

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)

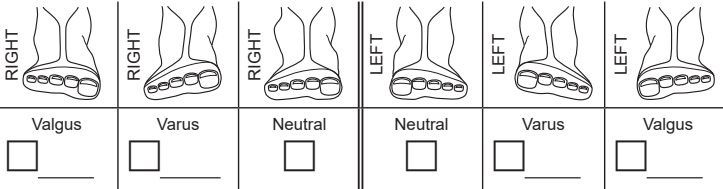
HINDFOOT ALIGNMENT

☐ 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:

☐ PolyPro ☐ CoPoly

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 ☐ Banana Pad
☐ Lateral Malleolus ☐ Toe Pad

Straps:

☐ Tibial Strap ☐ Standard instep strap
Standard ☐ Above Ankle Standard

Strap Color: **White is Standard**

Transfer Pattern:

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

