

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.

Patient Information

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.

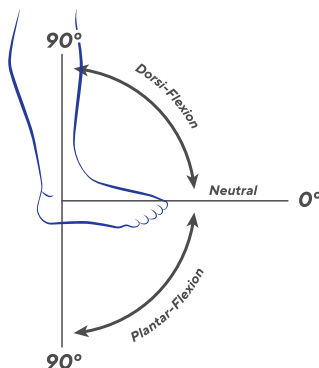
Forefoot _____ ☐ in. ☐ cm.



Please Follow Step-By-Step Cast Protocol Instructions

Range Of Motion

- Knee ROM: _____° extension to _____° flexion
- Ankle ROM, with knee extended
 - Dorsi-Flexion _____°
 - Plantar-Flexion _____°
- 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)

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

Observational Gait Analysis (Check all that apply)

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

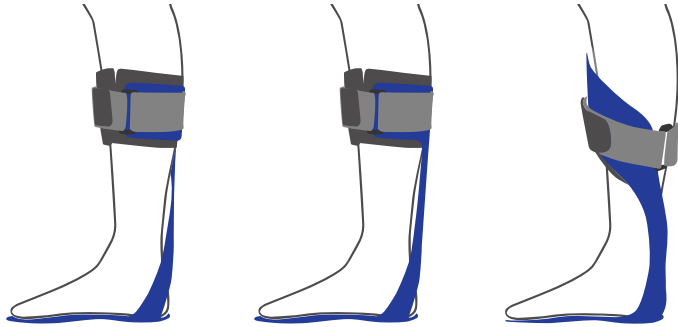
Biomechanical objectives (Check all that apply)

- ☐ 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: _____

Brace Options

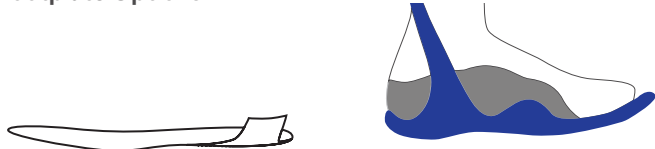
- ☐ SpryStep® Flex ☐ SpryStep® ☐ SpryStep® Plus



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) ☐ Molded Inner Boot (Dorsal wrap)
☐ Leave inner boot unattached

Strap Option



- ☐ Include ankle strap
☐ Leave ankle strap unattached

Comments: _____

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

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

