



SchnelleSohle
FAST SOLE

HIGH-RISK FOOT

EMAIL ORDER ▶ bestellung@springer-berlin.de

1 Enter address

COMPANY	PHONE
STREET	
CITY, ZIP CODE	EMAIL
CONTACT PERSON	DATE

2 SIZE CM
(Without addition)

Purchase order:

3 SHOE TYPE



Custom shoe



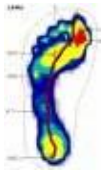
Post-op. / therapeutic shoe



45 Shore A

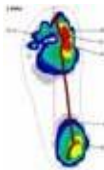
18 Shore A

4 FOOT TYPE



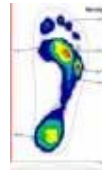
Plano-valgus

Le Ri



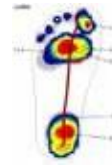
Planotrans versus

Le Ri



Pes cavus

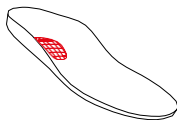
Le Ri



Severe pes cavus

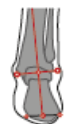
Le Ri

5 LOWERING BASE V

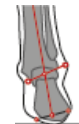


Le Ri
 No lowering
 With lowering

6 HEEL POSITION



Neutral
Le Ri

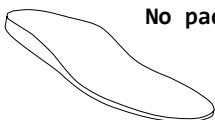


Pronated
Le Ri

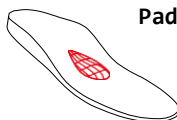


Supinated
Le Ri

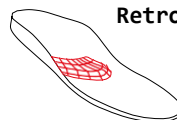
7 METATARSAL MODULE



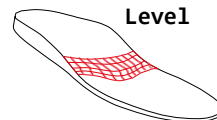
Le Ri
 No
module



Le Ri
 Very flat
 Flat
 Medium
 High



Le Ri
 Flat
 Medium
 High



Le Ri
 Flat
 Medium
 High

SPRINGER

Please send by e-mail