

Contact Information

☐ Clinician ☐ Fitter/Assistant/Tech ☐ Other: _____

Name: _____

Email: _____ Phone: _____

Billing & Shipping

PO#: _____

Billing Account#: _____

Shipping Account#: _____

Ordering Clinician

☐ CPO ☐ CO ☐ CP ☐ Other: _____

Name: _____

Email: _____ Phone: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Shipping Preference

☐ Ground

☐ Next Day AM

☐ Next Day PM

☐ 2-Day AM

☐ 2-Day PM

(If no preference is indicated, this order will be shipped 2 Day PM) Note: We do not ship products directly to patients.

Patient Information

Fit Date: _____

Initials: _____ Age _____ ☐ Male ☐ Female

Weight _____ ☐ Lbs. ☐ Kg. Height _____ ☐ in. ☐ cm.

Leg: ☐ Left ☐ Right

Diagnosis: _____

Surgeries (type/date): _____

Is the patient currently using any assistive device?

- ☐ Brace/KAFO ☐ Crutch ☐ Wheel Chair
☐ Cane ☐ Walker

Shoe Size: _____

- ☐ Patient's shoe shipped with cast
☐ Tracing of shoe insole provided with order form
☐ Not sending shoe or tracing (toe segment will be made longer and wider, requiring trimming during fitting)
☐ Tracing of foot taken, semi-weight bearing

PLEASE PROVIDE MEASUREMENTS

Shoe Height Measurement (Shoe sole thickness at heel and forefoot)

Heel _____ ☐ in. ☐ cm.

Forefoot _____ ☐ in. ☐ cm.



Range Of Motion

a. Hip ROM: _____° extension to _____° flexion

b. Knee ROM: _____° extension to _____° flexion

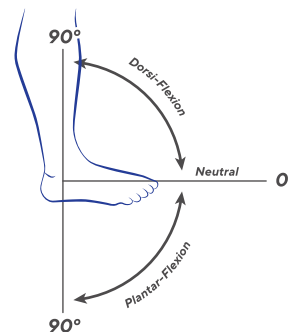
c. Ankle ROM, with knee extended

Dorsi-Flexion _____°

Plantar-Flexion _____°

d. Plantarflexion contracture

☐ Yes _____° ☐ No



Cast Info

Cast Adjustments Required (coronal and sagittal plane)

Activity Level (Check one)

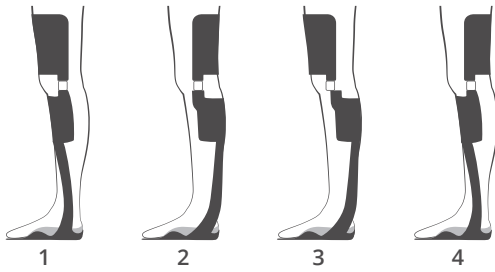
- ☐ Limited ambulator: sits to stands and transfers
☐ Household ambulator: level surfaces with walking aids
☐ Limited community ambulator: level surfaces with walking aids
☐ Active community ambulator: mild inclines and declines with or without walking aids
☐ Independent ambulator: varied cadence, uneven surfaces and no walking aids
☐ Active ambulator: walking, running, some athletic activity

Biomechanical objectives

- ☐ Resist Knee Hyperextension in Stance
☐ Resist Knee Flexion in Stance
☐ Knee Valgus Control
☐ Knee Varus Control
☐ Posterior/Anterior Knee Drawer Control
☐ Control Dorsiflexion Weakness
☐ Control Plantar Flexion weakness
☐ Control Ankle Valgus Instability
☐ Control Ankle Varus Instability

Brace Configuration

Shell Configuration



- ☐ Anterior (1)
- ☐ Posterior (2)
- ☐ Hyperextension Resist (3)
- ☐ Flexion Resist (4)

Coronal Plane Extension

- ☐ Valgus Resist
- ☐ Varus Resist

Molded Inner Boot



☐ Low



☐ Dorsal wrap

- ☐ Leave inner boot unattached

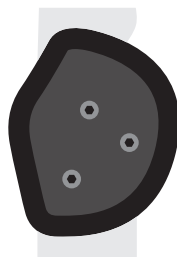
Strap Options

- ☐ Include ankle strap
- ☐ Leave ankle strap unattached

Knee Joint Options



- ☐ Single Pivot Locking **37700-L**
(Manual Triggers)
- ☐ Single Pivot Locking* **37700-L**
(Twist Release with free motion)



- ☐ 5-bar Free **37700**
- ☐ 5 Bar Locking **37700-L**
(Manual Triggers)
- ☐ 5 bar Locking* **37700-L**
(Twist Release with Free motion)

Twist Release Position

- ☐ Lateral (always lateral if configuration 2 or 4)
- ☐ Anterior
- ☐ Anterio-medial

Extension Assist

- ☐ Install Extension Assist Bands/Posts

Measurements

Measurements below are in: ☐ in. ☐ cm.

