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## **SUMMARY REPORT FOR THE PILOTING OF MODULE III UK**

We aimed to recruit a cross section of participants from those professionals with experience of CAD but not of footwear design and from those with experience of orthopaedic footwear but not CAD. The attendees were participants from commercial organisations where they train people 'in-house' and from training organisations such as the University of Salford (prosthetics and orthotics) and DeMontfort University (design).

In order to be able to complete Module III the participants were required to complete Module I with the focus being on Unit II. In relation to Module III there were 2 stages:

**Stage 1 – the participants** received Module III handbook 2 weeks in advance of the training days to allow for some pre reading and access to Module I was arranged.

**Stage 2 – Piloting Module III.** The pilot training session organizer, Dr Anita Williams provided an introductory session to the 12 attendees in order to outline the aims and learning objectives of the three days which were

- 1 To apply knowledge of 3D CAD technology powered by Icad3D+ software in order to select orthopaedic lasts appropriate for the specific foot pathology.
- 2 To practice the 3D modelling process to a range of different footwear styles, and therapeutic features which are compatible with the specific foot pathology and users expectations
- 3 To practice the 3D modelling process to a range of modifications which are compatible with the specific foot pathology and users expectations

- 4 To develop the skills and competences to produce virtual models of women's and men's and orthopaedic footwear designs.

Module I (foundations in using the CAD tools) was covered first with face to face teaching with access to the CAD tools (supported by the handbook, online slides/resources). Manolo Gomez, Giles Newport and Carena Price provided one to one instruction where needed in order to get some of the participants to the same level as the others. This reinforced the



need for successful completion of Module I before Module III. Dr Anita Williams provided the non- health professionals with information about the need for certain design criteria for 'high risk' feet. This reinforced the need for the training manual for Module III and some extra time allowed for 'inclass' activities using case studies. As the last design is now 'selection of lasts' this component does not require 6

hours. However, two of the technicians from the commercial company reported that they would have liked this element.

The pilot of Module III has been helpful in relation to further development of the resources and the pre- learning. Overall the participants achieved a lot in a little time and all completed the design of one orthopaedic shoe and most managed to complete some of the modifications.

The overall conclusion is that Module III provides the students with the knowledge and skills to produce orthopaedic footwear designs with the provision that they complete Module I first in order to learn the basic concepts (particularly for those who are not familiar with CAD).

Overall the feedback from the participants was good with the better responses being from those who had experience of CAD/ footwear or both. There are some specific suggestions in relation to the software, the content and delivery that would enhance the Module

1. The videos needed to be slower and it would be useful to have a voice to provide instruction
2. More time to complete the footwear design and modifications
3. A step by step guide
4. A demonstration of the whole process before the students practice.
5. A demonstration of how bespoke footwear is made

The feedback from the participants was that generally the course material was easy to navigate and that the content was clear and supported the learning objectives. The practical

exercises were good and the skills development during the intensive 3 days provided a good degree of satisfaction.

Learning the skills alongside gaining knowledge about high risk feet were noted highlights as was the one to one teaching. Those with previous experience of CAD commented that they has enjoyed and valued the experience of using this in relation to the design of footwear, particularly with the underpinning knowledge of the high risk foot and the design features needed for people with these complications.

