

Custom Spiral AFO (SpryStep® Vector)

Specialty Bracing

Contact Information

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

Name: _____

Email: _____ Phone: _____

Ordering Clinician

☐ CPO ☐ CO ☐ CP ☐ Other: _____

Name: _____

Email: _____ Phone: _____

Billing & Shipping

PO#: _____

Billing Account#: _____

Shipping Account#: _____

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.

To The Clinician

Thuasne USA will determine the stiffness category of the Vector AFO based on the Orthotist's objective measures and patient goals.

Detailed completion of all requested information is required for our CPOs to select the AFO stiffness.

Patient Information

Fit Date: _____

Fit Date: _____

Initials: _____ Age _____ ☐ Male ☐ Female

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

Leg: ☐ Left ☐ Right

Diagnosis: _____

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.



Please Follow Step-By-Step Cast Protocol Instructions

Range Of Motion

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

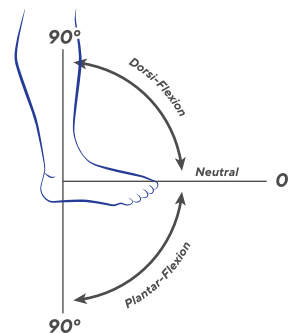
b. Ankle ROM, with knee extended

Dorsi-Flexion _____°

Plantar-Flexion _____°

c. Plantarflexion contracture

☐ Yes _____° ☐ No



Perpendicular measurement from the casting platform to the Fibula head

Height Measurement

_____ ☐ in. ☐ cm.

Final brace height will be 1" below this measurement



Heel height of blocks used on the casting platform _____ ☐ in. ☐ cm.

Cast Info

Cast Adjustments Required (coronal and sagittal plane)

- ☐ Partial Foot or Transmet Amputation (Vector is not appropriate for Lisfranc, Chopart or Symes)

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

Is the patient a reciprocator? ☐ Yes ☐ No

Manual Muscle Tests (MMT)

Quadriceps strength



	Left	Right
0	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>

Dorsiflexion strength



	Left	Right
0	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>

Hamstrings strength



	Left	Right
0	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>

Plantar-flexor strength



Number of Single Limb Heel Raises	
Left	Right
<input type="text"/>	<input type="text"/>

Observational Gait Analysis (Check all that apply)

- ☐ Footslap
- ☐ Footdrop
- ☐ Excessive dorsiflexion in terminal stance
- ☐ Knee hyperextension in stance
- ☐ Crouch in stance

Desired Level of Control (Check one)

- ☐ **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.

Biomechanical objectives (Check all that apply)

- ☐ Control dorsiflexion weakness
- ☐ Control plantar flexion weakness
- ☐ Control ankle valgus instability
- ☐ Control ankle varus instability
- ☐ Resist knee hyperextension in stance
- ☐ Resist knee flexion in stance

Other _____

Ordering Options

The base structure of all models includes a spiral strut, posterior shell and molded inner boot.

SpryStep® Vector



☐ Left (37600-P)

☐ Right (37600-P)

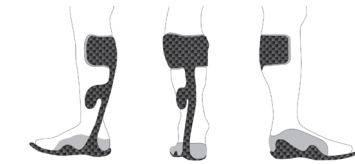
SpryStep® Vector with Pre-Tibial Shell



☐ Left (37600-PT)

☐ Right (37600-PT)

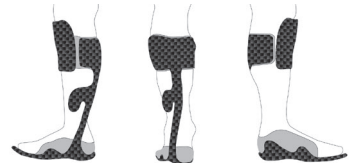
SpryStep® Vector with Varus Correction



☐ Left (37600-PV)

☐ Right (37600-PV)

SpryStep® Vector with Pre-Tibial Shell and Varus Correction



☐ Left (37600-PTV)

☐ Right (37600-PTV)

Molded Inner Boot Options



☐ Low Profile



☐ Dorsal Wrap

☐ Leave inner boot unattached

Strap Option



☐ Include ankle strap

☐ Leave ankle strap unattached

Comments/Special Instructions: _____
