visit lease visit [www.strideorthotics.com](http://www.strideorthotics.com) or [www.thequadrastepsteam.com](http://www.thequadrastepsteam.com) or email Roberta at [bertstride@aol.com](mailto:bertstride@aol.com) for further information and/or questions.
Louis J. DeCaro. DPM received his degree of Doctor of Podiatric Medicine in 1999 from Barry University School of Podiatric Medicine in Miami, FL. He is in private practice in West Hatfield and a member of the surgical & medical staff at Franklin Medical Center as well as Holyoke Medical Center.

Dr. DeCaro is currently Vice President of the American College of Foot & Ankle Pediatrics (www.acfap.org). Dr. DeCaro is the routinely hosts both Pediatric and Adult Gait Biomechanics Clinics at his West Hatfield office. The clinics includes a multidisciplinary team, including but not limited to Physical Therapists (both pediatric and Adult), massage therapists, chiropractors, and orthotists.

Visit lease visit decaropodiatry.com or email Dr. DeCaro at drlouisjames@aol.com for further information and/or questions.
In summary, pediatric screening clinics can increase your patient base for years to come, create "families" of patients, allow you the opportunity to dispense prefabricated devices on the spot creating an increased cash flow, create opportunities for an "outgrowth program" and will earn you recognition as a pediatric specialist in your community.