

SHADOW 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

Please use separate form for each leg if bilateral

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 _____

AFO KAFO

Modular Style

Over lamination Under lamination

Measurements

Please indicate heights of bands from top edge to footflat.

Proximal Thigh Band _____ in.

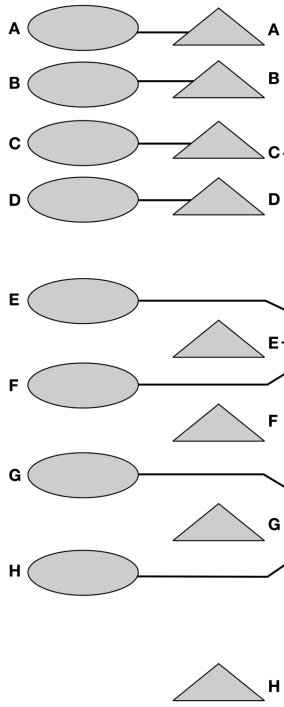
Distal Thigh Band _____ in.

Calf Band _____ in.

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



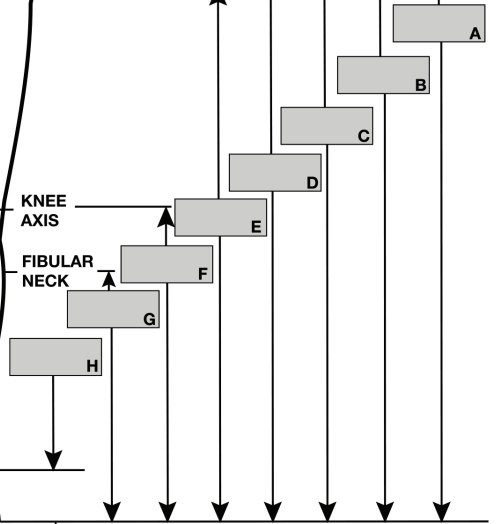
LENGTHS

WAIST LINE

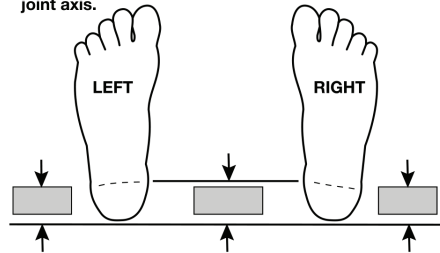
PELVIC LINE

TROCHANTER

ISCHIAL TUBEROSITY



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: _____


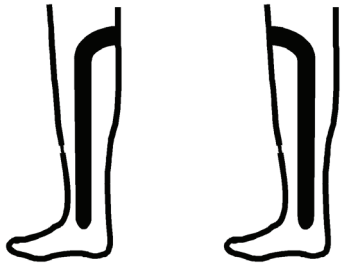
Hyperextended

Knee Flexion Contracture

Degrees: _____

SHADOW AFO/KAFO ORTHOMETRY FORM

SHADOW KAFO AND AFO OPTIONS

THIGH TRIM <i>Please circle thigh trim desired.</i>	SHANK TRIM <i>Please circle shank trim desired.</i>
	
<p>(1) Anterior (2) Posterior For additional solid bands, please connect dotted lines to show desired configuration.</p>	
<p>FOOTPLATE TRIMS: <input type="checkbox"/> To Metatarsal Heads <input type="checkbox"/> To Sulcus <input type="checkbox"/> Full Foot</p>	

Please indicate any specialized trim by drawing on the cast/negative wrap.

<p style="text-align: center;">Fit Options</p> <p>The Shadow is a total contact orthosis. Some patients cannot tolerate the side bars touching their skin. The reliefs below allow for a space between the uprights and the patient's leg.</p> <p><input type="checkbox"/> Total Contact</p> <p><input type="checkbox"/> Plus Six Fit (3mm space between upright and patient leg.)</p> <p><input type="checkbox"/> Plus Ten Fit (5mm space between upright and patient leg.)</p> <hr/> <p style="text-align: center;">Color</p> <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> <hr/> <p style="text-align: center;">Lining</p> <p><input type="checkbox"/> No Lining</p> <p><input type="checkbox"/> 3mm Pelite® (Standard)</p> <p><input type="checkbox"/> 5mm Pelite® Lining</p> <hr/> <p style="text-align: center;">Knee</p> <p><input type="checkbox"/> Condylar Extension</p> <p><input type="checkbox"/> Varum control</p> <p><input type="checkbox"/> Valgum control</p> <hr/> <p style="text-align: center;">Thigh</p> <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>	<p style="text-align: center;">Ankle Joint Options</p> <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"/> Dorsiflexion Plus Assist</p> <p><input type="checkbox"/> Slim Line Double Action</p> <p><input type="checkbox"/> Titanium Double Action</p> <p><input type="checkbox"/> Standard 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> <hr/> <p style="text-align: center;">Knee Joint Options</p> <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>	<p style="text-align: center;">Knee Joint Options Cont.</p> <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> <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> </td> <td style="vertical-align: top;"> <p>Youth</p> <p><input 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type="checkbox"/> Polyeth Flexible</p> <p style="padding-left: 20px;"><input type="checkbox"/> Laminate Flexible</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> </td> <td style="vertical-align: top;"> <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> </td> </tr> </table> <p>Sole Lifts Crepe Heel or Sole: _____ in.</p> <hr/> <p style="text-align: center;">Straps</p> <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>	<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>	<p>Material</p> <p><input type="checkbox"/> Aluminum (Standard)</p> <p><input type="checkbox"/> Stainless Steel</p> <p><input type="checkbox"/> Titanium (Not available on all joints.)</p>	<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 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