

PATIENT INFORMATION:

Patient Name: _____

DX: _____

Age: _____ Height: _____ Weight: _____

-
- Right
-
- Left
-
- Bilateral (symmetrical pathology)
-
-
- Bilateral (asymmetrical pathology)

CUSTOMER INFORMATION

Company: _____

Address: _____

Contact: _____ Phone: _____

PO: _____ Date Needed: _____

PATIENT PRESENTATION:

-
- Non-Ambulatory
-
- Transfers
-
- Therapeutic
-
- Household
-
- Community
-
- High-Run / Jumping

HINDFOOT ALIGNMENT:

- L R
-
-
-
- AS CASTED
-
-
-
- Vertical

FIRST CATCH (DORSIFLEXION)

-
- AS CASTED
-
- L R
-
-
-
- 90°
-
-
-
- 3°
-
-
-
- 5°
-
-
-
- 7°
-
-
-
- 10°
-
-
-
- Other _____

PRIMARY WEIGHT BEARING POSITION TO CONTROL: (FOREFOOT)

- L R
-
- AS CASTED
-
-
-
- Pronation / Valgus (
-
- STD Mortan's Extension)
-
- Left:
-
- Fixed
-
- degree of supination for vertical heel _____°
-
- Right:
-
- Fixed
-
- degree of supination for vertical heel _____°
-
-
-
- Supination / Varus (
-
- STD PF 1st Ray)
-
- Left:
-
- Fixed
-
- degree of pronation for vertical heel _____°
-
- Right:
-
- Fixed
-
- degree of pronation for vertical heel _____°
-
-
-
- Proximal to Mets Trim Rigid Shell
-
-
-
- Sulcus Trim Rigid Shell
-
-
-
- Full Foot Trim Rigid Shell
-
-
-
- Post Forefoot
-
-
-
- Other: _____

KNEE CONTROL:

- L R (Post. Cut out) L R (3/4" swoop) L R (Transformer Trim)
-
-
-
- NA - Normal
-
-
- Hyperextension
-
-
- Buckling / Crouch

DESIGN:

- L R
-
-
-
- Solid Ankle**
- (Choose Profile):
-
-
-
- High Profile All (3/4" distal to neck)
-
-
-
- High Profile w/SMO Inner
-
-
-
- Mid-Profile (mid-calf)
-
-
-
- Low-Profile (supra-malleolar)

- L R
-
-
-
- Articulated**
- (Choose Profile):
-
-
-
- High Profile All (3/4" distal to neck)
-
-
-
- High Profile w/SMO Inner
-
-
-
- Mid-Profile (mid-calf)
-
-
-
- Stop: Type _____
-
-
-
- Free motion

- L R
-
-
-
- UCBL**

Foot Length: _____

Floor to Fib Neck: _____

Transfer: _____

Windows:

- L R
-
-
-
- None
-
-
-
- Medial Ankle
-
-
-
- Medial Ankle inc Navicular
-
-
-
- Navicular Only
-
-
-
- Lateral Ankle
-
-
-
- Base of 5th Met

Special Straps / Instructions

-
- Max Control (Mid-calf strap added)
-
- Dorsi strap (night stretch)
-
- Special Instrtions:**
- _____
-
- _____
-
- _____

Internal Use

 PP _____ TFO _____
 MOD _____ STP _____
 TFI _____ SQC _____

Date

Job Number