PIVOT POINT
PRECISION MANUFACTURING

Pivot Point Manufacturing
3161 Putnam Blvd., Pleasant Hill, CA 94523
916-775-5712

AFO DWrap

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 ☐ PF ☐ Do not correct (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.

RIGHT	RIGHT	RIGHT	LEFT	LEFT	LEFT
Valgus	Varus	Neutral	Neutral	Varus	Valgus
☐ ____	☐ ____	☐	☐	☐ ____	☐ ____

Special Instructions

Plastic • Padding

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

Plastic: 3/32 Thickness is Standard

☐ PolyPro ☐ CoPoly ☐ Other Thickness: _____

Full AFO Lining: (Calf pad ommitted) 3/16 Thickness is **Standard**

☐ Aliplast ☐ Plastizote ☐ No lining ☐ Other Thickness: _____

Lining and Pads:

No Calf Pad **Standard** ☐ Calf Pad

☐ Medial Malleolus ☐ Full Bilam Insole

☐ Lateral Malleolus ☐ Banana White

Straps:

☐ Standard ☐ Instep Strap Standard

☐ Above Ankle Standard

Strap Color: **White is Standard** White

Transfer Pattern: None

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

Length Circumf. ML AP