

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)

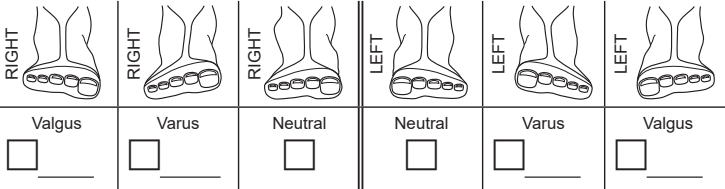
HINDFOOT ALIGNMENT

☐ 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.



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 omitted)

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

Straps:

☐ Standard

☐ Instep Strap Standard

☐ Above Ankle Standard

Strap Color: White is **Standard**

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

