

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)

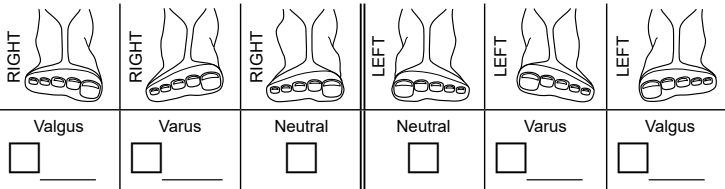
☐ Correct to 3-4° DF ☐ Correct to _____° ☐ DF ☐ Do not correct
☐ PF (Cast alignment OK)

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.



SPECIAL INSTRUCTIONS

PLASTIC • PADDING

Note: If you don't choose an option, you will receive the Standard.

Plastic:

3/16 Thickness is **Standard**

☐ PolyPro ☐ CoPoly ☐ HDPE ☐ Other Thickness: _____

Full AFO Lining: (Calf pad omitted)

3/16 Thickness is **Standard**

☐ Aliplast ☐ Plastizote ☐ Other Thickness: _____

Lining and Pads:

No Calf Pad **Standard**

☐ Calf Pad

☐ Medial Malleolus

☐ Navicular

Padding Color: _____

☐ Lateral Malleolus

☐ Arch Pad

Straps:

☐ Tibial Strap

☐ Felt pad on anterior strap?

☐ Add instep strap

Standard

☐ Felt pad on instep strap?

Strap Color: White is

Standard

Inner Boot:

Polyethylene

EVA

☐ Add extra navicular padding
(boney pronators only)

☐ Add plastizote to malleoli

Transfer Pattern:

TRIMLINES

☐ Rigid

☐ Semi Rigid

☐ Posterior Leaf Spring

Footplate:

☐ To sulcus

☐ Full Footplate

☐ PreMet

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

B8: DIAGONAL HEEL CIRC.

B9: DIAGONAL HEEL AP

