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The Effects of off-the-Shelf Foot Orthoses on the Quality of Life of Patients

cost-effective but more evidence on their clinical effectiveness is required. This study aims to evidence for off-the-shelf foot orthoses.

Methods: Thirty-five patients participated in the study (mean age (SD) was 52.4 (13.3) years). None of the participants had received foot orthoses or had contra-indications to their use. Participants were excluded if they suffered from concomitant musculoskeletal disease, endocrine disorders, and neurological disease. For the within subject controlled study design, data was collected at baseline, three months and six months. A biomechanical assessment was carried out at baseline and the chair-side customized off-the-shelf foot orthoses supplied. Every patient completed the Leeds Foot Impact Scale (LFIS) questionnaire at each visit.

Results: For $LFIS_{if}$ subscale there was statistical significance between baseline and three months (p=0.000) and baseline and six months (p=0.000). Similar results were also found for $LFIS_{ap}$ between baseline and three months (p=0.001) and baseline and six months (p=0.000).

Conclusion: This study suggests that cost-effective off-the-shelf foot orthoses are effective in the management of early RA patients. Patients may expect to see an improvement in QOL by three months with a further improvement by 6 months. This positive effect on QOL is also clinically significant provided patients wear their orthoses for at least six months.

Keywords:)RRW 2UWKRVHV 2UWKRWLFV LQVROHV WKHUDSHXWLF P/RYHGRVHQW SK IRRW LPSDFW VFDOH 4XDOLW\ RI OLIH 5HXPDWRLG $UWKULWLV 0DQDJHPHQW RUWKRWLFV FRPPRQO\ QRZQ DV LQVROH ZLWK WKH DLP RI LPSURYLQJ MRLQW DQG JDLW PHFKDQLFV DQG LQGLUHFWO\ LQIOX TXDOLW\ RI OLIH 7KH SUHFLVH PHFKDQL

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6WUXFWXUDO IRRW LQVXIILFLHQFLHV DSSHDU WKDW WKH IRRW ZLOO KDYH WR ILQG SUREOHPV VR WKDW WKH ERG\ FDQ VWLOO SHUIRUP 7KH UHVXOW RI WKLV LV D IRRW WKDW ZKDW WKH KHDOWK\ IRRW FDQ DGDSW WR WKH HIIHFWV RI DFWLYH VPDOO MRLQW GHIRUPLWLHV RYHU WLPH VXFK DV WKH PDQ\ IXQFWLRQV RI WKH IRRW LQYROYHPHQW LQ 5$ FDQ KDYH D QHJDWLYH HIIHFW RQ