

Please complete all fields to avoid potential delays in processing your order.

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

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

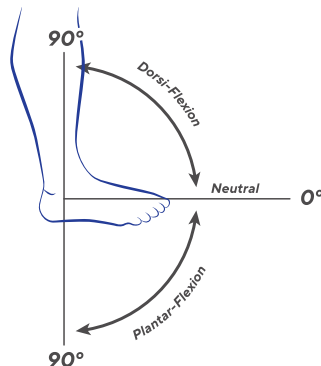
b. Ankle ROM, with knee extended

Dorsi-Flexion _____°

Plantar-Flexion _____°

c. Plantarflexion contracture

Yes _____° No

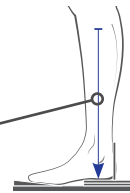


Perpendicular measurement from the casting platform to the Fibula head

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)*

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: _____

*Indicates additional charges apply

OF-032 REV. C

Received Date *Thuasne USA's shipping department use only*

By filling this order form and placing an order for this device, I hereby certify that I am authorized to dispense this medical device in Virtue of any national law governing the fitting and adjustment of orthopedic medical devices

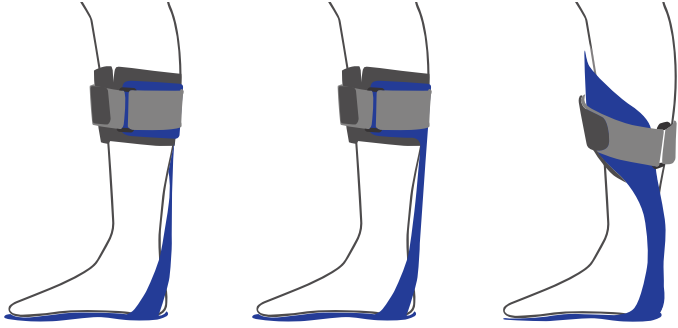
Please do not provide any personal information (name etc) regarding the patient, but only provide health information necessary to the fabrication of this medical device

Distributed by Thuasne USA
 4615 Shepard Street, Bakersfield, CA 93313
 Tele: 800.432.3466 • Fax: 800.798.2722

ThuasneUSA.com

Brace Options

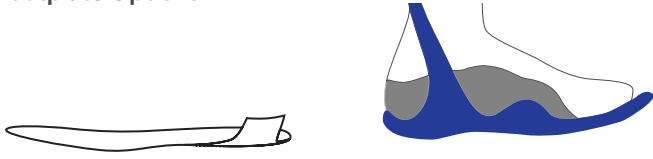
- SpryStep® Flex
 SpryStep®
 SpryStep® Plus



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

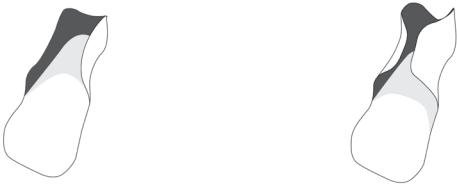
- Yes
 No

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

