

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: _____

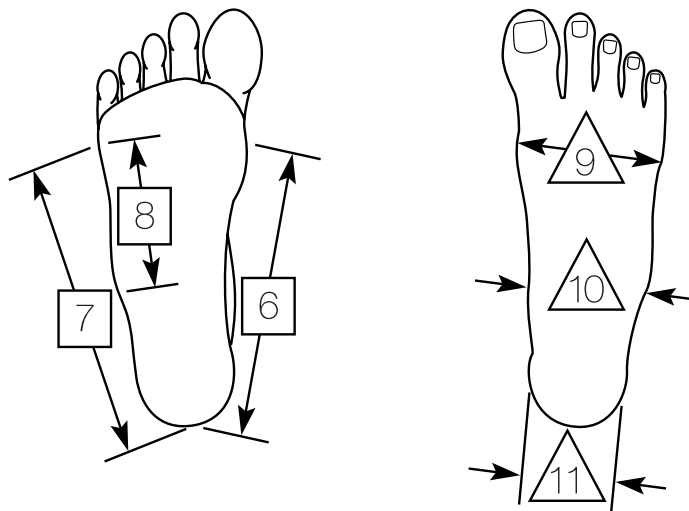
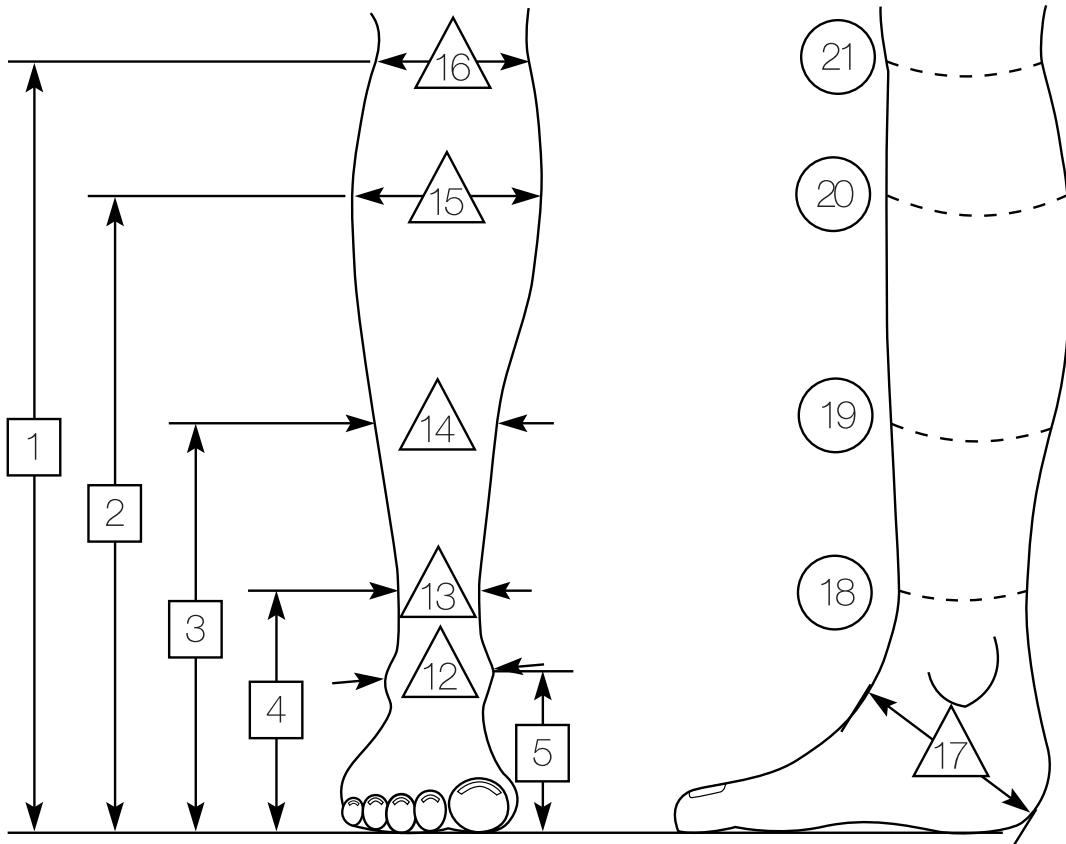
Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

Street: _____ Diagnosis: _____

City: _____ State: _____ Zip: _____

Orthotist: _____ Delivery Date: _____

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CAD/CAM AFO ORTHOMETRY FORM CONTINUED:

Today's Date: _____ Patient: _____
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 Street: _____ Diagnosis: _____
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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)

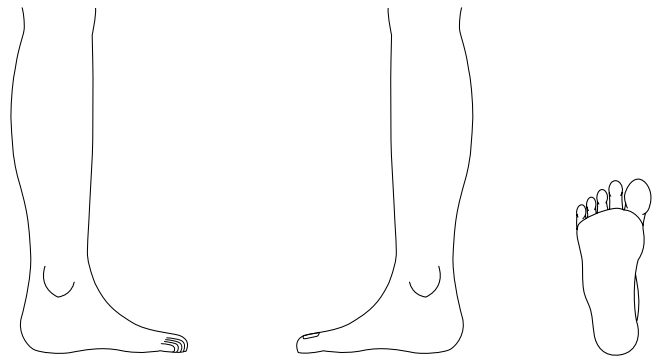
Trimlines

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: _____