

SpryStep® Custom Specialty Bracing

Contact Information ☐ Clinician ☐ Fitter/Assistant/Tech ☐ Other: Name:		Ordering Clinician □ CP □ Other: Name:	
Email:	Phone:	Email:	_ Phone:
Billing & Shipping Billing Account#: Shipping Account#:		Shipping Address: Stitute	
The State of the S	☐ Ground ☐ Next Day Appreference is indicated, this order will	AM ☐ Next Day PM ☐ I be shipped 2 Day PM) Note: We do n	
Patient Information Fit Date:		Perpendicular measurement from the casting platform to the Fibula head	
Initials: Age	Male Female leight in. cm. st d with order form be segment will be made longer and ig) ight bearing		al and sagittal plane)
Shoe Height Measurement (Shoe sole thickness at heel and forefoot) Heel in. cm. Forefoot in. cm. Please Follow Step-By-Step Cast Protocol Instructions		□ Household ambulator: Ievel surfaces with walking aids □ Limited community ambulator: Ievel surfaces with walking aids □ Active community ambulator: mild inclines and declines with or without walking aids □ Independent ambulator: varied cadence, uneven surfaces and no walking aids □ Active ambulator: walking, running, some athletic activity Is the patient a reciprocator? □ Yes □ No	
Range Of Motion		Observational Gait Analysis (Checkall that apply)	
a. Knee ROM: ° extension to ° flexion b. Ankle ROM, with knee extended Dorsi-Flexion ° Plantar-Flexion °		☐ Footslap☐ Footdrop☐ Excessive dorsiflexion in terminal stance	☐ Crouch in stance ☐ Knee hyperextension in stance
		Biomechanical objectives (Check all that apply)	
c. Plantarflexion contracture ☐ Yes° ☐ No	Plantar Redict	☐ Control dorsiflexion weakness☐ Control plantar flexion weakness☐ Control ankle valgus instability Other:	 ☐ Control ankle varus instability ☐ Resist knee hyperextension in stance ☐ Resist knee flexion in stance
	90°		

*Indicates additional charges apply

Brace Options

- ☐ SpryStep® Flex
- ☐ SpryStep®
- ☐ SpryStep® Plus





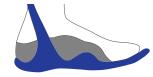


Optional pre-tib Shell (SpryStep® & SpryStep® Flex only)

- ☐ Yes
- □ No

Footplate Options





- ☐ Contoured footplate (no molded inner boot)
- ☐ Molded arch footplate with molded inner boot (must select one below)

Molded Inner Boot Options (if ordered)





- ☐ Molded Inner Boot (Low)
- ☐ Leave inner boot unattached

Strap Option



☐ Include ankle strap☐ Leave ankle strap unattached

Comments:

37820-MIB

Code	Production Description		
35700	SpryStep Original, Flat Footplate		
35700-PT	SpryStep Original, Flat Footplate, Pre-tibial shell		
35700-MIB	SpryStep Original, Molded inner boot		
35700-PTMIB	SpryStep Original, Molded inner boot, Pre-tibial shell		
37810	SpryStep Flex, Flat Footplate		
37810-PT	SpryStep Flex, Flat Footplate, Pre-tibial shell		
37810-MIB	SpryStep Flex, Molded inner boot		
37810-PTMIB	SpryStep Flex, Molded inner boot, Pre-tibial shell		
37820	SpryStep Plus, Flat Footplate		

SpryStep Plus, Molded inner boot

AFO Cast Parameters

Accurate representation of heel height must be captured in the negative cast (use of Thuasne USA casting platform)

Markings on the cast

- · Fibula head
- · Tibial tubercle
- · Tibial crest
- Medial & lateral malleolus
- Navicular bone
- 1st metatarsal head
- 5th metatarsal head
- Base of 5th metatarsal
- If applicable deformity, tissue or any other area of concern

