

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

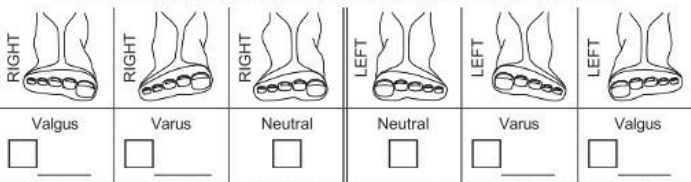
HINDFOOT ALIGNMENT

☐ 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.



BOTTOM STABILIZATION

☐ None—Standard

☐ Heel -OR- ☐ Midfoot -OR- ☐ Both

☐ Entire bottom stabilized*

☐ Entire bottom stabilized with non-skid cover*

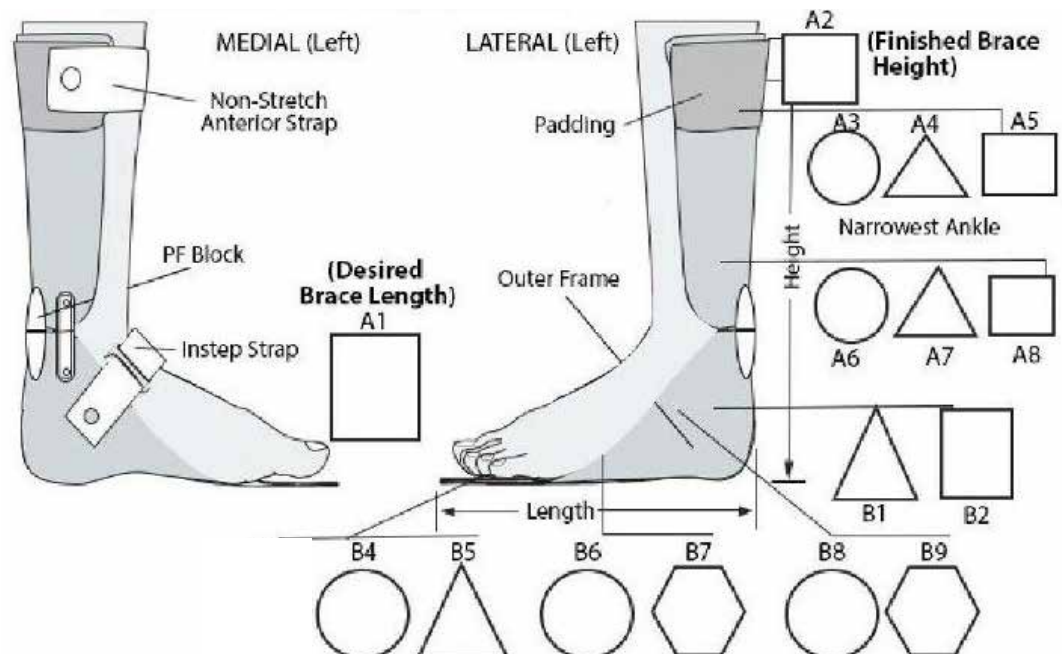
NOTE: Varus or valgus forefoot alignments will receive stabilization on bottom of brace to support posted (raised) region.

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



Hinge Type: Straight Tamarack Standard

☐ Dorsi-assist Tamarac Durometer (95 is stiffest):

75 d Standard ☐ 85 d ☐ 95 d

*** Cast height must be greater than brace height

Straps:

Standard

Tibial

☐ INStep Strap

☐ Add forefoot strap

Strap Color:

White is Standard

Transfer Pattern:

Toe Rise & Ankle

Padding Color: White is Standard

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