



# PRESCRIPTION ORTHOSES PRODUCT STANDARDS

If order form is not filled out in its entirety, PAL lab standards listed below will apply.

## SPORT ORTHOSES

Top Cover - Black Naugahyde  
Heel Cup Depth: 10mm  
Forefoot Width: Normal  
Forefoot Posting: According to cast  
Rearfoot Posting: Extrinsic  
4° Inverted / 4° Motion

**System 3.0 Sport**  
2.6mm Procarbolene

**ProTech**  
1/8" Polypropylene

**Marathotic**  
5.0mm Polyethylene

**Advantage+**  
1/8" Polypropylene

## Leisure ORTHOSES

Top Cover: Light Blue Naugahyde  
Forefoot Width: Normal  
Forefoot Posting: According to cast  
Rearfoot Posting: Extrinsic  
4° Inverted / 4° Motion

**Pedestrian**  
3.0mm Polyethylene  
Heel Cup Depth: 10mm  
Arch Fill: 1/4" SBR  
Extension: Covered to End of Toes with 1/16" SBR  
Bottom Cover: 1/16" Prolite  
Unavailable: Intrinsic Rearfoot Posting

**Enhanced Fit**  
1/8" Polypropylene  
Heel Cup Depth: 12mm  
Extension: Covered to End of Toes with 1/8" PPT  
Bottom Cover: Silon

## DRESS ORTHOSES

Top Cover: Navy Naugahyde  
Forefoot Posting: According to cast

**System 3.0 Women's Flat/Pump**  
2.6mm Procarbolene  
Heel Cup Depth: 10mm  
Forefoot Width: Narrow  
Rearfoot Posting: Intrinsic  
4° Inverted / 4° Motion

**System 3.0 Women's High Heel**  
2.6mm Procarbolene  
Heel Cup Depth: Flat/Cup  
Forefoot Width: Narrow  
Extension: Forefoot Blend to Sulcus with 1/16" Prolite

**System 3.0 Men's Dress**  
2.6mm Procarbolene  
Heel Cup Depth: 10mm  
Forefoot Width: Narrow  
Rearfoot Posting: Intrinsic  
4° Inverted / 4° Motion

**Steppin' Out**  
1/8" Polypropylene  
Heel Cup Depth: 10mm  
Forefoot Width: Narrow  
Rearfoot Posting: Intrinsic  
4° Inverted / 4° Motion

**Advantage+ Dress**  
1/8" Polypropylene  
Heel Cup Depth: 10mm  
Forefoot Width: Normal  
Rearfoot Posting: Intrinsic  
4° Inverted / 4° Motion



**Roberts Whitman**  
5.0 mm Polyethylene  
Heel Cup Depth: 15 mm  
Top Cover: None  
Forefoot Width: Normal  
Forefoot Posting: According to Cast  
Rearfoot Posting: Extrinsic  
4° Inverted/4° Motion  
Lateral Clip & Standard Shaffer

**Heel Stabilizers**  
5.0 mm Polyethylene  
Heel Cup Depth: 22-30 mm  
Top cover: None  
Forefoot Width: Normal  
Forefoot Posting: According to Cast  
Rearfoot Posting: Extrinsic  
4° Inverted/4° Motion

A: Lateral flange extends to cuboid

B: Lateral flange extends to 5th met base

C: Anterior end extends to all met heads

D: Lateral flange extends to sulcus, medial extends to talonavicular joint

E: Lateral flange extends to cuboid, medial extends to sulcus

# PRESCRIPTION ORTHOSES ORDERING INFORMATION & POLICIES

### Pricing & Payments

- Pricing must be finalized with your PAL practice consultants.
- Full payment is due the last day of next month from ship date.
- Delinquent accounts will endure service suspension until payment is received.

### Adjustments, Repairs, & Remakes

- Prescription orthoses have a three (3) month warranty from the original ship date for free adjustments and repairs.  
This three (3) month adjustment/repair period is null and void if the orthoses shell material has been ground, or cut/sawed, or if the soft materials have been exposed to water or other damaging substances other than natural perspiration from wear. Refurbishments will be warranted for three months past their shipping date unless remaining original warranty is longer.
- Any shell modifications and/or accommodations added to the original order will be subject to material and labor charges.
- Changing product type from the original order will result in a full charge.
- PAL reserves the right to limit the adjustments made available on competitor devices.
- Should patient switch shoe type, PAL reserves the right to limit adjustments on orthoses that were made to fit original shoe.
- PAL must have original orthoses in house before determining whether orthoses requires remake.

### Returns & Canceled Orders

- All prescription orthoses offered on this order form are not eligible for a refund on returns.
- Canceled orders that have started the production process may be charged a percentage of the total invoice amount.

### Warranties

- Prescription orthoses have a three (3) month (three months for Advantage+ products) warranty from the original ship date for workmanship and product defects.
- All prescription orthoses, excluding TL products, have a lifetime warranty against shell breakage. TL products have a one year warranty against shell breakage.
- Competitor shells and workmanship and defects are not covered under any warranty.
- All prescription orthoses have an extended Safe & Sound Warranty available for purchase. The Safe & Sound Warranty protects against damage and loss for a two-year period from the original ship date. The Safe & Sound Warranty is highly recommended due to protection against outgrowth for patients 18 years of age and under.
- Any new shell modifications and/or accommodations added to the original order will be subject to material and labor charges.
- All warranties are null and void if the orthoses shell material has been ground or cut/sawed; or if the soft materials have been exposed to water or other damaging substances other than natural perspiration from wear.

### Accepted Impression Methods

- Plaster casts/splints
- STS socks
- Xtremity3D Digital Scans
- Foam box impressions
- XtremityOne Digital Scans

### Cast Storage

- Orthoses casts are stored electronically
- Additional charges apply to return negative casts
- Request to return negative casts must be made at time of initial order