

ACOR®

Introducing

Chiro-THOTICS™



Comfort Zone:
Microcel Puff® footbed that attenuates shock and cushions the foot.

Balance Stabilizer:
Controls pronation and supination at mid-stride

Arch Control Zone:
Provides firm control of the heel and supports the longitudinal and transverse arch.

Top Cover:
Comfortable Coronet suede or X-Static® anti-microbial silver.

**Custom Design +
Select Materials =
Optimum Cushion and
Support**

www.acor.com
customshoe@acor.com

800-237-2267

Scan this barcode with your
smartphone QR reader
or visit:
www.acor.com/downloads.htm
to download Acor's lineup of catalogs

Look for us:



ACOR®

Chiro-THOTICS™

TRAVELER (Therapeutic)

• Soft for comfort •

Arch Control Zone:
Storm Microcel Puff®

Comfort Zone:
Microcel Puff® Lite

Balance Stabilizer:
Black Extra-Firm Microcel Puff®

Cushion 1 2 3 4
Support 1 2

VOYAGER (Walking)

• Medium cushion/support •

Arch Control Zone:
Navy Microcel Puff®

Comfort Zone:
Blue/Black/Aqua Microcel Puff®

Balance Stabilizer:
Black Extra-Firm Microcel Puff®

Cushion 1 2 3
Support 1 2 3

EXPLORER (Active)

• Firm for support •

Arch Control Zone:
Red Firm Microcel Puff®

Comfort Zone:
Black Ice Microcel Puff®

Balance Stabilizer:
Black Extra-Firm Microcel Puff®

Cushion 1 2
Support 1 2 3 4

Orthotics shown without top covers.
For options, see next page

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Chiro-THOTICS™



EXPLORER

(with Sport top cover)

- any style
- any length
- any topcover
- any modifications
- Includes Impression Foam with prepaid shipping label for next order!

Versatility:

A choice of length insures the ability to fit nearly any shoe style.



To see our huge selection of comfort, dress and athletic shoes visit www.acor.com

Choice of 4 lengths



Full

3/4

1/2

1/4

Choice of 2 top covers



(Dress)

(Sport)*

Coronet Suede **X-Static® NeoSponge™**

* X-Static® silver fibers are woven directly into the fabric. This inhibits the growth of micro-organisms, resists odor and defends against blisters and hot spots.

Available Modifications

• **Rear-foot Wedging:** Material placed at the rear section on the base of the orthosis either medially or laterally with the thickest portion on the outside edge and tapering to zero thickness. Controls pronation (medial) or supination (lateral).



• **Metatarsal Pads:** Teardrop-shaped domed pads placed proximal to the met heads 2-4, to unweight the MPT joints and relieve pressure at the met heads by lifting and spreading the met bones.



• **Depressions:** Recesses in the orthotic filled with soft material (PORON Medical® Urethane) to cushion a tender spot or bony prominence.

• **Heel Spur Pockets:** A round or oval-shaped depression in the orthotic located in the heel area and filled with a soft material (PORON Medical® Urethane) to cushion and relieve a bone spur.

• **Heel Lifts:** Material added to the bottom of the orthosis at the heel and tapered to zero thickness. Helps with back pain and other issues associated with leg length discrepancy.



Acor offers the industry's largest selection of comfort shoes to fit any patient's needs.

Scan the barcode to the right with your smartphone's QR reader or visit www.acor.com/downloads to get our latest catalogs.



ACOR[®] Chiro-THOTICS™

ACOR ORTHOPAEDIC, INC.
18530 South Miles Parkway
Cleveland, OH 44128
ph. 800-237-2267 (select option 1)
fax 216-587-9529
email: customshoe@acor.com

FOR INTERNAL USE ONLY: CAD/CAM Order Number:

ORDER FORM

① **Shoes with which these orthotics will be used:**
SIZE: _____ **WIDTH:** _____
Toe Shape: Oblique Standard

② **Chiro-THOTICS** (indicate quantity and type below):

TRAVELER
length: ___ Full ___ 3/4 ___ 1/2 ___ 1/4

VOYAGER
length: ___ Full ___ 3/4 ___ 1/2 ___ 1/4

EXPLORER
length: ___ Full ___ 3/4 ___ 1/2 ___ 1/4

③ **MODIFICATIONS:**

HEEL SPUR DEPRESSION L R

METATARSAL PADS L R

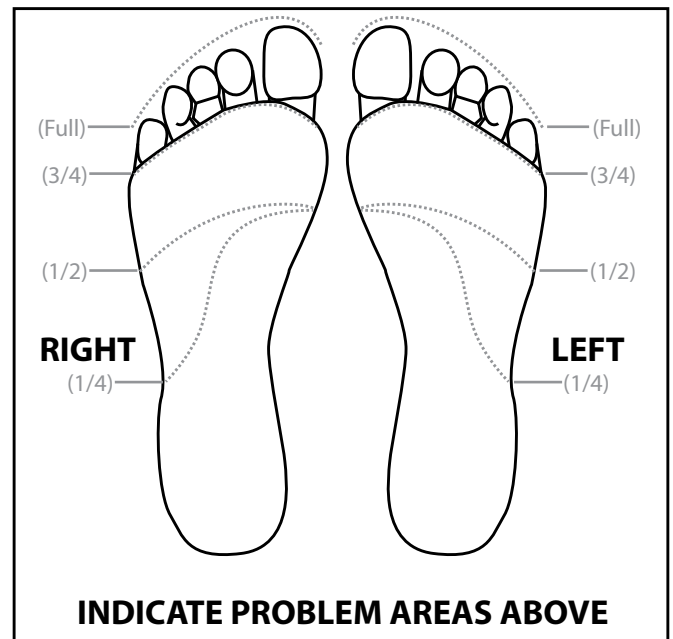
METATARSAL RELIEF (DEPRESSION)
(Please indicate on cast and drawing below)

LEFT					RIGHT				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	1	2	3	4	5

WEDGING - Rear Foot (3mm)
Medial L R
Lateral L R

HEEL LIFT (3mm) L R
(6mm) L R

④ **TOP COVERS**
 Coronet Suede X-Static NeoSponge



Patient Name _____
 Gender: Male Female

Ship to: _____
 Address: _____

 City: _____
 State: _____ Zip: _____
 Phone: _____
 Fax: _____
 Email: _____

Bill to: _____
 Address: _____

 City: _____
 State: _____ Zip: _____
 Phone: _____
 Fax: _____
 Email: _____

CHOOSE A SHIPPING METHOD: **FED EX** **UPS**
 Choose a shipping speed: 1-Day 2-Day Ground

Purchase Order No. _____
 Customer No. _____

FILL IN TO ORDER SHOES HERE:
 Manufacturer: _____
 Style/Item Number: _____
 SIZE: _____ WIDTH: _____ Color: _____

SPECIAL ORTHOTIC INSTRUCTIONS:

