

PATIENT

Last name: _____

First Initial: _____

Patient ID: N W

Bilateral Left only Right only

Practitioner: _____ Please change to your name if necessary.

Facility: _____

FINISHED BRACE ANGLES

ANKLE ALIGNMENT (Dorsiflexion-Plantarflexion)

Correct to 3-4° DF Correct to _____ ° DF Do not correct (Cast alignment OK)

PF

HINDFOOT ALIGNMENT

Correct to vertical (if misaligned) Do not correct

FOREFOOT ALIGNMENT NOTE: Drawings show finished orthosis.

Choose forefoot alignment. Write posting height - in mm - if needed.

Valgus	Varus	Neutral	Neutral	Varus	Valgus
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BOTTOM STABILIZATION

None—Standard

Heel -OR- Midfoot -OR- Both

Entire bottom stabilized*

Entire bottom stabilized with non-skid cover*

NOTE: Varus or valgus forefoot alignments will receive stabilization on bottom of brace to support posted (raised) region.

Hinge Type:

Pivot Tamarack Standard

75 DA 85 DA 95 DA

*** Cast height must be greater than brace height

Straps: **Standard** INStep Strap

Tibia Add forefoot strap

Strap Color: _____

Black is Std

Toe Rise & Ankle **Black is Standard**

Padding Color: _____

TOE SHELF

Outer Frame: Full-length under plantar surface Trimmed distal to met. heads under plantar surface Trimmed just proximal to met. heads under plantar

ANKLE ACTION

Free Ankle

PF Block

755 Stop

SPECIAL INSTRUCTIONS

CONSTRUCTION • FEATURES • OPTIONS

ALL MEASUREMENTS MUST BE IN MM

LEGEND

- A1: BRACE LENGTH
- A2: BRACE HEIGHT
- A3: CALF CIRCUMFERENCE
- A4: CALF ML
- A5: CALF HEIGHT
- A6: NARROWEST ANKLE CIRC.
- A7: NARROWEST ANKLE ML
- A8: NARROWEST ANKLE HEIGHT
- B1: ANKLE ML
- B2: ANKLE HEIGHT
- B4: 1ST MET CIRCUMFERENCE
- B5: 1ST MET ML
- B6: MID-ARCH AP
- B8: DIAGONAL HEEL CIRC.
- B9: DIAGONAL HEEL AP

