DUAL DENSITY ORTHOTIC TECHNOLOGY

ICB
SUPERIOR BIOMECHANICS

SUPERIOR BIOMECHANICS

www.icbmedical.com

Contents

DUALDENSITYORTHOTICTECHNOLOGY

ICB: Company Profile

Over the past decade, ICB Medical has been at the forefront of Heat Moulding Orthotic design; inventing, refining and patenting unique dual density foot orthoses for use by Healthcare Professionals around the world.

Founded in Australia as a Podiatric based company, ICB has maintained its dedication to harnessing the clinical and technical knowledge of experienced Practitioners to provide the best in biomechanical assessment techniques and treatment products.

ICB's Research and Development team, comprised of Podiatrists, Orthotists and Orthotic Technicians, are continually developing products to assist and support practitioners in providing superior treatment of biomechanical anomalies.

ICB strives to educate Practitioners with the knowledge required to successfully integrate orthotic therapy into their treatment modality, offering patient's continuity of care and enhanced treatment outcomes.

The ICB Orthotic range has been developed from years of clinical experience with the aim to provide premium quality, easily adaptable and cost-effective products.

ICB's innovative Dual Density Technology is incorporated into the product range, providing Healthcare Professionals with the most technologically advanced heat moulding orthotic and associated products in the marketplace.

ICB
SUPERIOR BIOMECHANICS

ICB Dual Density Technology

ICB's patented Dual Density Heat Moulding Orthotics are a **WORLD FIRST** in orthotic design and manufacture. Designed by ICB's Research and Development Team, comprised of Podiatrists, Orthotists & Orthotic Technicians, practitioners using ICB Dual Density Orthotics, are able to achieve enhanced patient treatment outcomes.

The green (firm density) EVA provides greater control and support for both the longitudinal arch and calcaneus - where it is most needed. Whilst the blue (mid density) EVA allows for greater mid tarsal joint and metatarsal shaft comfort.

ICB Dual Density Orthotics are manufactured from 100% EVA - a material that in it's pure form is easy to heat and mould, with superior resilience, allowing it to maintain it's shape. ICB Orthotics are thus able to be fully customised: i.e. heat moulded directly to the patient's foot or plaster cast, and quickly modified by grinding or heating deflections to create specific shapes - allowing Practitioners to offer and create a fully customised solution, within the clinic setting.

PATENTED DUAL DENSITY TECHNOLOGY

ICB Orthotic Specifications

100% EVA
EVA has a long 'construction memory' and can be moulded and adjusted to the patients' feet or cast, simply by applying heat. The Taibrelle covers resist bacteria, and are easily cleaned in warm water.

CLOSED CELL CONSTRUCTION
No air bubbles - so ICB Orthotics will resist compression and distortion.

TRIANGULAR SHAFT
Is a mid foot stabiliser which runs longitudinally from the mid foot through to the forefoot and splays out in a triangular shape. The Triangular Shaft allows weight to be dispersed evenly across the metatarsals through its unique Weight Distribution System (WDS).

5˚ INTRINSIC REARFOOT VARUS ANGLE
This is the ideal angle (due to patients having an average 4°- 6° tibial varum) for optimum performance as recommended by industry standards.

42˚ SAGITTAL INCLINATOR
This gives biomechanical control of the subtalar joint during stance and gait, allowing balance, control and coordination.

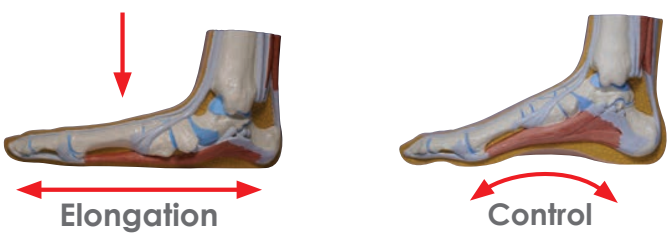
DUAL DENSITY DESIGN
The firmer density EVA gives support to the longitudinal arch and rear foot, aiding in mid tarsal joint support, whilst the medium density EVA provides the patient with forefoot comfort during the gait cycle.

Walking on concrete, paving and other hard surfaces cannot be avoided. However these surfaces do not support the foot's structure appropriately and can cause the feet to collapse – a condition called Excessive Pronation.

Note: Pronation greater than 4°-6° is considered excessive.

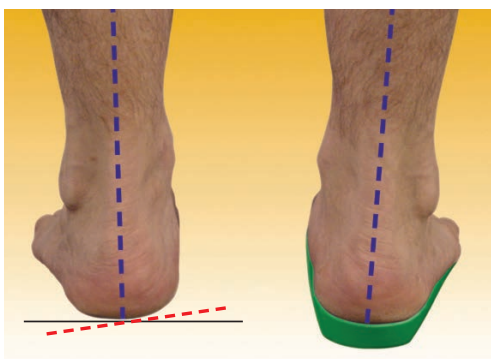
The foot will adapt to the type of surface one walks on; if a soft surface (e.g. sand and soil) the ground will support and mould to the contour of the foot. If walking on a hard flat surface the foot usually pronates excessively to gain contact with the ground to enable toe-off to occur.

Dysfunction of the lower limb can be attributed to two factors:
1. The Tibial Varum Element: When approaching the ground during the gait cycle, the ideal leg exhibits a tibial varum (or slight bow leg).
2. Biomechanical Deformity Factors



When these 2 factors combine Excessive Pronation often results.

Common symptoms of Excess Pronation at the subtalar joint include:
- Calcaneal Eversion
- Mid Tarsal joint collapse
- Medial plantar displacement of the talus upon the calcaneus (talus adducting and plantar flexing)
- Lowering and elongation of the arch structure
- Excess medial lower limb strain
- Excess upper limb compensation e.g. tight ITBs and Ilio Psoas.



4°- 6° Tibial Varum Element

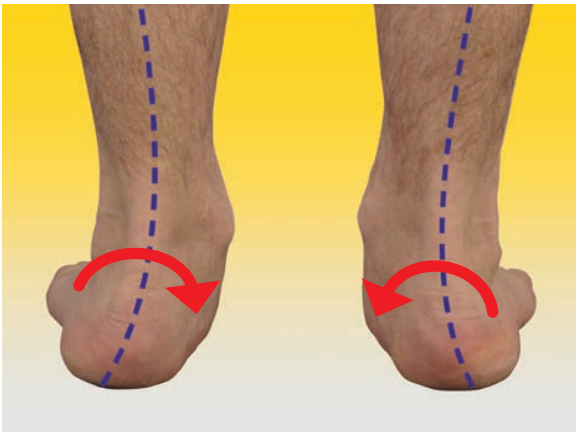
ICB Orthotics: Treating the Cause of Pain

It's estimated that up to 85% of the population suffer from excessive pronation and related conditions. Excessive pronation is not an isolated condition – it contributes to causing mal-tracking and misalignment of the knee joints and hips, causing over compensation of the lower back muscles.

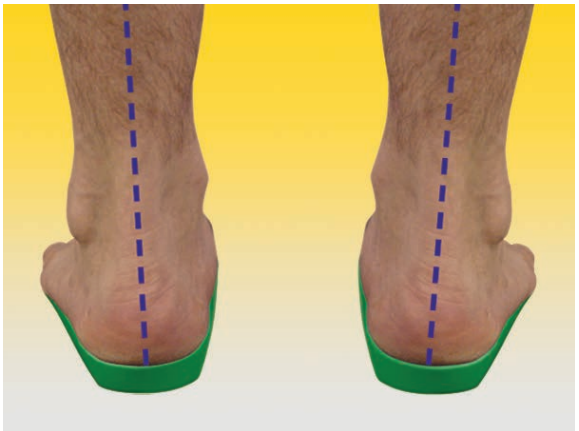
Such biomechanical dysfunction can affect patients of all ages and is not restricted to highly active people. Young children, adults, the elderly, and even top athletes can suffer from excessive pronation and its related effects.

Realigning the lower limbs to the Neutral Calcaneal Stance Position (NCSP or 'ideal') with ICB Orthotics, when integrated within the treatment program, assists in correcting foot function and can provide relief from painful biomechanical complaints, including:

- Bunions
- Corns & Callouses
- Plantar Fasciitis & Heel Spurs
- Metatarsalgia & Morton's Neuroma
- Hallux Limitus
- Shin Splints
- Tibial Stress Syndrome
- Achilles Tendonitis
- Patello Femoral Pain
- Ilio-Tibial Band Syndrome
- Tired Aching Legs
- Hip Pain
- Osteo-arthritis
- Severs Disease
- Osgood Schlatters
- Growing Pains
- Lower Back Pain



RCSP: Resting Calcaneal Stance Position



NCSP: Neutral Calcaneal Stance Position

ICB Orthotics for MILD PRONATION

ICB's **WHITE** Orthotics are specially designed for:
- Mild pronation
- Diabetics
- Geriatrics (including Arthritis sufferers)
- Patients weighing <50kg

ICB's White Orthotics are a soft density EVA that provide mild pronatory control and can easily be heat moulded and customised.

Available in 2 styles:
- 2/3 Length
- Full Length

Patients are able to easily adapt to the realignment and mild functional support.

Sizes available: J, XS, S, M, L, XL

Density Guide	White	Grey
Shore Density	A55	A60

ICB Orthotics for KIDS

ICB's **MULTICOLOUR** Orthotics are specifically designed for young children with excessive pronation. ICB Multicolour Orthotics are great for general use in children aged 15 months to 12 years.

ICB Multicolour Orthotics are constructed from a medium density EVA, providing children with excellent biomechanical support and control. A 5° rearfoot varus angle has been incorporated into the orthotics to offer stability and correction to growing children. The Multicolour Orthotics are bright and colourful, making wearing them a fun experience for kids.

Available in 3 styles:
- 2/3 Length
- Children's High Flange (refer page 9)
- Full Length

Patients may take a few days to gain full compliance to the support and control offered by the Multicolour orthotics.

Sizes:
- **2/3 Length: I, T, K, SJ, J, XS**
- **Full Length: I, T, K, SJ, J, XS**

Density Guide	Multicolour
Shore Density	A60

ICB High Flange Orthotics for KIDS

The ICB Children's High Flange Orthotics are designed to provide additional support and control to the feet. The 25mm deep heel cup, coupled with high medial (25mm) and lateral (35mm) flanges combine to realign the calcaneus and give extra support to the medial arch, resulting in improved balance, co-ordination and pronation control.

ICB Children's High Flange Orthotics are constructed from a multicoloured medium density EVA. An intrinsic 5° rearfoot varus angle offer's stability and correction, whilst the EVA allows for easy deflections to be heated (or ground) into the device – making this a highly adaptable orthotic for children.

ICB Children's High Flange Orthotics are particularly useful when treating children with hyper mobility, low muscle tone, mild Cerebral Palsy, or for those who just require extra support.

Available in 2/3 Length style.

Sizes available: T, K, SJ, J, XS

Density Guide	Multicolour
Shore Density	A60

ICB Orthotics for MEDIUM PRONATION

ICB's **BLUE** Orthotics are specifically designed to suit the standard patient who exhibits medium pronation. Blue ICB Orthotics are great for use in patients weighing 55kg - 75kg.

ICB Blue Orthotics are constructed from a mid density EVA, providing patients with excellent biomechanical support and control.

Available in 2 styles:
- 2/3 Length
- Full Length

Patients may take a few days to gain full compliance to the support and control offered by the blue orthotics.

Sizes available:
- **2/3 Length: J, XS, S, M, L, XL, XXL**
- **Full Length: J, XS, S, M, L, XL, XXL**

Density Guide	Light Blue	Dark Blue
Shore Density	A60	A65

ICB's **SPORTS DUAL DENSITY** Orthotics are designed for active patients involved in high performance sporting activities and for general use when the patient requires more support in the heel and arch.

The ICB Sports Dual Density Orthotics are constructed from a combination of firm and medium density EVA. Firm density EVA in the heel cup and arch provides increased stabilisation of the foot and pronation control, whilst a mid density EVA offers increased comfort in the mid and forefoot.

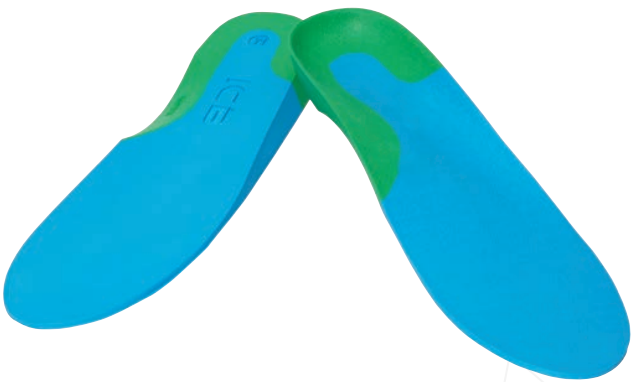
The medium density blue EVA under the heel also provides an intrinsic deflection, ideal for use in heel spur sufferers.

Available in 2 styles:
- 2/3 Length
- Full Length

Patients may take a few days to gain full compliance to the support and control offered by the Dual Density Sports Orthotics.

Sizes available: J, XS, S, M, L, XL, XXL

Density Guide	Blue	Green
Shore Density	A65	A75



ICB Orthotics for SEVERE PRONATION

ICB's **GREEN** Orthotics are specifically designed to treat patients with severe pronation and its pronatory effects.

Green ICB Orthotics are ideal for athletes, highly active patients, and for people weighing >90kg.

ICB Green Orthotics are constructed from a firm density EVA, providing patients with superior subtalar joint realignment, pronation correction and foundational support of the lower limbs.

Available in 2 styles:
- 2/3 Length
- Full Length

Patients may require a few days to gain full compliance to the support and control offered by the ICB Green Orthotics.

Sizes available: J, XS, S, M, L, XL, XXL

Density Guide	Light Green	Dark Green
Shore Density	A75	A80

ICB Orthotic: UNCOVERED* Range

ICB provides an Uncovered* range of orthotics for practitioners wishing to mould to a cast and make more complex modifications, and then apply their own vinyl covers.

The versatility of the Uncovered* range allows the practitioner to easily create deflections including plantar fascial grooves, metatarsal head deflection and heat generated heel spur deflection.

ICB Uncovered* Orthotics are 100% EVA, with a 5° intrinsic rearfoot varus angle, triangular shaft and 42° sagittal inclinator.

Available in 3 densities: SOFT (white), MID (blue) and FIRM (green) and 2 styles:

	2/3 Length	Full Length
SOFT density	J, XS, S, M, L, XL	J, XS, S, M, L, XL
MID density	J, XS, S, M, L, XL, XXL	J, XS, S, M, L, XL, XXL
FIRM density	J, XS, S, M, L, XL, XXL	J, XS, S, M, L, XL, XXL

** Available in Australia & NZ only.*

ICB Orthotics for HIGH HEELS

Purpose-built to fit into ladies high heel fashion footwear, the ICB High Heel Orthotic features a ***3° rearfoot varus post*** (to allow for the natural supinatory effect on the foot, which occurs when wearing heels of 2cm or more), and exhibits the same Triangular Shaft element found in the rest of the ICB Orthotic range, whilst incorporating a forefoot sulcus extension. The Triangular Shaft supports the transverse and longitudinal arch of the foot, and finishes under the 2nd, 3rd and 4th metatarsal heads.

The forefoot sulcus extension offers increased comfort and reduces the medial to lateral movement of the orthotic in the shoe. ICB High Heel Orthotics are extra thin under the heel pad to reduce heel slippage and allow velcro to be used to secure the orthotic in the heel counter.

ICB High Heel Orthotics are most effective when worn in low heel and high heel court shoes. They can also be fitted to flat shoes with a shallow heel cup.

Sizes Available: XS, S, M & L

Density Guide	Grey	Black
Shore Density	A65	A70

ICB's Dress Style Orthotic is the same density as the Sports Dual Density range (see page 11) however the lateral border has been removed, & the heel cup reduced to 10mm .

The removal of the lateral border makes this style ideal for broad feet, as the foot can naturally splay, without any irritation on the lateral side.

The 2/3 length style can also be used to fit into narrow fitting shoe styles, such as moccasins, 'boat shoe' styles and men's dress shoes. The Full Length Dress Style is ideal for football & soccer boots.

Being constructed from a combination of firm and mid density EVA, ICB's Dress Style orthotics are suitable for most patient's, as they offer excellent rearfoot and arch support, coupled with comfort in the midfoot and forefoot.

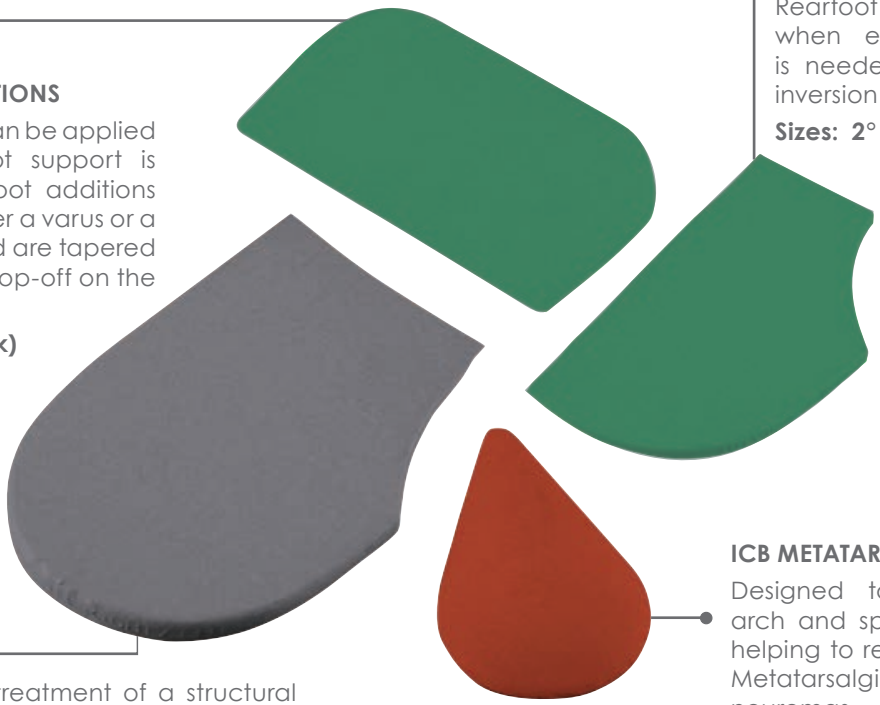
Sizes available:
- **2/3 Length: J, XS, S, M, L, XL, XXL**
- **Full Length: J, XS, S, M, L, XL**

Density Guide	Blue	Green
Shore Density	A65	A75

For wide feet and narrow fitting footwear.

ICB Orthotic ADDITIONS

ICB has developed a range of additions designed to reduce wastage and allow for easy in-clinic application. All ICB Additions are reversible and can be used on both a left and right orthotic, and are supplied with premium quality double-sided tape.



ICB FOREFOOT ADDITIONS

Forefoot additions can be applied when extra forefoot support is needed. ICB forefoot additions can be used for either a varus or a valgus deformity and are tapered to allow a smooth drop-off on the distal edge.

Sizes: 4° & 6° (10 Pack)

ICB REARFOOT ADDITIONS

Rearfoot additions are applied when extra rearfoot control is needed (more than the 5° inversion built into ICB Orthotics).

Sizes: 2° & 4° (10 Pack)

ICB METATARSAL DOMES

Designed to lift the transverse arch and spread the metatarsals, helping to relieve the symptoms of Metatarsalgia, pinched nerves and neuromas.

Available in FIRM & SOFT densities.

Sizes: Small & Large (10 Pack)

ICB HEEL LIFTS

Used to aid in the treatment of a structural short leg. Always use a heel lift in conjunction with an orthotic.

Sizes: 4mm (S, M & L), 6mm (S, M & L) & 8mm (S, M & L) (10 Pack)

Rearfoot Posting
If required, before heat moulding the orthotic, attach the addition to the medial aspect of the plantar surface using the double-sided tape. Then proceed with the heat moulding process.

Rearfoot varus additions can be used to increase the inversion of the orthotic when moulding to NCSP (that is, when the amount of pronation is in excess of 5°).

Rearfoot wedges can also be used to reduce patient's pronating over the arch of the orthotic. **Sizes: 2° & 4°**

Rearfoot Varus

Metatarsal Domes
Once the orthotic has been moulded, attach the dome to the ICB Orthotic using the double-sided tape provided.

Do not place the dome directly under the metatarsal heads, rather attach just slightly posterior to the metatarsal heads.

The metatarsal domes can be attached in several positions to alleviate painful conditions resulting from dropped metatarsal heads, including Metatarsalgia and Morton's Neuroma. **Available in: SOFT & FIRM Densities - Sizes: Small & Large.**

Metatarsal Dome

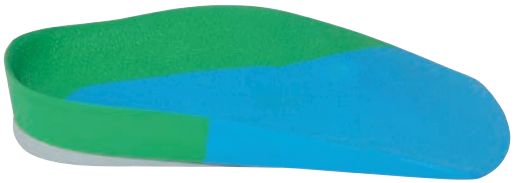
Heel Lifts (regular & extended)

Heel Lifts (regular)
After heat moulding the orthotic, attach the appropriate size heel lift to the rear of the orthotic, using the double sided tape to secure in position.

For a leg length discrepancy, the pronation on the long should first be treated (using ICB Orthotics), with a heel lift being added to the orthotic to lift the structural short leg. Adding a Heel Lift temporarily to ICB Orthotics can also relieve pain associated with Severs Disease and Achilles Tendonitis.

Sizes available:

- **4mm: Sml, Med & Lge**
- **6mm: Sml, Med & Lge**
- **8mm: Sml, Med & Lge**



Heel Lift (regular)

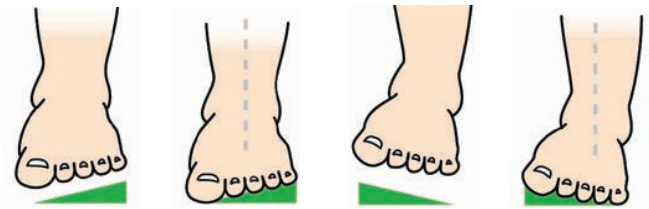
Extended Heel Lifts
ICB Extended Heel lifts are useful when a raise of more than 8mm is required. Finishing behind the metatarsal heads these lifts provide extended control & support, whilst not interfering with the patient's ability to toe-off.

Sizes Available:

- **10mm: Sml, Med & Lge**
- **15mm: Sml, Med, Lge**

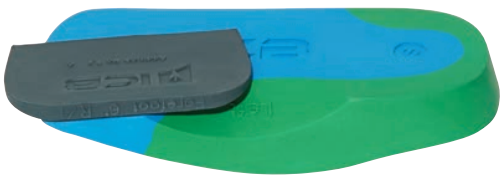
Extended Heel Lift

Forefoot Posting
Before heat moulding, attach the addition to the plantar surface of the orthotic. A forefoot addition should be used for varus and valgus conditions, and can even be used as a Morton's extension for Hallux Limitus. **Sizes: 4° & 6°**



Valgus Treatment **Varus Treatment**

Forefoot Valgus



Forefoot Varus

Inversion/Eversion Ramp
ICB Inversion Ramps can also be used as eversion ramps, or extended forefoot valgus/varus wedges. ICB Inversion Ramps are 32cm long to allow for quick and easy inversion/eversion of an orthotic.

ICB Inversion Ramps are available in **4°, 6° & 8°.**

Inversion/Eversion Ramp

Medial Arch Infills & Flanges

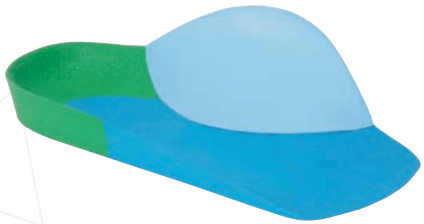
Medial Arch Infills
ICB Medial Arch Infills have been designed using a low density EVA to provide extra medial longitudinal arch support, whilst still maintaining the comfort of the orthotic in the rearfoot and forefoot.
ICB Arch Infills are available in 3 sizes:

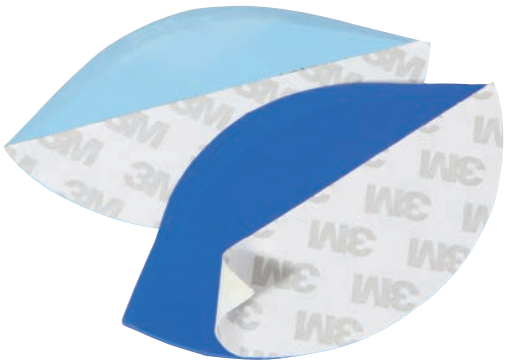
- **Small** (fits XS & SML ICB Orthotics)
- **Medium** (fits MED & LGE ICB Orthotics)
- **Large** (fits XL & XXL ICB Orthotics)

Medial Arch Infill

Medial Flanges
ICB Medial Flanges can be attached to the dorsal surface, on top of the medial arch contour, to provide extra comfort and support. ICB Medial Flanges are available in 2 sizes, and 2 densities:

- **Small** (soft & firm density)
- **Large** (soft, & firm density)



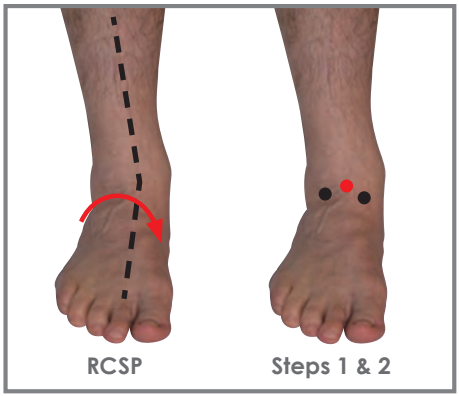


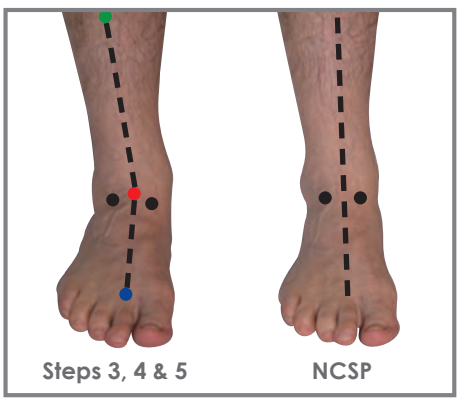
Medial Flange

ICB Anterior Alignment Method (AAM)

1. Find the depression that sits lateral to the talus head & anterior to the lateral malleolar and mark with a dot. Then, find the depression that sits medial to the talus head and anterior to the medial malleolar, and mark with another dot (black dots).
2. Find and mark the bisection between these 2 markings (red dot).
3. Mark the position of the 2nd metatarsal head (blue dot) and join that marking with the talus head bisection marking (red dot).
4. Mark the tibial crest on the lower 1/3 (green dot).
5. Join the tibial crest marking to the talus heads bisection point (red dot).
6. Palpate the Talonavicular joint, until you achieve congruency. When congruency is achieved the 2 lines will appear straight. This position is the Subtalar Joint Neutral Position, and this position should be maintained when heat moulding ICB Orthotics.

The ICB Anterior Alignment Method is also a good visual aid to assist in explaining to patients how an orthotic supports the foot and they themselves can use the markings to move from a pronated to neutral position.



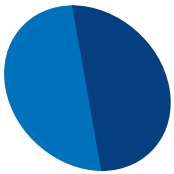


RCSP: Resting Calcaneal Stance Position
NCSP: Neutral Calcaneal Stance Position

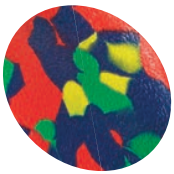
1 Choosing the DENSITY

Factors such as the amount of pronation, the patient's weight, and pre-existing medical conditions (such as Diabetes) should considered when selecting the appropriate orthotic density. Below is a general guide:

SOFT White
For patient's <50kg, or Diabetic & Geriatric Patients



MID Blue
For patients weighing 55-75kg, or medium pronation



MULTICOLOUR
Mid density for children aged 15mths to pre-teens

FIRM Green
For patient's weighing >90kg, or severe pronation

SPORTS Dual
Suitable for general use & sporting activities

2 Select the Orthotic STYLE

2/3 Length

Full Length

High Heel

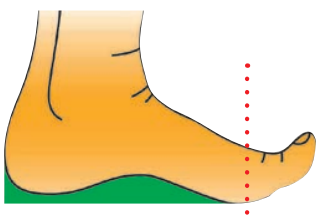
High Flange

Dress Style

3 Selecting the Correct Orthotic SIZE

SHOE SIZE	AUS/USA		UK		EUROPE	
	MEN	WOMEN	MEN	WOMEN	MEN	WOMEN
Infant	K2 - 3.5	K2 - 3.5	K1 - 3	K1 - 3	17 - 19	17 - 19
Toddler	K4 - 6	K4 - 6	K4 - 6	K4 - 6	20 - 23	20 - 23
Kids	K7 - 9	K7 - 9	K7 - 9	K7 - 9	24 - 27	24 - 27
Small Junior	K10 - 12	K10 - 12	K10 - 12	K10 - 12	28 - 31	28 - 31
Junior	1 - 3	1.5 - 4	1 - 2.5	1.5 - 3	32 - 35	32 - 35
X Small	3.5 - 5	5 - 6	3 - 4.5	3.5 - 5	36 - 38	36 - 38
Small	5.5 - 7	7 - 8	5 - 6	5.5 - 7	39 - 41	39 - 41
Medium	7.5 - 9	9 - 10	7 - 8.5	7.5 - 9	42 - 43	42 - 43
Large	10 - 11	11 - 12	9 - 10.5	9.5 - 11	44 - 45	44 - 45
X Large	11.5 - 13	12.5 - 13	11 - 12	11.5 - 12	46 - 47	46 - 47
XX Large	13.5 - 15	13.5 - 14	13 - 14.5	12.5 - 14	48 - 50	48 - 50

Before fitting any orthotic device, ensure the patient's shoes are in good condition. If they are badly worn they should be replaced and any lining or insoles removed.



You can use the sizing chart provided as a guide to estimate the orthotic size based on the patient's shoe size. For greater accuracy place the orthotic under the foot - ensuring the distal edge of the orthotic finishes 5-10mm behind the bisection of the 1st MTPJ.

Patient Compliance: Patients should wear the orthotics for 1 hour on the 1st day (or until discomfort occurs), 2 hours on the second day - gradually building up to wearing them full time.

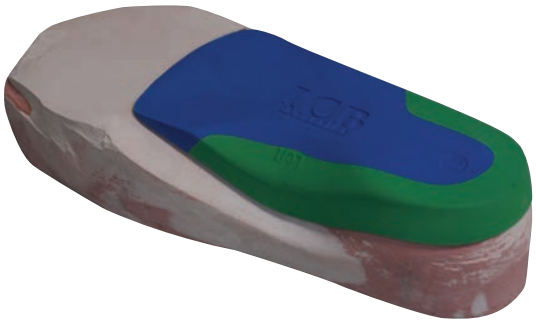
Heat Moulding ICB Orthotics

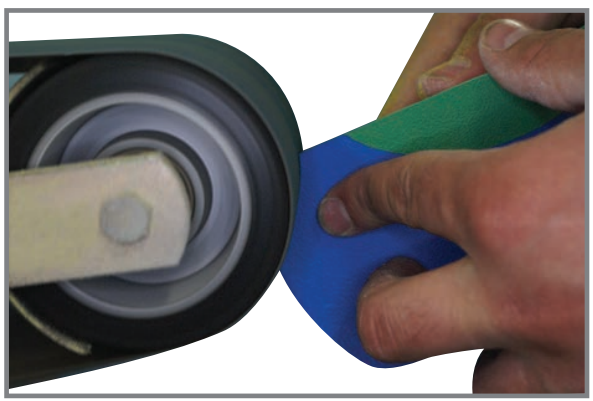
1. Attach any Forefoot or Rearfoot Additions prior to heat moulding.
2. Holding the ICB Orthotic by the distal edge, heat the orthotic using an ICB Heat Gun. Hold the heat gun 15cm from the plantar surface of the orthotic: heating for 10-15 seconds. The words 'left' and 'right' act as a heat indicator. That is, when the words start to melt and flatten, enough heat has been applied. Overheating is not recommended.
3. Place the heated orthotic into the patient's shoe - the patient must wear both left and right orthotics and shoes during the moulding process.
4. As the patient stands in equal weight bearing, place the foot into the Subtalar Neutral Position and using the palm of your hand, cup the medial arch and heel (as shown), applying pressure into the arch for 30-40 seconds, to ensure the orthotic moulds to the patient's arch.
5. Whilst still holding the foot in the neutral position, ask the patient to be seated, and remove the moulded orthotic from the shoe and allow to cool for 1-2 minutes then place back into shoe.
6. Repeat the process for the other foot.
7. Attach any required heel lifts, metatarsal domes, medial arch infills, flanges or inversion/eversion ramps, after heat moulding.

NOTE: It is NOT recommended to apply heat to Taibrelle cover on the dorsal surface.

ICB Orthotics are very versatile and can be custom fitted by heat moulding to the patient's foot in the footwear or by moulding directly to the plaster cast and vinyl covers added, allowing for personal customisation.

ICB Orthotics are 100% EVA which enables them to be moulded completely for full correction and grinding is done in the workshop using a bench or hand held grinder. Pes Cavus foot types can be fully accommodated using the unique moulding ability of ICB 100% EVA orthotics.





Even complex modifications are easy with ICB Orthotics.

Biomechanical Instruments

Gravity Goniometer

ICB's Gravity Goniometer designed for the practitioner who is interested in treating tibial torsion in children and to assess soft tissue compensations acquired due to inherited biomechanical conditions such as tibial torsion.

ICB Gravity Goniometer has a precision laser cut aluminium face dial and aluminium calipers which have been tumbled to smooth the edges. It is supplied in a durable storage case, with a step-by-step User's Guide.

Heat Gun

The ICB Heat Gun is an essential tool when prescribing and fitting ICB Orthotics. Its powerful 2-speed motor is designed to assist Practitioners in heating and customising ICB Orthotics to the contour of each patients' feet. The ICB Heat Gun is lightweight and enables the fitting of ICB Orthotics to take place in only a matter of minutes.

Biomechanical Protractor

The ICB Biomechanical Protractor is a diagnostic tool designed to assist in assessing lower limb biomechanical conditions. With its easy-to-read face dial and swinging arm, this is a handy tool to have. By gaining accurate measurements, Practitioners are then able to formulate the orthotic prescription.

To assist Practitioners in getting started with ICB Orthotics, the Starter Pack includes a range of products, instruments and training literature - everything that is required to start prescribing ICB Orthotics, at a reduced cost.

Included* in the pack:

- 2 pairs of 2/3 Length ICB Orthotics
- 2 pairs of full length ICB Orthotics
- 1 pair of ICB Dress Style Orthotics
- Sample Additions Pack (assorted sizes of metatarsal domes, rearfoot and forefoot wedges and heel lifts)
- Heat Gun
- Biomechanical Protractor
- Paperback copy of '*The Orthotic Solution: A Clinical Guide to Lower Limb Biomechanics & Orthotic Therapy*'.
- A4 Clinic Wall Posters - titles include: Plantar Fasciitis, Metatarsalgia, Achilles Tendonitis, Hallux Abducto Valgus and Hip and Back Pain.
- Patient Education Brochures: easy to understand explanation of orthotic therapy for patients.
- Plus more...

Starter PACK

* Product configuration may vary between regions. Contact your local distributor for more information. Photo opposite is a graphical representation only - pack contents may vary to those shown.

Practitioner Training in Orthotic Therapy

ICB supports its Practitioner's worldwide with Lower Limb Biomechanical Orthotic training courses, educational literature and online tutorials.

ICB's Lower Limb Biomechanics Hands-On Training Workshops are very much practical in format, teaching and demonstrating how to effectively assess and treat patients with orthotic therapy - in combination with other allied health treatment modalities. These courses enable attendees to practice the skills taught, under the supervision of highly trained Presenters.

For more infomation:

www.icbmedical.com/education-training

ICB also has an extensive library of online video training tutorials available on our Youtube channel. Tutorial topics range from biomechanical assessment techniques to orthotic prescription and modification tips and tricks, and much more.

YouTube channel: www.youtube.com/icbmedical

Facebook: www.facebook.com/icbmedical

At ICB we understand the importance of educating patient's in regard to their health and wellbeing, and so provide a variety of helpful aids to assist you in educating your patients in the benefits of orthotic therapy.

► **A2 Clinic Wall Posters - series titles include**:
- Achilles Tendonitis
- Excessive Pronation
- Hallux Abducto Valgus
- Hip & Back Pain
- Inversion Sprain
- Metatarsalgia & Morton's Neuroma
- Plantar Fasciitis

► **Patient Education Brochures**: to assist with educating patients about pronation and it's effects, and how orthotic therapy can assist in the treatment regime.

► **The Orthotic Solution: A Clinical Guide to Lower Limb Biomechanics & Orthotic Therapy**: a practical handbook exploring assessment techniques to assist in the diagnosis of lower limb biomechanical conditions, provide effective treatments, injury prevention and long term pain relief.

ICB
SUPERIOR BIOMECHANICS

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PERFORMANCE
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PATENTED DESIGN
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TECHNOLOGY
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RESULTS ACHIEVED
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