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MEDIROYAL FUNCTIONAL INSOLES



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MOW[®] MEDIAL ORTHOTIC WEDGE

Your feet are the foundation that the body rests on. They should be able to stand up to four times the body weight and excessive loading during a normal day.

We are all born with different foot statuses, some with almost perfect balance and loading while others have more or less instabilities. Some of these instabilities can lead to that you easier develop an over-load injury. Pronation is the body's natural way to create shock absorption. A normal pronation is beneficial for the body but during excessive loading or if the foot over-pronates it's easy to develop an over-load injury like Shin splints, Achilles tendonitis, Plantar fasciitis or Runners knee. The pronation movement in the foot is not isolated; at least the two joints above the foot are affected. The foot status can cause major problems for patients with knee problems like OA, ligament injuries, meniscus problem or patella tracking problems, even back problems as an indirect effect. The Mediroyal MOW[®] insole has been developed by CPO Lars Eghamn in Sweden. MOW stands for Medial Orthotic Wedge and is simply a medial posted insole that compensates for part of the pronation. This can be very useful in rehabilitation to reduce load and pain but also to do temporary compensations to see the effect and to increase the joint position sense and bio-feedback.

Mediroyal MOW[®] Insoles can be used for: TEMPORARY POSTING

Mediroyal MOW[®] can be used for diagnostic evaluations to see how the patient reacts to a medial posting, without having to make an individual insole.

PLANTAR FASCIITIS

Loading of the Flexor Hallucis Longus, Flexor Digitorum Longus and Tibialis Posterior will be reduced which can re-

duce pain and repetitive stress of the structures. The additional heel-cup on the MOW[®]-insole will assist to containerize the fat pad of the heel which creates a better shock absorption. This together with physical therapy will reduce the pain and provide a better biomechanical gait.

SHIN SPLINTS/TIBIAL PERIOSTITIS

Mediroyal MOW[®] unloads the medial and central compartments of the lower leg which can ease the pain and problems from shin splints.

OSTEOARTHRITIC KNEE PAIN

The medial posting of the insole can change the loading of the knee joint which can reduce the pain both during activity as well as resting. Studies^{*} have shown very good results in treating medial osteoarthritis in valgus knees. The medial posting reduce the loading of the affected joint surfaces which will reduce the pain both during activity as well as during rest.

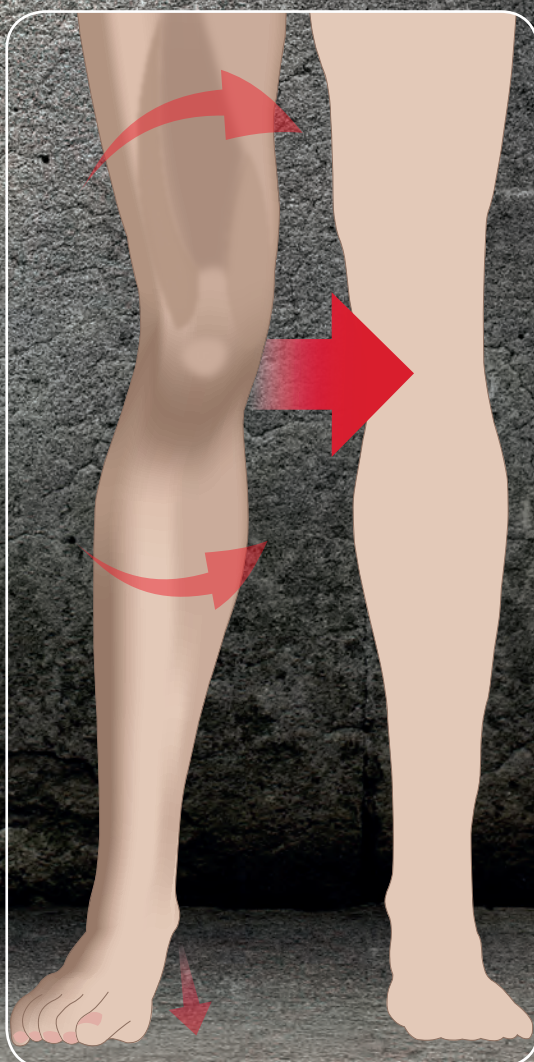
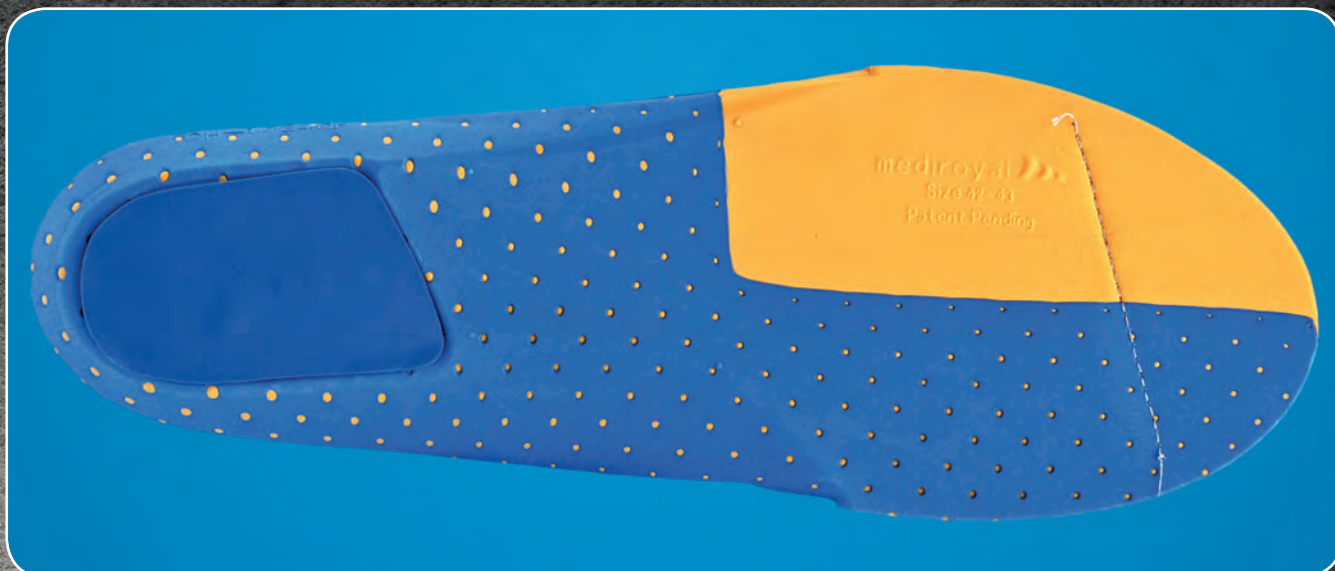
PATELLA FEMURAL PAIN/INSTABILITIES

A medial posting can be very beneficial for lateral patella instabilities. If the foot pronates the knee will turn into valgus which creates an excessive Q-angle of the patella. This along with muscular instabilities can accelerate the lateral patella instabilities. Mediroyal MOW[®] insole will provide and effective medial posting to the foot and ankle which assists a better tracking of the patella.

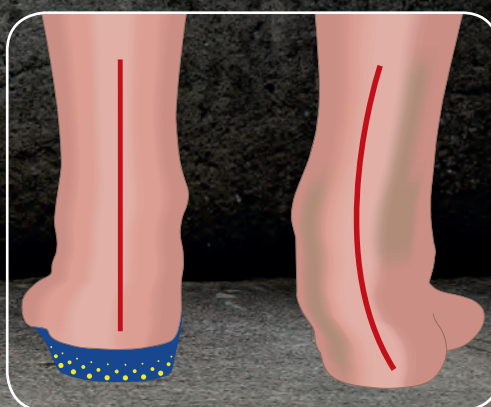
ACL RUPTURES/ACL RECONSTRUCTIONS

A medi Anteromedial rotation is usually less wanted on patients with ACL ruptures or that have undergone reconstruction. The Mediroyal MOW[®] insole provides medial posting which reduces anteromedial rotation during loading. This can both provide a better knee control as well as an increased proprioception.

* Effectiveness of Medial-Wedge Insole Treatment for Valgus Knee Osteoarthritis PRISCILLA T. RODRIGUES, ANA F. FERREIRA, ROSA M. R. PEREIRA, ELO 'ISA BONFA', EDUARDO F. BORBA, AND RICARDO FULLER Arthritis & Rheumatism Vol. 59, No. 5, May 15, 2008, pp 603-608



↑Even small instabilities in the foot can lead to drastic effects in the joints above.



↑Mediroyal MOW® makes it easy to correct and stabilize the foot.

↑Pronation is common and can be one factor that can lead to an overload injury.



↑The medial posting provides an effective way to compensate pronation.

LOW[®] LATERAL ORTHOTIC WEDGE

We are all born with different foot status. Some of us have perfect feet and doesn't need any support or corrections. However most of us are born with minor foot problems that might require corrections or support.

A foot with supination changes the biomechanics creating a less shock-absorbing structure. The foot and lower leg becomes stiffer and the lack of shock absorption can lead to both pain and instability.

Reduce pain

Mediroyal has together with CPO Lars Eghamn developed Mediroyal LOW[®] that supports the forefoot laterally. It can easily compensate for a varus deformity and correct forefoot supination. This can be used both in rehabilitation to reduce pain and for temporary correction to evaluate the effect in an easy way.

Patients with medial osteoarthritis in the knee joint can use Mediroyal LOW[®] to change the loading in the knee joint. Patients that use functional knee braces to unload the knee joint can use the Mediroyal LOW[®] insole to increase the effect. Patients with lateral ankle injuries or chronic lateral instability can use Mediroyal LOW[®] to decrease the risk for re-spraining the ankle.

Mediroyal LOW[®] can be used for:

MEDIAL OSTEOARTHRITIS

Medial osteoarthritis to change the loading surface of the joint.

FOREFOOT VARUS

As a temporary correction of forefoot varus.

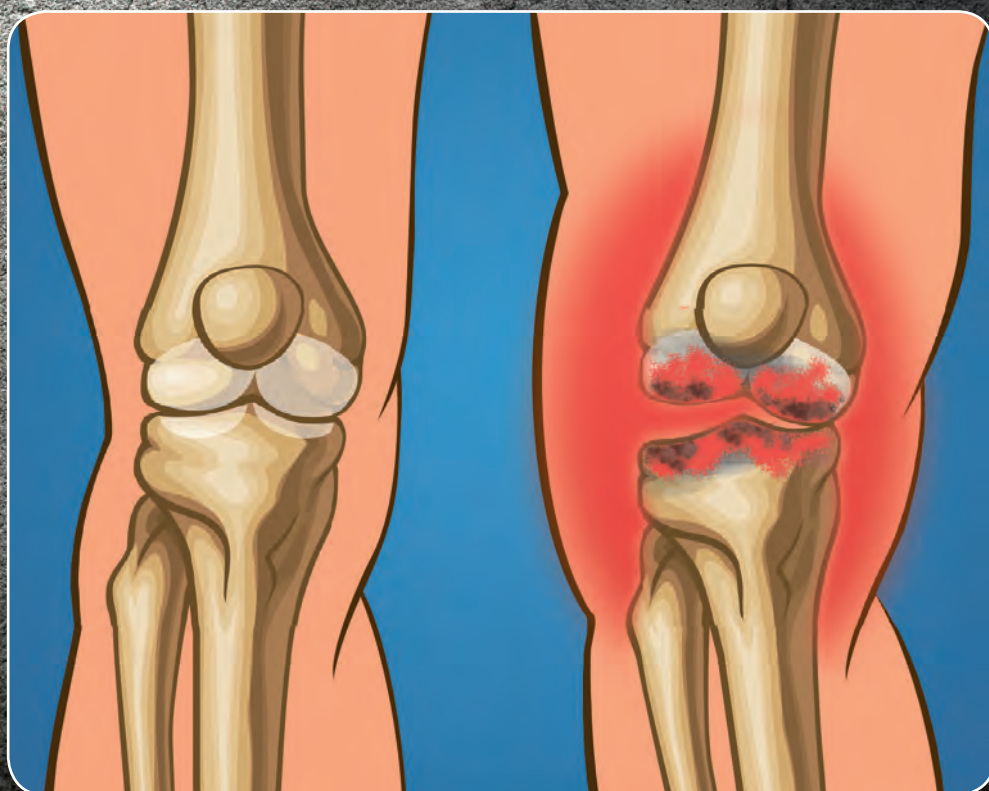
LATERAL ANKLE INJURIES

Lateral ankle injuries both during rehabilitation as well as returning back to activity to not re-sprain.

Mediroyal LOW[®] is made from EVA in two densities with Nitrex[®] in the heel area to increase shock absorption. Nitrex[®] is a new shock absorbing material that has been developed to effectively absorb shock waves. A foot that supinates has lower natural shock absorption. Nitrex[®] in combination with the biomechanical heel cup design and the EVA materials provides a good functional shock absorption.

High durability and comfort

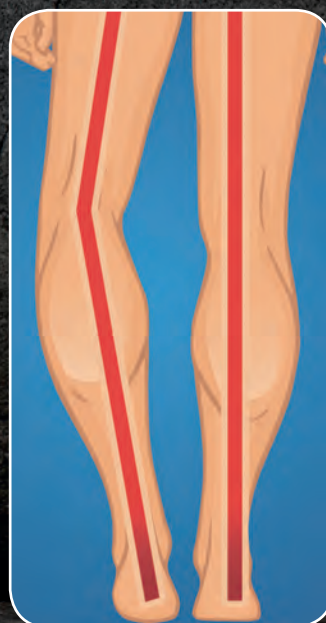
The lateral support is 5-7 mm in the fore foot, depending on the size. The cover of the insole is made from high-friction polyamide for high durability and comfort.



↑Pain caused by medial gonarthrosis can be reduced by using the Mediroyal LOW[®] insole.



↑Supination can be effectively compensated by the Mediroyal LOW[®] insole.



↑Varus knee and supination can cause pain.

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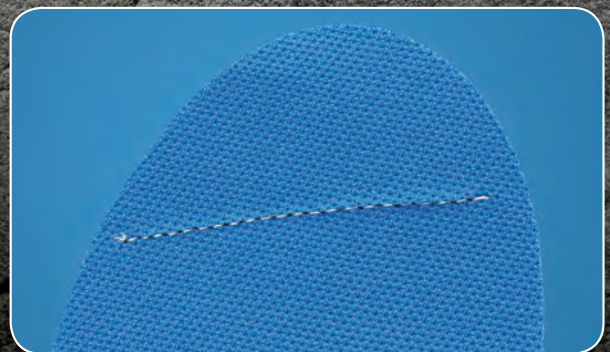
MR1500 MEDIROYAL MOW®



MOW® MEDIAL ORTHOTIC WEDGE

MOW® is made of EVA foam in two densities along with Poron® in the heel area for increased shock absorption.

The posting effect is 5-7 mm effectively depending on the size. The cover is made from a high friction polyamide for good durability and comfort. Mediroyal MOW® insole has also been fitted with ESD (Electrostatic Discharge) function which allows it to fully function in a working or hospital environment along with an ESD-certified shoe.



↑MOW® insole has been fitted with ESD (Electrostatic Discharge) function.

MR1500 MEDIROYAL MOW®

Available in double sizes:

34/35
36/37
38/39
40/41
42/43
44/45
46/47

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MR1700 MEDIROYAL LOW®



LOW® LATERAL ORTHOTIC WEDGE

Mediroyal LOW® is made from EVA in two densities with Nitrex® in the heel area to increase shock absorption.

Patients with medial osteoarthritis in the knee joint can use Mediroyal LOW® to change the loading in the knee joint. Patients that use functional knee braces to unload the knee joint can use the Mediroyal LOW® insole to increase the effect. Patients with lateral ankle injuries or chronic lateral instability can use Mediroyal LOW® to decrease the risk for re-spraining the ankle.



MR1700 MEDIROYAL LOW®

Available in double sizes:

34/35

36/37

38/39

40/41

42/43

44/45

46/47

MR1600 XFW EXTRA FOREFOOT WEDGE



XFW EXTRA FOREFOOT WEDGE

XFW stands for Extra Forefoot Wedge. This wedge can be used together with the Mediroyal MOW® and LOW® insoles to increase the lateral/medial correction.

The wedge is 6 mm and made of high density EVA. It can be used either lateral or medial to correct the forefoot. It can be fixated by the enclosed self-adhesive tape or glued permanently in place by using contact glue. Sold in 1 pair.

MR1600 XFW EXTRA FOREFOOT WEDGE
Universal size, 34-47.



↑Neutral foot status.



↑Supination.



↑Pronation.

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