

# HeelBoot™ Orthotic Boot

## Protocol

### Desired Outcomes

- Reduce pressure on the heels
- Correct internal and external hip rotation
- Prevent and aid in the treatment of plantar flexion contractures and foot drop

### Equipment

- HeelBoot Orthotic Boot
- Walking Sole (optional)

### Parts of Procedure

- Proper size boot selection and preparation for application
- Application of the HeelBoot
- Application of the Walking Sole (Optional)

### Proper Size Boot Selection and Preparation for Application

- Choose the correct size HeelBoot based upon mid-calf circumference:
  - 16 inches or less - Regular*
  - More than 16 inches - Large*
- Remove the HeelBoot from its packaging and rotate the toe pad so it can be positioned under the patient's toes. *Adjust to prevent toes from rubbing against bed linens. It can also help to hold the patient's foot off the bed.*
- Open the upper and lower hook and loop closures.

### Application of the HeelBoot

- With the patient in a supine position, gently flex the patient's knee and firmly place the patient's foot into the HeelBoot. *The patient's foot should lay flat against the lower liner of the boot.*
- Secure the lower hook and loop closure over the top of the patient's foot. *The fleece liner should fit snugly, but not too tightly. When the liner is closed, it may overlap at an angle.*
- Secure the upper hook and loop closure around the patient's leg. *The upper liner should fit snugly, but not too tightly.*
- When fitted properly, the patient's heel should be suspended. *The heel should not be touching the molded shell of the HeelBoot.*

### Application of the Walking Sole

The optional Walking Sole is designed for limited ambulation or transfer.

- Remove the Toe Pad and replace the adjustment knob.
- Open the hook and loop straps on the Walking Sole. With the straps facing up, and the curved end toward the patient's toes, position the Walking Sole on the bottom of the HeelBoot.
- Center the hole in the Walking Sole over the adjustment knob on the bottom of the HeelBoot.
- Fasten the attached straps over the top of the HeelBoot. *The straps should fit snugly, but not too tightly. Straps may be trimmed.*

**Note:** Patients should not stand or walk in the HeelBoot without the Walking Sole in place.

### Special Adjustments:

Adjust the Toe Pad to protect the patient's toes from sheets and bedding.

When the patient is in a side-lying position, the Toe Pad can be moved to either side of the boot to hold the patient's foot off the bed and to minimize pressure on the side of the foot.

The Rotation Bar on the back of the HeelBoot can be moved to either side to control internal or external hip rotation.

Patient's skin should be frequently assessed for any signs of redness or breakdown.

Liners should be laundered according to instructions.

Follow your facility's protocol for use of orthotic boots.

# HeelBoot Orthotic Boot

A pressure ulcer is any lesion of the skin caused by unrelieved pressure resulting in damage to underlying tissue. Pressure ulcers usually occur over bony prominences such as the heel, coccyx or trochanter when in contact with a surface, such as a bed, wheelchair, shoe or cast. When pressure is not relieved, tissue ischemia develops and a pressure ulcer results. Most pressure ulcers are preventable. Therefore, early risk assessment, skin care, attention to patient support surfaces and education are essential.

## TERMS

<b>Abduct, Abduction</b>	Movement of a bone <i>away</i> from the midline of the body.	<b>Foot Drop</b>	An abnormal condition of the lower leg and foot, characterized by a foot that is in the “hanging” position and the patient is unable to pull the foot up. This condition is usually caused by a stroke that results in loss of control of muscle function.
<b>Achilles Tendon</b>	The strong tendon joining the muscles in the calf of the leg to the bone of the heel.	<b>Gait</b>	The way a person walks which involves a repeated cycle of limb motions (swing of ankle/foot/leg).
<b>Adduct, Adduction</b>	Movement of a bone <i>towards</i> the midline of the body.	<b>Inversion</b>	Turning of the sole of the foot inward by moving the ankle joint.
<b>Contracture, non-fixed</b>	A temporary shortening and thickening of the connective tissue that restricts the range of motion of a joint. A non-fixed contracture is one in which some degree of movement in the joint can be observed. Examples of non-fixed contractures include foot drop and plantar flexion contracture.	<b>Plantar Flexion Contracture</b>	Pathologic condition whereby the muscles in the calf are tight and pull the foot downward leaving the foot in a “hanging” position. The contracted muscles remain in this position making it difficult for the patient to ambulate. This condition is less common than foot drop and may also be caused by stroke.
<b>Dorsiflexion</b>	Flexion of the foot in an upward position.	<b>Rotation</b>	Movement of the bone around its central axis. Rotation toward the body is internal or medial rotation; rotation away from the body is external or lateral rotation.
<b>Eversion</b>	Turning the sole of the foot outward by moving the ankle joint.		
<b>Extension</b>	Increasing the angle of a joint; e.g., the unbending of a knee or elbow joint.		
<b>Flaccid</b>	Relaxed or having defective or absent muscle tone.		
<b>Flexion</b>	Decreasing the angle of a joint; e.g., bending the elbow. At the ankle joint, flexion is also called plantar flexion.		

Stock No	Description	Quantity
12000	HeelBoot with Laundry Bag, Regular 16” or less mid-calf circumference	12/Box*
12001	HeelBoot with Laundry Bag, Large More than 16” mid-calf circumference	12/Box*
12002	Walking Sole	6/Box
12003	Laundry Bag	6/Box
12004	HeelBoot Replacement Liner, Regular	12/Box*
12005	HeelBoot Replacement Liner, Large	12/Box*



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\* Can be purchased by the box or in eaches.