

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: _____

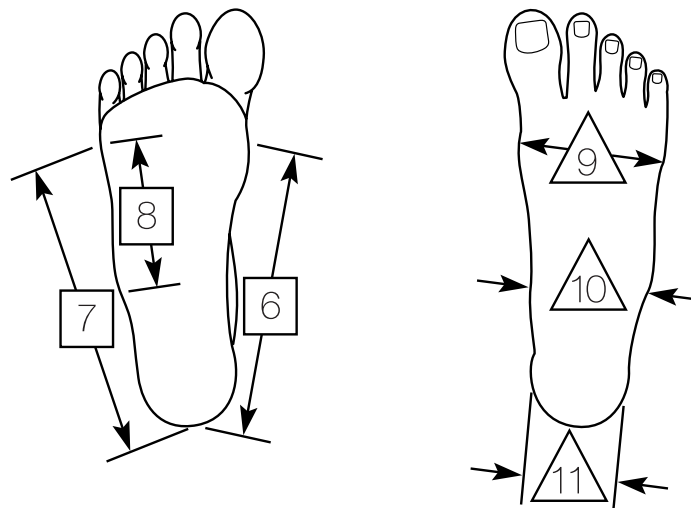
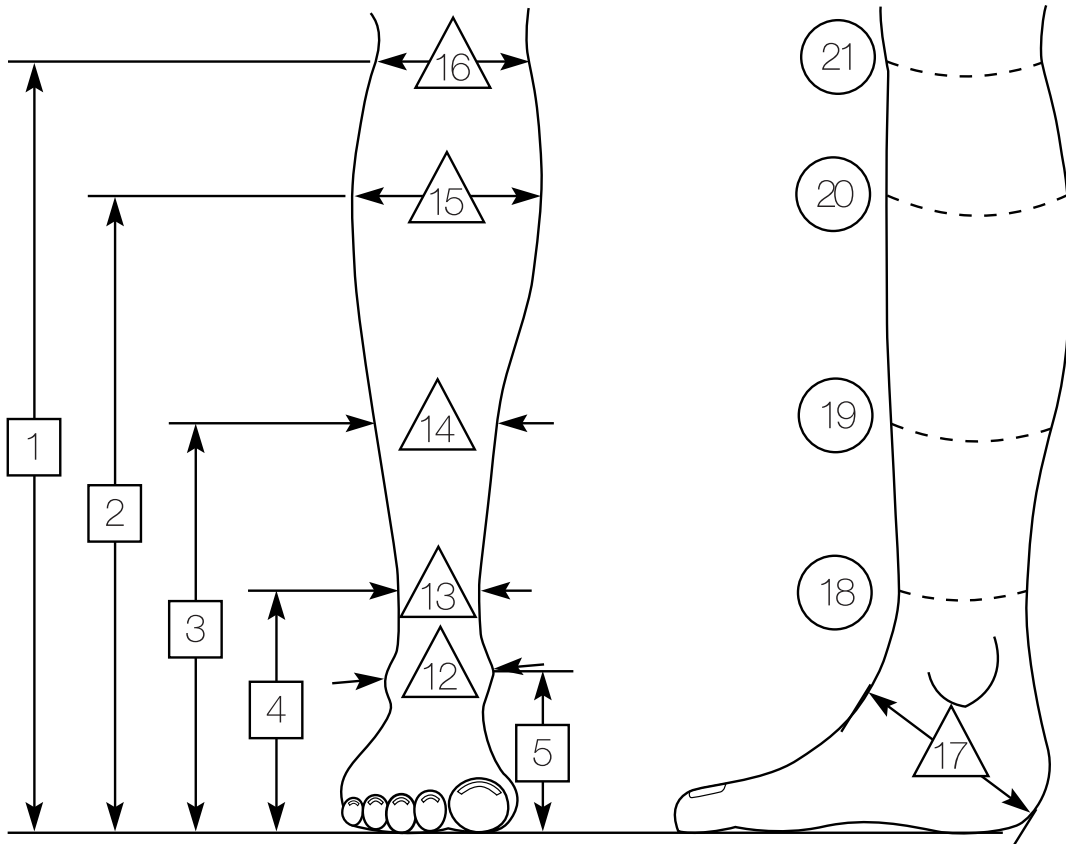
Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

Street: _____ Diagnosis: _____

City: _____ State: _____ Zip: _____

Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____



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)

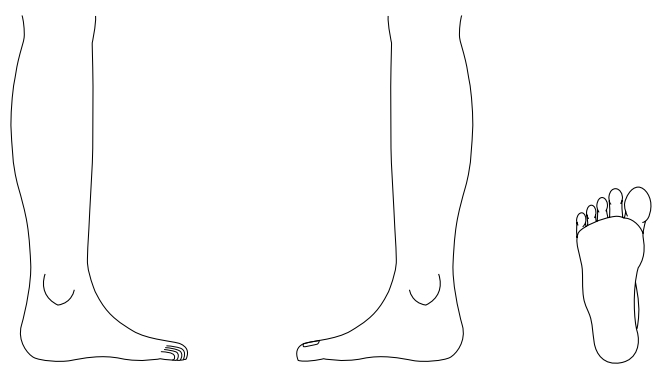
Trimlines

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: _____