



PATIENT NAME: _____

ACCOUNT #: _____

BREAK-IN INSTRUCTIONS FOR NEW FOOTWEAR

In accordance with insurance guidelines, your footwear was selected and fitted to provide you with optimum comfort and protection. In order to receive the greatest benefit, please follow these suggested guidelines below.

GETTING USED TO YOUR FOOTWEAR: People with decreased feeling in their feet may have a false sense of security as to how much at risk their feet actually are. An ulcer under the foot can develop in a couple of hours, even if the footwear is expertly fit. In order to best avoid any irritation, please adhere to the following break-in schedule:

- DAY 1: Wear for one hour then check feet
- DAY 2: Wear for two hours - check feet after first hour of wear
- DAY 3: Wear for three hours – check feet after first hour of wear
- DAY 4: Wear for four hours – check feet after two hours of wear
- DAY 5: Wear for the full day – check feet after four hours of wear

- If at any time you see red spots on the feet during the first five days, discontinue wearing the footwear for the rest of the day and start the routine again the next day, beginning with one hour of wear.
- If a red spot appears with every wearing, do not continue to wear the footwear and call us for an appointment.

FOLLOW-UP:

- Your two-week follow-up visit has been scheduled for _____ at _____.
- Inserts need to be rotated regularly so they wear evenly.

I certify that I have received the footwear in good condition. The provider of the footwear has explained, in detail, the proper use and care and has fit the item(s) to me. I have been informed to call the practitioner who fit the item(s) if I encounter any problems with the footwear or if I have any questions.

Patient Signature: _____ Date: _____