SpryStep Vector AFO
PRESCRIPTION FORM

ADMINISTRATIVE DETAILS

Date ...../...../..... Facility ..... PO No. .....

Orthotist E-mail ..... Appointment Date ...../...../.....

END USER DETAILS (PLEASE FILL BACK OF FORM)

Client Reference ..... ○ Left ○ Right

End User Relevant Medical History .....

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BIOMECHANICAL OBJECTIVES

○ Control Dorsiflexion Weakness ○ Control Plantar Flexion weakness ○ Control Ankle Varus Instability

○ Control Ankle Valgus Instability ○ Resist Knee Hyperextension in Stance ○ Resist Knee Flexion in Stance

○ Other .....

CAST

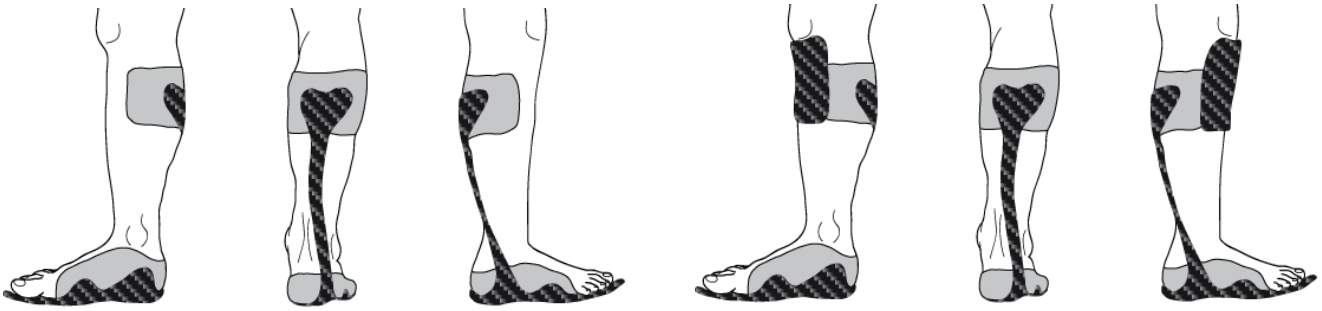
○ Negative Cast is correct ○ Negative Cast imperfect (DESCRIBE) .....

Ankle plantarflexion angle .....

Tibial crest inclination angle .....

DEFAULT VECTOR DESIGN

Overwrite to indicate any desired changes from the default design shown



○ Default Vector ○ Anterior Shell Option

STRAP OPTIONS

Leather Returning (DEFAULT) Calf ○ Ankle ○

Suede Returning Calf ○ Ankle ○

○ Other .....

○ *Include a spare set of straps*

SHOE SIZING

Shoe Size .....

○ Match Template traced on form

○ Shoe provided to match

FOOTWEAR DESCRIPTION

Type of footwear client typically wears

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PITCH MEASURE

Rear foot .....

Forefoot .....

Angle of desired toe spring

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Strut stiffness will vary based upon patients height, weight, activity level, ROM, MMT and the particular segments of stance or swing you wish to impact or control. For example, this means that a number 3 stiffness might provide a high level of control in a 135lb, 5'8" individual but a very low or light level of control in a 210lb 6'2" individual. Conversely if the individual is large but their activity level is low the strut stiffness may drop in spite of their size. **We need very clear information for these items:**

WEIGHT ..... (KGS) **HEIGHT** ..... (CM)

RANGE OF MOTION

a) Knee ROM .....° shy of full extension

b) With knee extended, ankle ROM, from .....° to .....°

DEFORMITY

Describe any deformity if present .....

○ Uncorrectable ○ Correctable

ACTIVITY LEVEL (CHECK ONE)

○ Limited Ambulator: *Sits to stands and transfers*

○ Household Ambulator: *level surfaces with walking aids*

○ Limited Community Ambulator: *level surfaces with walking aids*

○ Active Community Ambulator: *Mild in/declines with or without walking aids*

○ Independent Ambulator: *Varied cadence, uneven surfaces and no walking aids*

○ Active Ambulator: *Walking, running some sporting activity*

OBSERVATIONAL GAIT ANALYSIS (ALL APPLYING)

○ Footslap

○ Footdrop

○ Ankle inversion tendency

○ Ankle eversion tendency

○ Internal rotation

○ External rotation

○ Hypertonic presentation

○ Hypotonic presentation

○ Knee hyperextension in stance

○ Crouch in stance

○ Knee instability in stance

○ Vaulting

○ Contralateral trunk lean

○ Antalgic Gait

○ Fluctuating Oedema

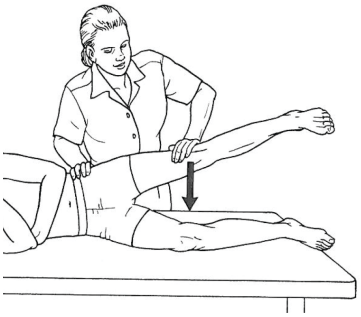
DEVICE SHOULD ALLOW

○ Flexible: *Guides the lower limb during swing with minimal restriction to tibial advancement in stance*

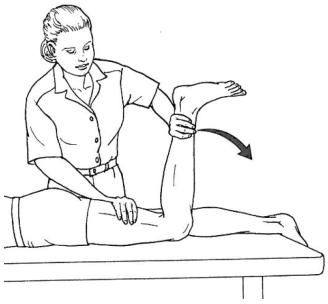
○ Moderate: *Supports the foot and ankle in swing with mild resistance and spring to tibial advancement.*

○ Firm: *Strong foot and ankle control with resistance to tibial advancement forcing a ground reaction response in stance.*

○ Rigid: *Strong foot and ankle control with rigid resistance to tibial advancement in stance blocking movement and influencing proximal segments.*

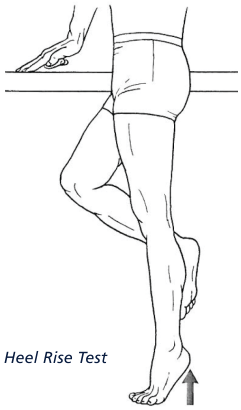


Gluteal Strength Test



Hamstring Strength test

Ankle Dorsiflexion strength test



Heel Rise Test

MUSCULAR STRENGTH TESTS

Quadriceps strength (CIRCLE) 0 1 2 3 4 5

Hamstrings strength (CIRCLE) 0 1 2 3 4 5

Dorsiflexion strength (CIRCLE) 0 1 2 3 4 5

Plantar-flexor strength - No. of single limb heel raises .....

NOTES

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