

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

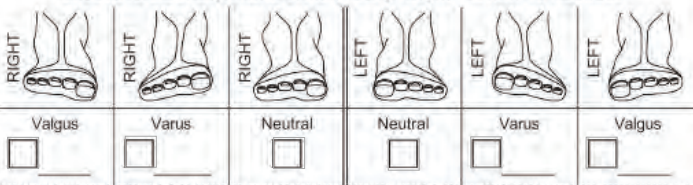
HINDFOOT ALIGNMENT

☐ 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.

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

Height: ☐ Above malleoli **Standard** ☐ Specify: _____

* Cast height must be greater than brace height *

Padding: Shaded areas below are **Standard**

☐ Add extra navicular padding (bony pronators only)

Padding Color: **White is Standard** ☐ White

Straps: ☐ **Standard** (see drawing) ☐ Add toe abduction strap*

Add Anterior Strap: ☐ Non-stretch - or - ☐ Elastic

Add Posterior Strap: ☐ Non-stretch - or - ☐ Elastic

Strap Color: **White is Standard** ☐ White

Transfer Pattern:* ☐ None

TOE SHELF — INNER LINER

☐ No containment **Standard**

Medial containment: ☐ Soft foam (flexible) ☐ Plastic

AND / OR

Lateral containment: ☐ Soft foam (flexible) ☐ Plastic

☐ Medial & Lateral Soft Foam ☐ Medial & Lateral Plastic ☐ Medial Foam & Lateral Plastic ☐ Medial Plastic & Lateral Foam

☐ ST Pads ☐ Pronation Control Pads ☐ Heel Bumps

* Additional Charge

SPECIAL INSTRUCTIONS

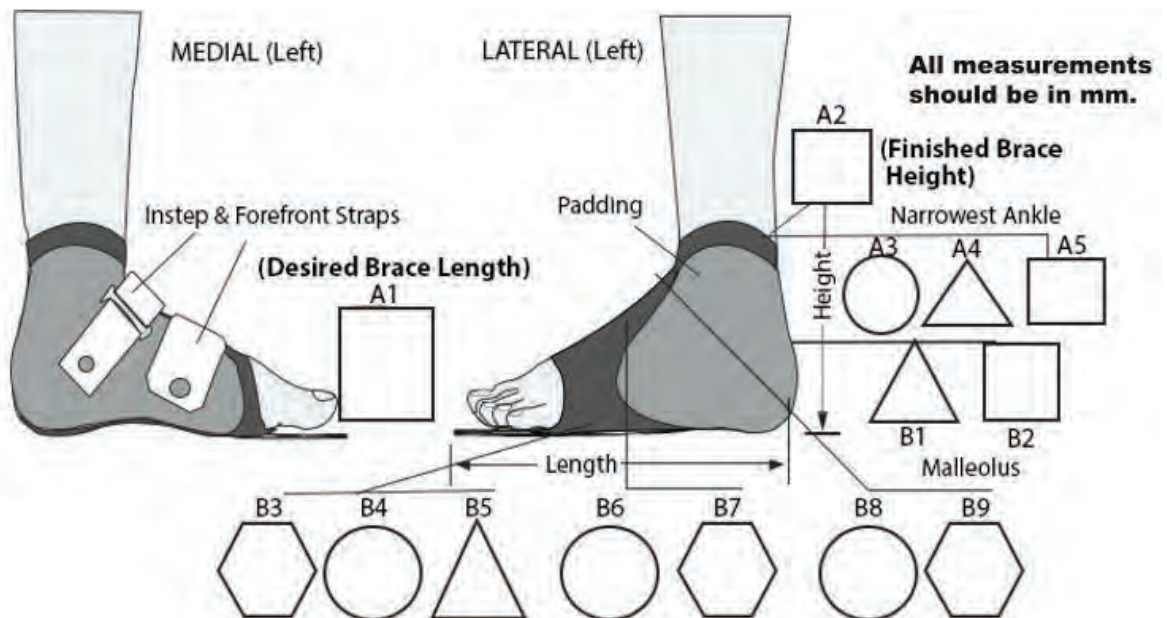
CONSTRUCTION • FEATURES • OPTIONS

ALL MEASUREMENTS MUST BE IN MM

LEGEND

A1: BRACE LENGTH
A2: BRACE HEIGHT
A3: NARROWEST ANKLE CIRCUMFERENCE
A4: NARROWEST ANKLE ML
A5: NARROWEST ANKLE HEIGHT

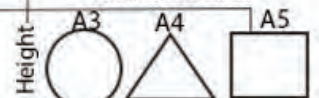
B1: MALLEOLUS ML
B2: MALLEOLUS HEIGHT
B3: 1ST MET AP
B4: 1ST MET CIRCUMFERENCE
B5: 1ST MET ML
B6: MID ARCH CIRCUMFERENCE
B7: DIAGONAL HEEL AP
B8: DIAGONAL HEEL CIRC.
B9: DIAGONAL HEEL AP



All measurements should be in mm.

A2 (Finished Brace Height)

Narrowest Ankle



Malleolus

