LEXINGTON PODIATRY
the foot and ankle specialists

QUAD A

Features:

- Neutral Cushion Shoe
- Lateral Heel Stabilizer
- Consider Stability models for heavier individuals

Shoe Recommendations:

- Asics Gel-Pursue, Gel-Nimbus 16
- Brooks Ghost, Glycerin
- New Balance 1080, 880
- Saucony ProGrid Ride

QUAD B

Features:

- Stability
- Straight Last

Shoe Recommendations:

- Asics Gel-DS Trainer (narrow), Kayano 20
- Brooks Adreneline GTS or Connect (narrow)
- New Balance 1260, 940
- Saucony ProGrid Ride

QUAD C

Features:

- Neutral Cushion Shoe
- Consider Stability models for heavier individuals

Shoe Recommendations:

- Asics GT 2000 2.0, Gel Nimbus 16, Kayano 20
- Brooks Defyance, Ghost, Addiction Walkers
- New Balance 1080, 890, 1210 (Offroad), 928(Walking)
- Saucony ProGrid Echelon or Ride

QUAD D

Features:

- Stability Shoe
- Straight last
- May need Motion Control for heavier individuals

Shoe Recommendations:

- Brooks Dyad (wider), Addiction Walkers
- Asics Gel Kayano 20, Fortitude (more cushion)
- Saucony ProGrid Omni
- New Balance 1260, 990, 860

QUAD E

Features:

- Stability Shoe
- Straight Last

Shoe Recommendations:

- Asics GT 2000 2.0, Gel Nimbus 16, Kayano 20
- Brooks Adreneline GTS (heavier wt. E quads), or Defyance or Ravenna (lighter wt. E quads)
- New Balance 1080, 890, 1765 (Petite), 940 (Heavy)
- Saucony ProGrid Echelon or Ride

QUAD F

Features:

- Motion Control Shoe
- Posted heel
- Straight Last

Shoe Recommendations:

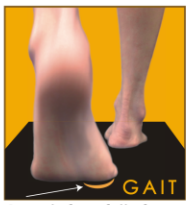
- Asics GT 3000, Gel-Fortitude or Gel-Foundation
- Brooks Beast for Men, Ariel for Women, Addiction Runners, Dyad
- New Balance 1540, 1340, 1260, 940, 990
- Saucony Progrid Stabil

Please note that not everyone understands the medical interpretation of "motion control/stability/neutral cushion" shoes. When you encounter this while shopping, it is best to lean more towards the model numbers given. However, model numbers change frequently. The most important piece of information to have is that the shoe should not bend at the arch but should bend at the toe-box when you try the bending test. If the shoe bends at the arch, look for another one.

www.thequadrastepsystem.com

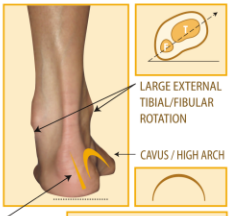
A

SEVERE PES CAVUS



Propels forcefully from 1st Metatarsal

- Poor Shock Attenuation
- Excessive Supination
- Narrow or Cross Over Gait



KEY ORTHOTIC FEATURES

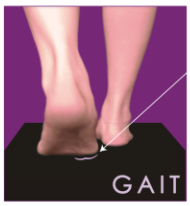
- Lateral Forefoot Posting
- 1st MTH Cut-Out
- Deep Lateral Heel Cup
- Equinus Correction

POSSIBLE CLINICAL SYMPTOMS

- Lateral Ankle Instability
- Peroneal Tendonitis
- Heel Pain
- 5th Metatarsal Base Pressure
- Lower Back Pain
- Sesamoiditis, HAV, Hammer Toes
- Knee Recurvatum

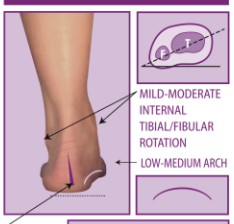
B

MILD PES PLANUS



Toe In Gait

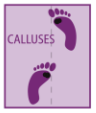
- Pronates through Mid-Stance
- Re-supinates in Propulsion
- Propels off 1st and 2nd MTH's



POSSIBLE CLINICAL SYMPTOMS

- Neuromas
- Sesamoiditis
- May occur with leg length discrepancies
- 1st Ray Hypermobility
- Sacro-iliac Pain
- Often Unilateral*

*Contact us for more information on our mis-match program.

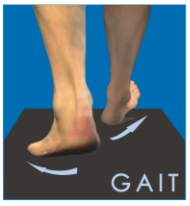


KEY ORTHOTIC FEATURES

- Medial RF Posting
- Intrinsic Lateral FF Posting
- Mild Medial Skive

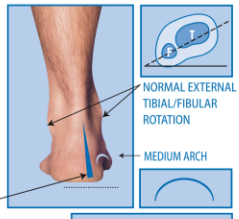
C

NEUTRAL FOOT



Toe Out Gait

- Poor Shock Attenuation
- Restricted STJ Pronation
- Propels off Medial Hallux



KEY ORTHOTIC FEATURES

- Neutral RF Posting
- Medium Arch
- Standard Depth

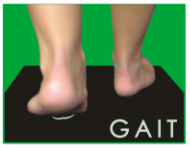
Great for Hip & Back Pain!

POSSIBLE CLINICAL SYMPTOMS

- Retrocalcaneal Bursitis
- Lateral Hip Pain
- Haglund's Deformity
- Lower Back Pain
- Iliotibial Band Syndrome
- Pinch Callus Medial Hallux

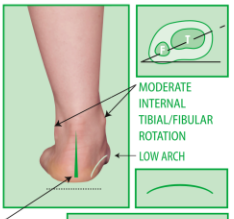
D

MODERATE PES PLANUS



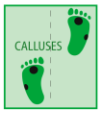
Propels off 2nd and 3rd Metatarsal (due to Transverse Metatarsal Arch Reversal)

- Neutral Toe Out
- Pronation through Midstance
- Midtarsal Joint Instability



POSSIBLE CLINICAL SYMPTOMS

- Plantar Fasciitis
- Metatarsalgia
- Functional Hallux Limitus
- Patellofemoral Pain Syndrome
- Posterior Tibial Tendonitis
- Neuromas
- Dorsal Bunions

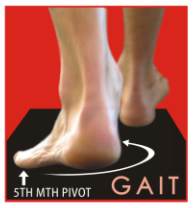


KEY ORTHOTIC FEATURES

- Deep Heel Cup
- Medial RF Posting
- Moderate Medial Skive
- Medial Flare

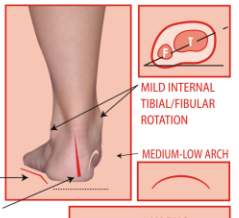
E

ABDUCTOVARUS FOREFOOT



Medial Heel Whip

- Narrow Heel Base Gait
- Restricted Subtalar Pronation
- Pivots at 5th MTH in Propulsion

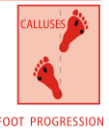


KEY ORTHOTIC FEATURES

- Medial RF & FF Posting
- 5th MTH Cut-Out
- 1st MTH Relief
- Mild Medial Flare

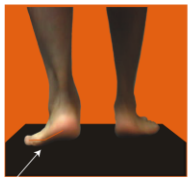
POSSIBLE CLINICAL SYMPTOMS

- Shin Splints
- Plantar Fasciitis
- Tailor's Bunionette
- Cuboid Syndrome
- Medial Knee Pain
- Forefoot Equinus



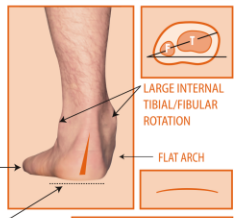
F

SEVERE PES PLANOVALGUS



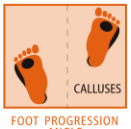
Lateral Column Instability

- Pronates through Propulsion
- Severe MTJ Instability
- Propels from Central MTH's



POSSIBLE CLINICAL SYMPTOMS

- Posterior Tibial Dysfunction
- Tarsal Tunnel Syndrome
- Plantar Fasciitis
- Patellofemoral Pain Syndrome
- Subfibular Impingement
- Hallux Limitus
- Splayfoot



KEY ORTHOTIC FEATURES

- Depth Orthosis
- Large Medial Skive
- Medial RF & FF Posting
- 1st MTH Cut-Out to Peroneal Function

Ideal for PTTD!