

# CAD/CAM AFO ORTHOMETRY FORM

Today's Date: \_\_\_\_\_ Patient: \_\_\_\_\_  
 Facility: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_  
 Street: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Orthotist: \_\_\_\_\_ Delivery Date: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ PO Number: \_\_\_\_\_

**AFFECTED SIDE:**  Left  Right   
 **MEASUREMENTS:**  Inches  Centimeters  Millimeters   
 **SHOE SIZE:** \_\_\_\_\_

Type	Measurements	Value
<i>Height from bottom of foot to:</i>	1 Top of AFO	
	2 Mid-Calf	
	3 Base-Calf	
	4 Narrowest Calf	
	5 Apex of Medial Malleolus	
<i>Lengths</i>	6 Posterior Calcaneus to Apex of First Metatarsal Head	
	7 Posterior Calcaneus to Apex of Fifth Metatarsal Head	
	8 Base of Fifth Metatarsel to Apex of Fifth Metatarsal Head	
<i>ML diameters of foot</i>	9 Apex of First Metatarsel Head to Apex of Fifth Metatarsal Head	
	10 Navicular to Base of Fifth Metatarsal (oblique)	
	11 Medial Calcaneus to Lateral Calcaneus	
<i>ML diameters of leg</i>	12 Medial Malleolus to Lateral Malleolus (oblique)	
	13 ML at Narrowest Calf	
	14 ML at Base Calf	
	15 ML at Mid-Calf	
	16 ML at Top of AFO	
<i>AP diameters</i>	17 AP at Heel	
<i>Circumference at:</i>	18 Narrowest Calf	
	19 Base Calf	
	20 Mid-Calf	
	21 Top of AFO	

### Alignment Information

- Ankle Mortise**  
*(If unmarked, 0° will be used)*
- Dorsiflexion \_\_\_\_\_
  - Plantarflexion \_\_\_\_\_
- Hindfoot**
- Inversion \_\_\_\_\_
  - Eversion \_\_\_\_\_
- Forefoot**
- Supination \_\_\_\_\_
  - Pronation \_\_\_\_\_
  - ADduction \_\_\_\_\_
  - ABduction \_\_\_\_\_
- Toe**  
*(If unmarked, 7° out will be used)*
- In \_\_\_\_\_
  - Out \_\_\_\_\_

### Additional Information

- Arch**
- High  Mid  Low  None
  - Navicular Relief
  - Proximal Flare  
 ( \_\_\_\_\_ " standard)
  - Custom Proximal Flare  
 ( \_\_\_\_\_ " specify depth)

### Tibial Varum

Offset from posterior calcaneus to center of desired posterior-proximal trimline:  
 \_\_\_\_\_

Height from floor to point where varum becomes noticeable: \_\_\_\_\_

**Additional Instructions:** \_\_\_\_\_

# CAD/CAM AFO ORTHOMETRY FORM CONTINUED:

Today's Date: \_\_\_\_\_ Patient: \_\_\_\_\_

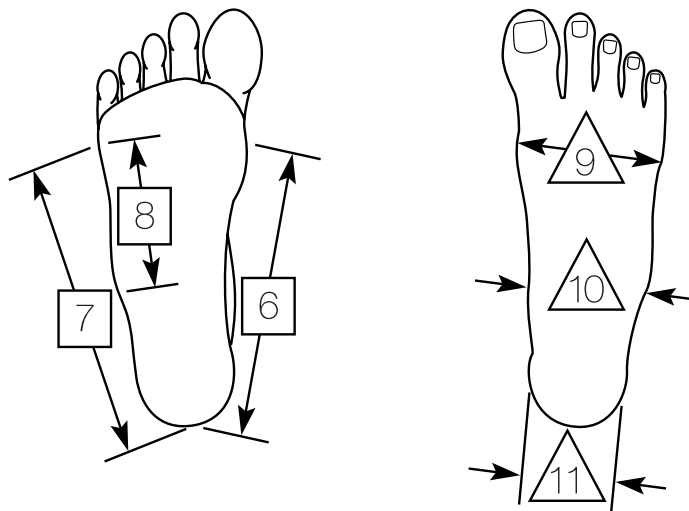
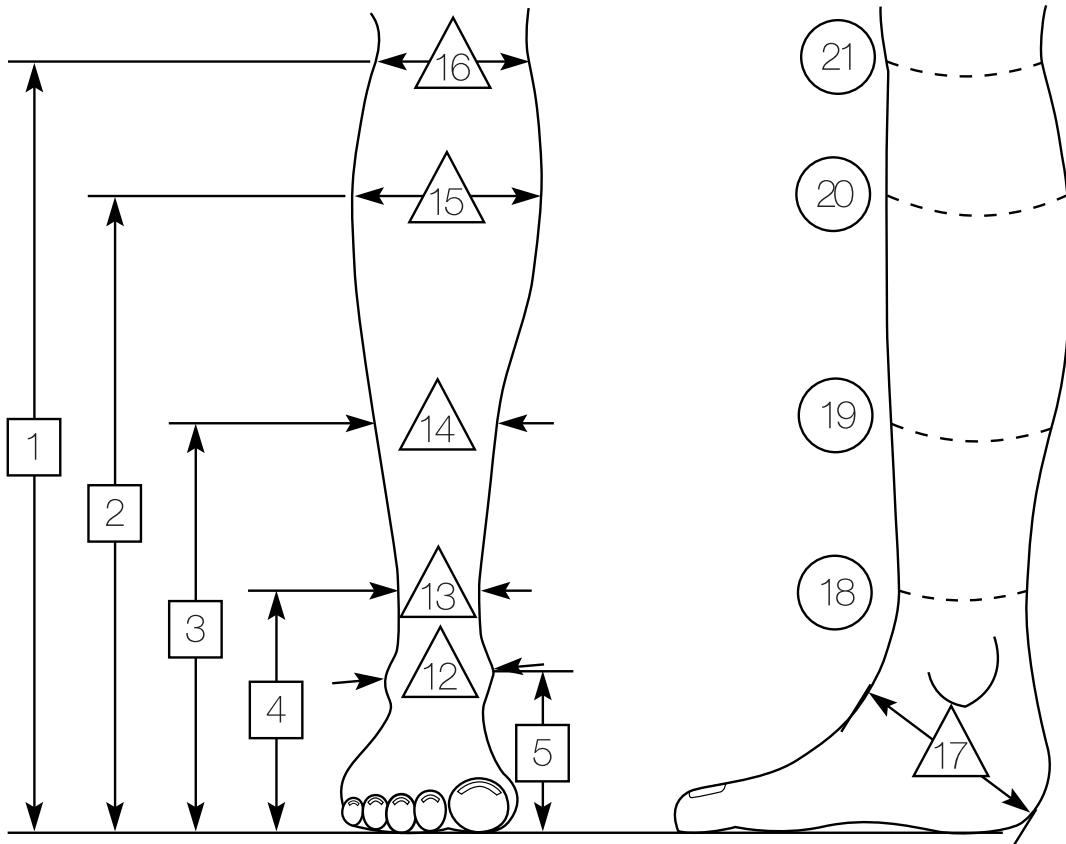
Facility: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Street: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Orthotist: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

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## Plastic

- Polypropylene     Copolymer     Polyethylene  
 Other: \_\_\_\_\_

## Thickness

- 1/8"     3/16"     1/4"     Other: \_\_\_\_\_

## Options *check the choice(s) and add any notes in "Special Instructions"*

### Liner *(select one from each column)*

Type	Thickness	Location
<input type="checkbox"/> Aliplast	<input type="checkbox"/> 1/8"	<input type="checkbox"/> Anterior <input type="checkbox"/> Posterior
<input type="checkbox"/> Med-Density Pelite	<input type="checkbox"/> 5/32"	<input type="checkbox"/> Footplate
<input type="checkbox"/> Heavy-Density Pelite	<input type="checkbox"/> 3/16"	<input type="checkbox"/> Plantar Surface
<input type="checkbox"/> Other _____	<input type="checkbox"/> 1/4"	<input type="checkbox"/> Other _____

### Posterior Stops *(select type)*

- 655     755     795     Other \_\_\_\_\_  
 None (Free Motion)    **\*\*Height of AFO:** \_\_\_\_\_

### Miscellaneous

- ST Pad     Figure 8  
 Dorsal Straps     HFH Strap  
 Loctite® all screws    (Padded Dorsum Strap)

### Ankle Joints *(select type)*

- |  |  |
|--|--|
| <input type="checkbox"/> Tamarack                    | <input type="checkbox"/> Gillette              |
| <input type="checkbox"/> Tamarack Dorsi Assist       | <input type="checkbox"/> Gillette Heavy Duty   |
| <input type="checkbox"/> Tamarack Variable Assist™   | <input type="checkbox"/> Gillette Dorsi Assist |
| <input type="checkbox"/> Tamarack Clevisphere™       | <input type="checkbox"/> Camber Axis Hinge®    |
| <input type="checkbox"/> Oklahoma (Polypro)          | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Oklahoma (Heavy Duty Nylon) | _____  |
- Size:**  A (Adult)     B (Youth)     C (Child)

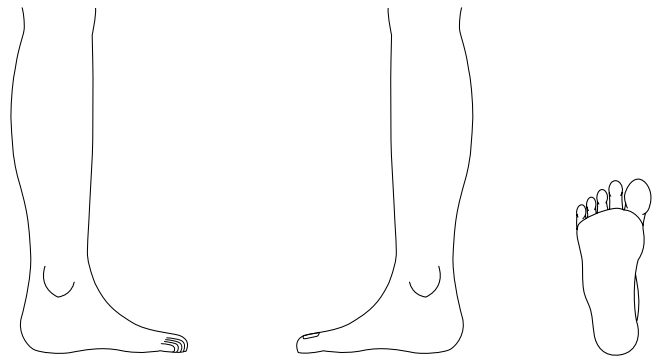
## Trimlines

### Solid Ankle:

- Solid (at Malleolar Apex)  
 Rigid (1/2" Posterior to Malleolar Apex)  
 Posterior Leaf Spring (Dorsiflexion Assist)

### Footplate:

- Full     Sulcus     Other: \_\_\_\_\_



(Draw trimlines as necessary)

### Special Instructions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Shipping Instructions

- UPS Next Day Air     UPS Ground     UPS 2nd Day Air     UPS 3 Day Select     Other: \_\_\_\_\_