

248-588-7480 • Fax 248-588-4555

Today's Date: _____

Facility: _____

Patient: _____ Age: _____

Street: _____

Sex: _____ Ht: _____ Wt: _____ Activity Level: _____

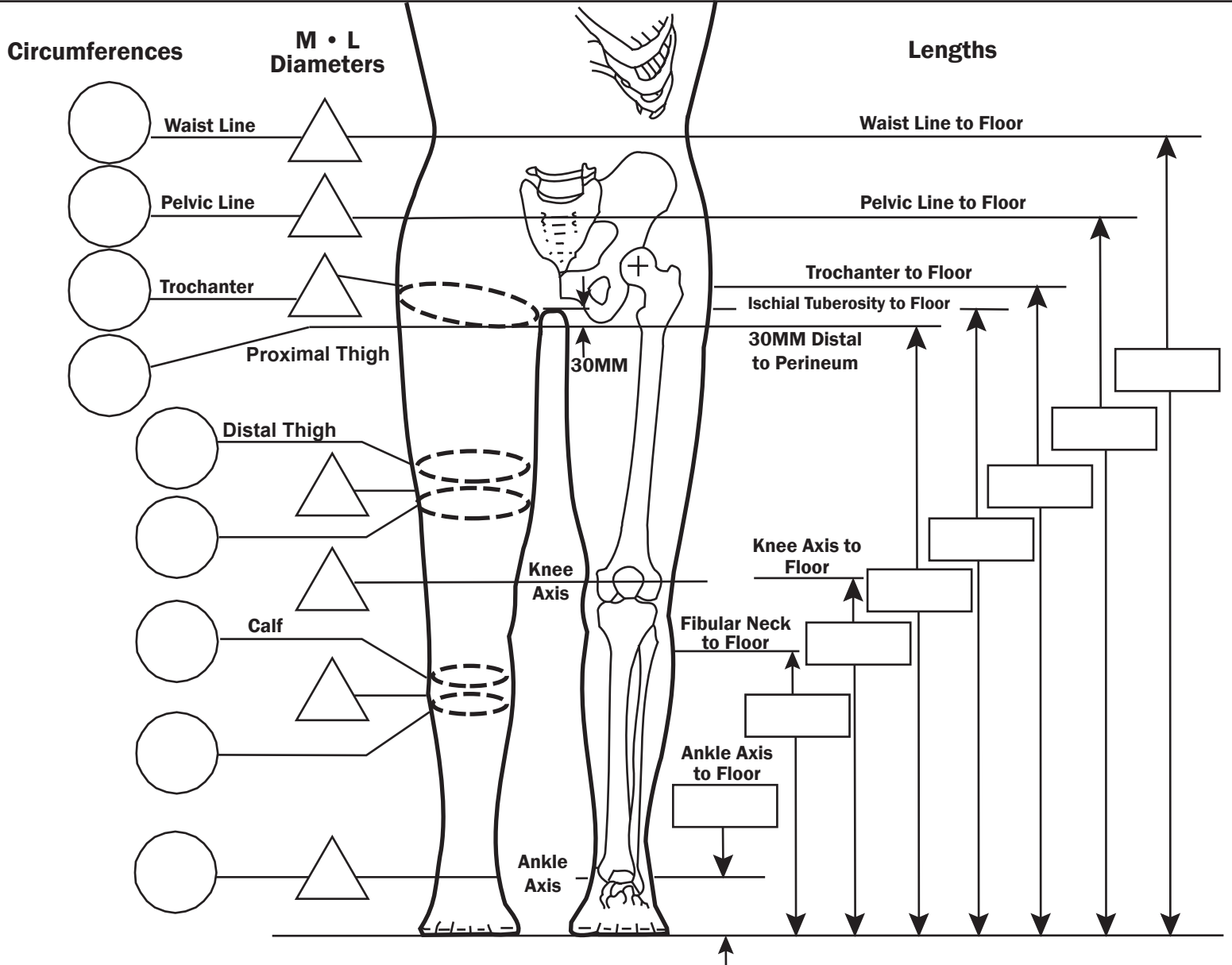
City: _____ State: _____ Zip: _____

Diagnosis: _____

Orthotist: _____ Phone #: _____

PO #: _____ Delivery Date: _____

MEASUREMENTS: Inches Centimeters FINISHED LATERAL HEIGHT _____ FINISHED MEDIAL HEIGHT _____



Contraindications for all Stride Stance Control Systems:

- Insufficient ankle range-of-motion (3° - 5° required)
- Substantial leg length discrepancy where the affected side is shorter
- Knee flexion contractures greater than 10°
- Weight greater than 220 lbs (A Size) - 140 lbs (B size FullStride only)

(If your patient is borderline, please contact one of our Clinical Education Specialists listed on Page 3 of the Stride Family Guide)

Ankle	
<input type="checkbox"/> Varus	<input type="checkbox"/> Valgus
<input type="checkbox"/> Correct	<input type="checkbox"/> Do Not Correct
<input type="checkbox"/> Toe Out	<input type="checkbox"/> Toe In
Degrees: _____	
Heel Height: _____	

Knee	
<input type="checkbox"/> Varum	<input type="checkbox"/> Valgum
<input type="checkbox"/> Correct	<input type="checkbox"/> Do Not Correct
Degrees: _____	
<input type="checkbox"/> Hyperextended	
<input type="checkbox"/> Knee Flexion Contracture	
<input type="checkbox"/> Correct	<input type="checkbox"/> Do Not Correct

(If tibial torsion is required, please specify dimensions in additional instructions)

Additional Instructions (Ex. transfer paper):

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LEG: Left Right Bilateral

MATERIAL: Thermoplastic Metal and Leather Laminated*

Thermoplastic

Color	Type	Thickness	Location	Flare/Tab
<input type="checkbox"/> Natural	<input type="checkbox"/> Polypropylene	<input type="checkbox"/> 3/16"	<input type="checkbox"/> Anterior	<input type="checkbox"/> Proximal
<input type="checkbox"/> Black		<input type="checkbox"/> 1/4"	<input type="checkbox"/> Posterior	<input type="checkbox"/> Medial
				<input type="checkbox"/> Lateral

Cast Correction

Do not correct 90° _____° PF/DF

Correct Forefoot Correct Varus/Valgus

Heel Height _____ Finished Height of KAFO _____

Liner (select one from each column)

Type	Thickness	Location
<input type="checkbox"/> Aliplast	<input type="checkbox"/> 1/8"	<input type="checkbox"/> Thigh <input type="checkbox"/> Posterior
<input type="checkbox"/> Med-Density Pelite	<input type="checkbox"/> 5/32"	<input type="checkbox"/> Anterior <input type="checkbox"/> Calf
<input type="checkbox"/> Heavy-Density Pelite	<input type="checkbox"/> 3/16"	<input type="checkbox"/> Entire Orthosis <input type="checkbox"/> Ankle Pad
<input type="checkbox"/> Other _____	<input type="checkbox"/> 1/4"	<input type="checkbox"/> Other _____

Ankle Joints

Camber Axis Hinge® Modular Standard Action (M3025)

Slim Line Double Action (SLM-2825) Other _____

Size: A (Adult) B (Youth)

Activation Option (select type)

Heel Cable Receptor Stirrup Inserts

Metal and Leather Options

Leather (select one from each column)

Color	Closure	Condyle Pad	Miscellaneous
<input type="checkbox"/> Black	<input type="checkbox"/> Hook & Loop	<input type="checkbox"/> Round (FullStride Only)	<input type="checkbox"/> Calf Lacer
<input type="checkbox"/> Beige	<input type="checkbox"/> Leather Strap & Buckle		<input type="checkbox"/> Leather Gauntlet
<input type="checkbox"/> Smoked Elk			<input type="checkbox"/> SS Footplate (please provide cast)
<input type="checkbox"/> Brown			
<input type="checkbox"/> White			

Modular Ankle Joints (select type)

Slim Line Double Action (SLM-2825)

Modular Standard Action (M3025)

Size: A (Adult) B (Youth)

Stirrup (select type)

Solid

Solid Wide Flange

UCBL

Other _____

Range of Motion

Plantarflexion _____ Dorsiflexion _____

***Laminated Options**

Double Upright

3110 No Pretibial Shell

3112 With Pretibial Shell

3114 Removable Pretibial Shell

Solid Ankle

3150 No Pretibial Shell

3152 With Pretibial Shell

3154 Removable Pretibial Shell

Knee Joint Options

FullStride™ (select from each column below)

<input type="checkbox"/> FullStride™(9006)	<input type="checkbox"/> Aluminum	<input type="checkbox"/> 3/16" x 3/4" (adult)	<input type="checkbox"/> High Buff
<input type="checkbox"/> FullStride™ w/GX-Assist (9006-GX) <input type="checkbox"/> 75N <input type="checkbox"/> 125N <input type="checkbox"/> 175N	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> 3/16" x 5/8" (youth)	<input type="checkbox"/> Bead Blast
	<input type="checkbox"/> Titanium (3/16" x 3/4" only)		

SafetyStride™ (select from each column below)

<input type="checkbox"/> SafetyStride™(9005)	<input type="checkbox"/> Aluminum	<input type="checkbox"/> 3/16" x 3/4" (Standard)	<input type="checkbox"/> High Buff
<input type="checkbox"/> SafetyStride™ w/GX-Assist (9005-GX) <input type="checkbox"/> 75N <input type="checkbox"/> 125N <input type="checkbox"/> 175N	<input type="checkbox"/> Stainless Steel		<input type="checkbox"/> Bead Blast
	<input type="checkbox"/> Titanium (3/16" x 3/4" only)		

Stride4™ (select from each column below)

<input type="checkbox"/> Stride4™ (LMB-C063)	<input type="checkbox"/> Aluminum	<input type="checkbox"/> 3/16" x 3/4" (Standard)	<input type="checkbox"/> High Buff
	<input type="checkbox"/> Stainless Steel		<input type="checkbox"/> Bead Blast
	<input type="checkbox"/> Titanium (3/16" x 3/4" only)		

ADDITIONAL ADD-ONS

Tongue: AK BK

Other: _____

Note: To optimize gait and enhance knee stability, special consideration should be given to ankle joint selection. We would stongly recommend that you select an ankle joint configuration that limits dorsiflexion and allows accurate alignment of the foot ankle complex in the sagittal plane.

For clinical or technical support please see Page 3 of the Stride Family Guide for contact information