

LAMINATED AFO/KAFO ORTHOMETRY FORM

Today's Date: _____
 Facility: _____
 Street: _____
 City: _____
 State: _____ Zip: _____
 Orthotist: _____
 Phone: _____

Patient: _____
 Age: _____ Sex: _____ Ht: _____ Wt: _____
 Activity Level: _____
 Diagnosis: _____
 PO#: _____
 Delivery Date: _____

MEASUREMENTS: Inches Centimeters **SIDE:** Right Leg Left Leg

Warranty Information

Diagnostic Check Orthosis (DCO)

I understand this/these device(s) will not be covered by the fit warranty if a diagnostic check orthosis (DCO) is not ordered.

Yes No

(If no, please sign)

Signature _____ Date _____

Type of Orthosis

AFO

PTBO

KAFO

Modular Style

Over lamination Under lamination

IRD

ERD

IRD/ERD

Neutral

Skeletal

Cast Corrections

Do not correct

Correct to Neutral

Correct to 90°

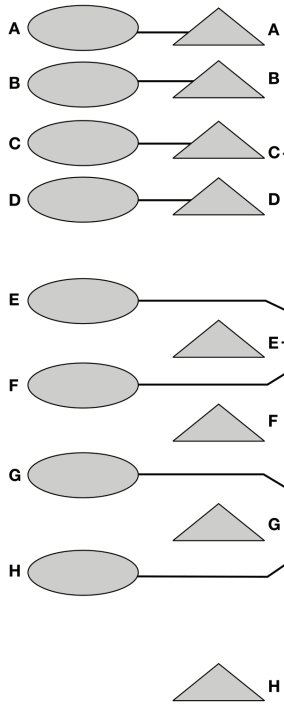
Correct Valgus to _____°

Correct PF to _____°

Correct Varus to _____°

Correct DF to _____°

CIRCUMFERENCES M • L DIAMETERS



LENGTHS

WAIST LINE

PELVIC LINE

TROCHANTER

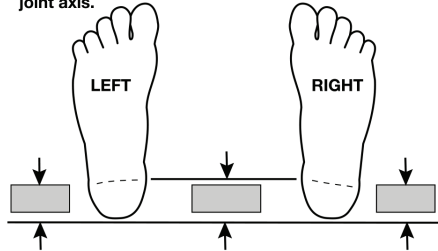
ISCHIAL TUBEROSITY

KNEE AXIS

FIBULAR NECK

ANKLE AXIS

Please fill in the chart below if you want the orthosis to have external rotation of the ankle joint axis.



Ankle

Varus Valgus

Flexible Rigid

Degrees: _____

Toe Out Toe In

Medial Plane

Lateral Plane

Degrees: _____

Heel Height: _____

Knee

Varum Valgum

Flexible Rigid

Degrees: _____

Hyperextended

Knee Flexion Contracture

Degrees: _____

LAMINATED AFO/KAFO ORTHOMETRY FORM

TYPE: KAFO AFO

Standard KAFO Models	Knee	Knee Joint Options Cont.					
<p>Double Upright, Articulated Ankle Modular</p> <p><input type="checkbox"/> No Pretibial Shell <input type="checkbox"/></p> <p><input type="checkbox"/> With Pretibial Shell <input type="checkbox"/></p> <p><input type="checkbox"/> Removable Pretibial Shell <input type="checkbox"/></p> <p style="padding-left: 20px;"><input type="checkbox"/> Molded Hydrostatic (Standard)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Laminated External</p> <p>Solid Ankle</p> <p><input type="checkbox"/> No Pretibial Shell</p> <p><input type="checkbox"/> With Pretibial Shell</p> <p><input type="checkbox"/> Removable Pretibial Shell</p> <p style="padding-left: 20px;"><input type="checkbox"/> Molded Hydrostatic (Standard)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Laminated External</p> <p>Diagnostic Check Orthosis</p> <p><input type="checkbox"/> Solid Ankle Set At: _____</p> <p><input type="checkbox"/> Jointed Ankle</p>	<p><input type="checkbox"/> Condylar Extension</p> <p><input type="checkbox"/> Varum control</p> <p><input type="checkbox"/> Valgum control</p> <tr style="background-color: #cccccc;"> <th style="text-align: center;">Thigh</th> </tr> <p><input type="checkbox"/> Posterior Thigh (Standard)</p> <p><input type="checkbox"/> Anterior Thigh</p> <p style="padding-left: 20px;"><input type="checkbox"/> Posterior Elastic Band</p> <p style="padding-left: 20px;"><input type="checkbox"/> Removable hydrostatic shell</p> <p><input type="checkbox"/> Solid Full-circumferential brim</p> <p><input type="checkbox"/> Narrow M-L</p> <p><input type="checkbox"/> Ischial Containment</p> <p><input type="checkbox"/> Quadrilateral</p> <tr style="background-color: #cccccc;"> <th style="text-align: center;">Ankle Joint Options</th> </tr> <p>(Select one for each category)</p> <p>Ankle Joint (Stainless Steel Standard)</p> <p><input type="checkbox"/> Dorsiflexion Assist</p> <p><input type="checkbox"/> Dorisflexion Plus Assist</p> <p><input type="checkbox"/> Slim Line Double Action</p> <p><input type="checkbox"/> Standard Action</p> <p><input type="checkbox"/> Titanium Double Action</p> <p>Range of Motion</p> <p><input type="checkbox"/> Plantarflexion: _____</p> <p><input type="checkbox"/> Dorsiflexion: _____</p> <p>Stirrup</p> <p><input type="checkbox"/> Split</p> <p><input type="checkbox"/> UCBL</p> <p><input type="checkbox"/> Other: _____</p> <p>Size</p> <p><input type="checkbox"/> A (Adult)</p> <p><input type="checkbox"/> B (Youth)</p> <p><input type="checkbox"/> C (Child)</p> <tr style="background-color: #cccccc;"> <th style="text-align: center;">Knee Joint Options</th> </tr> <p>(Select one for each category)</p> <p>Type</p> <p><input type="checkbox"/> Free Motion</p> <p><input type="checkbox"/> Ring Lock</p> <p><input type="checkbox"/> Lever Lock (Bail)</p> <p><input type="checkbox"/> Ratchet Lock</p> <p><input type="checkbox"/> Model Number: _____</p> <p><input type="checkbox"/> Ball Catches/Retainers</p> <p><input type="checkbox"/> Lever Release Kit</p>	Thigh	Ankle Joint Options	Knee Joint Options	<p>Size</p> <p>Adult</p> <p><input type="checkbox"/> 1/4" x 3/4"</p> <p><input type="checkbox"/> 3/16" x 3/4"</p> <p>Youth</p> <p><input type="checkbox"/> 1/4" x 5/8"</p> <p><input type="checkbox"/> 3/16" x 5/8"</p> <p>Child</p> <p><input type="checkbox"/> 3/16" x 1/2"</p> <p><input type="checkbox"/> 1/8" x 1/2"</p> <p>Contoured:</p> <p><input type="checkbox"/> Medial</p> <p><input type="checkbox"/> Lateral</p> <p><input type="checkbox"/> Both</p> <p><input type="checkbox"/> None</p> <tr style="background-color: #cccccc;"> <th style="text-align: center;">Footplate</th> </tr> <p>Footplate Type</p> <p><input type="checkbox"/> Rigid Full Footplate</p> <p><input type="checkbox"/> Rigid to Sulcus</p> <p><input type="checkbox"/> Flexible to End of Toes</p> <p style="padding-left: 20px;"><input type="checkbox"/> Polyeth Flexible to End of Toes</p> <p style="padding-left: 20px;"><input type="checkbox"/> Laminate to Flexible to End of Toes</p> <p><input type="checkbox"/> PPT®</p> <p><input type="checkbox"/> Plastazote®</p> <p><input type="checkbox"/> 1/8"</p> <p><input type="checkbox"/> 3/16"</p> <p>Footplate Pads</p> <p><input type="checkbox"/> Plantar Padding</p> <p><input type="checkbox"/> Entire Footplate Liner</p> <p style="padding-left: 20px;"><input type="checkbox"/> PPT®</p> <p style="padding-left: 20px;"><input type="checkbox"/> Plastazote®</p> <p style="padding-left: 20px;"><input type="checkbox"/> Pelite®</p> <p style="padding-left: 20px;"><input type="checkbox"/> 3 mm</p> <p style="padding-left: 20px;"><input type="checkbox"/> 5 mm</p> <p>Sole Lifts</p> <p>Crepe Heel or Sole: _____ in.</p> <tr style="background-color: #cccccc;"> <th style="text-align: center;">Straps</th> </tr> <p><input type="checkbox"/> ERD</p> <p><input type="checkbox"/> IRD</p> <p><input type="checkbox"/> Figure-8</p> <p><input type="checkbox"/> Instep</p> <p><input type="checkbox"/> Distal Tibia</p> <p><input type="checkbox"/> Recurvatum Retention</p>	Footplate	Straps
Thigh							
Ankle Joint Options							
Knee Joint Options							
Footplate							
Straps							
Standard AFO Models							
<p>Double Upright, Articulated Ankle Modular</p> <p><input type="checkbox"/> No Pretibial Shell <input type="checkbox"/></p> <p><input type="checkbox"/> With Pretibial Shell <input type="checkbox"/></p> <p><input type="checkbox"/> Removable Pretibial Shell <input type="checkbox"/></p> <p style="padding-left: 20px;"><input type="checkbox"/> Molded Hydrostatic (Standard)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Laminated External</p> <p>Solid Ankle</p> <p><input type="checkbox"/> No Pretibial Shell</p> <p><input type="checkbox"/> With Pretibial Shell</p> <p><input type="checkbox"/> Removable Pretibial Shell</p> <p style="padding-left: 20px;"><input type="checkbox"/> Molded Hydrostatic (Standard)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Laminated External</p> <p>Patellar Tendon (Weight) Bearing</p> <p><input type="checkbox"/> Double Upright, Hinged Pretibial Shell</p> <p style="padding-left: 20px;"><input type="checkbox"/> Modular</p> <p><input type="checkbox"/> Solid Ankle, Hinged Pretibial Shell</p> <p>Diagnostic Check Orthosis</p> <p><input type="checkbox"/> Solid Ankle Set At: _____</p> <p><input type="checkbox"/> Jointed Ankle</p> <tr style="background-color: #cccccc;"> <th style="text-align: center;">Color</th> </tr> <p><input type="checkbox"/> Color: _____</p> <p><input type="checkbox"/> Fabric (Please include 2 yards of pre-washed Spandex® or Lycra® fabric with cast.)</p> <tr style="background-color: #cccccc;"> <th style="text-align: center;">Lining</th> </tr> <p><input type="checkbox"/> No Lining</p> <p><input type="checkbox"/> 3mm Pelite® (Standard)</p> <p><input type="checkbox"/> 5mm Pelite® Lining</p>	Color	Lining					
Color							
Lining							