bracemasters
640 Perkins Drive
Mukwonago, WI 53149
P 262-797-9771 F 262-797-9795

DRAFO

HP, MP, LP, TAM, SA, DSA, SM

Patient Name:_____

DX:_____

Age:_____ Height:_____ Weight:_____

☐ Left ☐ Right ☐ Bilateral → ☐ Symmetrical Pathology ☐ Asymmetrical Pathology

Heel Height of Shoe:_____

Company:_____

Location:_____

Contact:_____ Phone:_____

PO#:_____ Date Needed:_____

☐ Non-Ambulatory ☐ Transfers ☐ Therapeutic ☐ Household ☐ Community ☐ High: Running / Jumping

REQUIRED FIELDS

DF / PF ALIGNMENT: (Required)

Left: ☐90 ☐-3 ☐-5 ☐-7 ☐-10 ☐ Other

Right: ☐90 ☐-3 ☐-5 ☐-7 ☐-10 ☐ Other

POSITION TO CONTROL: (Required)

L R ☐ ☐ SUPINATION

L R ☐ ☐ PRONATION

HINDFOOT ALIGNMENT: Frontal Plane (Required)

Inversion (Varus) Amount	LEFT ☐ Neutral	Eversion (Valgus) Amount	Inversion (Varus) Amount	RIGHT ☐ Neutral	Eversion (Valgus) Amount

FOREFOOT ALIGNMENT: Frontal Plane (Required)

Inversion (Varus) Amount	LEFT ☐ Neutral	Eversion (Valgus) Amount	Inversion (Varus) Amount	RIGHT ☐ Neutral	Eversion (Valgus) Amount

Please:
Limit next selections to only one section.
Select either A, *or* B, *or* C

A ☐ INSUFFICIENT SHANK,
(selections reqd. in box 1)

1

L R **Shank Control:**
- ☐ ☐ Shank controllable in Terminal Stance, (MP)
- ☐ ☐ Requires Shank Control in Terminal Stance (HP)
- ☐ ☐ ROM Adjustability Required, (Static Adjustable HP)

L R **Inner Boot Style Option:** (Full Height PLS Std.)
- ☐ ☐ SMO Inner Boot, (Not available on Static Adjustable)

B ☐ EXCESSIVE SHANK (Crouch)
Full Height PLS Inner Boot Standard

L R **Shank Control:**
- ☐ ☐ Shank controllable in Terminal Stance, (HP)
- ☐ ☐ Requires Shank Control in Terminal Stance (Transformer)
- ☐ ☐ ROM Adjustability Required, (Static Adjustable)

C ☐ FREE DORSIFLEXION

L R
- ☐ ☐ Low Profile, For pronation control only
- ☐ ☐ High Profile Tamarack
- ☐ ☐ Mid Profile Tamarack
- ☐ ☐ Stop Type:_____
- ☐ ☐ Sport Max, Mid-Profile Tam, Free motion only

SPACER *OR* PAD OPTIONS, (Use for selections in A, B, or C)

L	R		L	R	
Spacer ☐	☐	Medial Ankle	Spacer ☐	☐	Navicular Only
Pad ☐	☐		Pad ☐	☐	
Spacer ☐	☐	Lateral Ankle	Spacer ☐	☐	Base of 5th
Pad ☐	☐		Pad ☐	☐	
Spacer ☐	☐	Medial	☐	☐	Base of 5th to end of toe, Leave-in spacer
Pad ☐	☐	Ankle & Navicular			

SPECIAL FEATURES, (Use for selections in A, B, or C)

L R ☐ ☐ Max Control Strap

Transfer Paper:_____

Special Instructions: (Use back if Necessary)

_____

_____

Finished Ht. (reqd.)

Foot Length (reqd.)

V111612

Date:

Job Number: