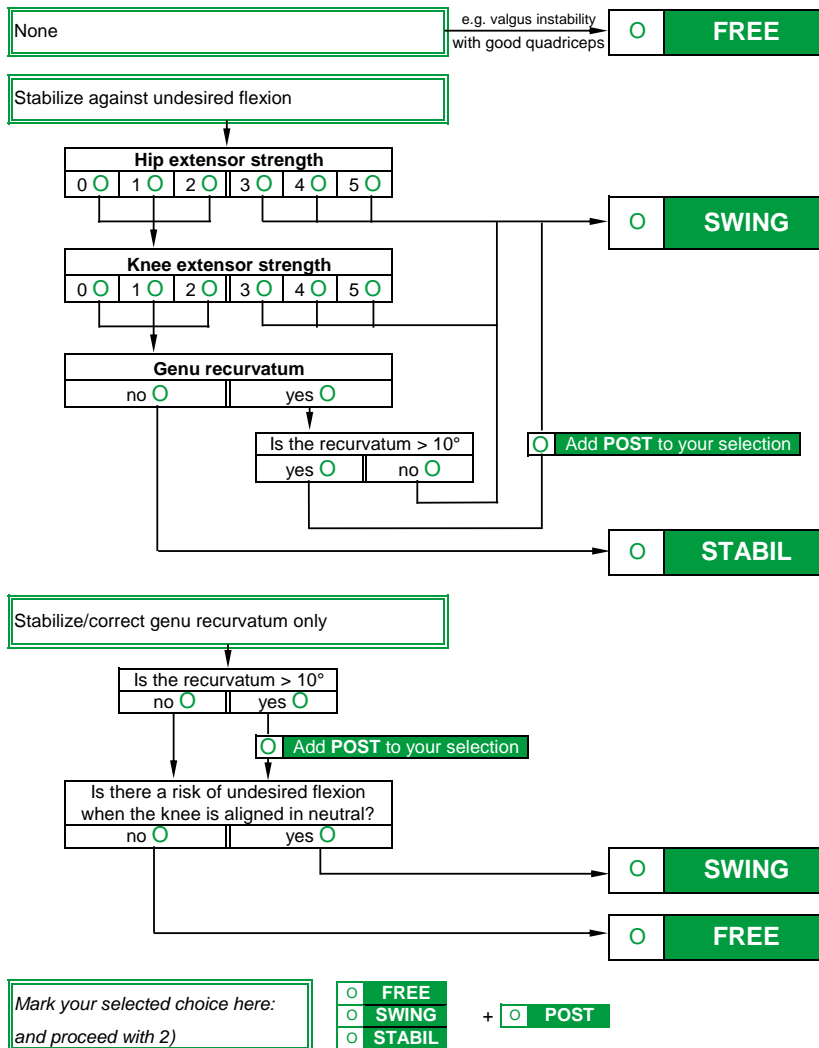


# UTX<sup>®</sup> Knee-Ankle-Foot Orthoses selection protocol

use in conjunction with the UTX<sup>®</sup> orthoses manual

## INDICATIONS

### 1) What is the required functionality of the orthosis at the knee in the sagittal plane?



UTX FREE has no lock against flexion, but it does have the extension stop



UTX SWING is locked in stance but automatically unlocks at the end of the stance phase

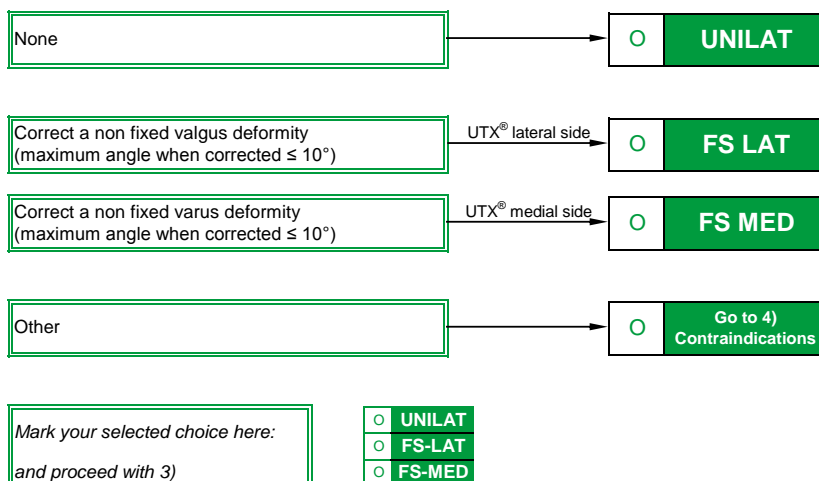


A UTX POST has the interfaces of the lower leg at the posterior side to better control AP forces



UTX STABIL is locked throughout the gait cycle, but can be manually unlocked to sit down

### 2) What is the required functionality of the orthosis at the knee in the frontal plane?

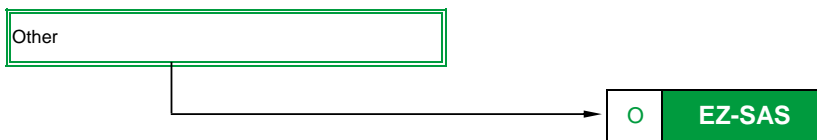
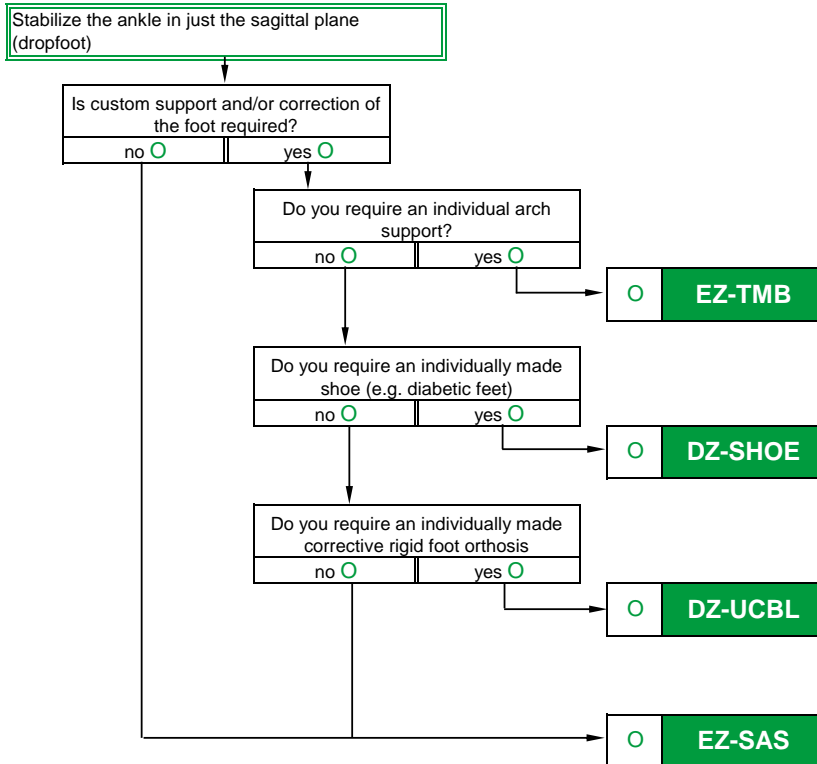
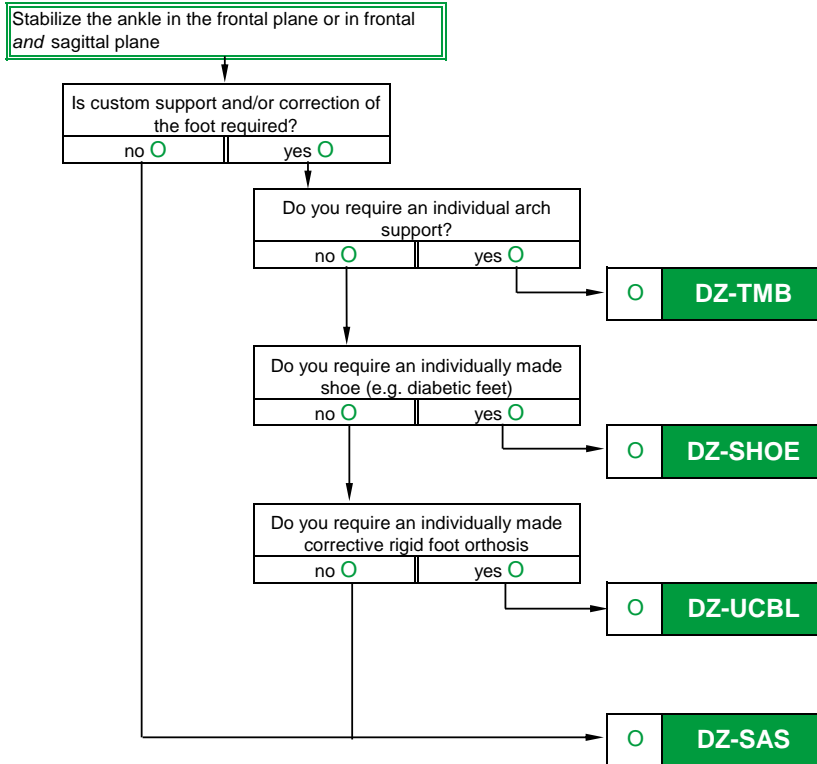


UNILAT is the original lateral upright UTX



FS LAT is a laterally placed UTX with a medial FS cable for correcting a knee valgus. The FS MED is vice versa

### 3) What is the required functionality of the orthosis at the ankle and foot?



Mark your selected choice here:  
and proceed with 4)

- EZ-SAS
- EZ-TMB
- DZ-SHOE
- DZ-SAS
- DZ-TMB
- DZ-UCBL



DZ is a UTX with a double upright ankle joint. TMB is a Thin-Metal-Base, on top of which the individual arch support can be mounted

A Double upright (DZ) ankle joint connected to the shoe

In a DZ-UCBL a custom fitted UCBL foot orthosis is fixed to a DZ-double upright ankle joint.

DZ-SAS: a double upright ankle joint (DZ) with a standard 3/4 arch support



EZ is a UTX with a single lateral upright ankle joint. TMB is a Thin-Metal-Base, on top of which the individual arch support can be mounted

Connection to the shoe is only advised with a double upright (DZ) ankle joint

A UCBL foot orthosis can only be combined with a double upright (DZ) ankle joint.



EZ-SAS is a single upright ankle joint (EZ) with a standard 3/4 arch support

## CONTRAINDICATIONS

### 4) Check presence of the following contraindications

a) Weight limit exceeded?	The weight limit for the UTX <sup>®</sup> is 120 kg (265 lbs). Short body segments with a lot of soft tissue lead to higher brace loading. Severe hyperextension, valgus or varus instabilities also leads to higher brace loading.	Yes <input type="radio"/> No <input type="radio"/>
b) Ischial weight bearing required?	Ischial weight bearing in combination with a UTX <sup>®</sup> is not possible. Ischial weight bearing could be necessary in cases of severe pelvic/trunk instability or necessary unloading of lower limb skeletal elements.	Yes <input type="radio"/> No <input type="radio"/>
c) Knee flexion contracture > 10°?	A flexion contracture at the knee larger than 10° leads to extreme loading on the leg and the orthosis. In addition, knee extension at late stance (necessary for unlocking of the SWING) is much more difficult.	Yes <input type="radio"/> No <input type="radio"/>
d) Uncorrectable valgus/varus instability of the knee > 10°?	A frontal plane instability of the knee that can't be corrected less than 10° can lead to extreme loading on the leg and the orthosis.	Yes <input type="radio"/> No <input type="radio"/>
e) Mild to serious spasticity?	Spasticity can lead to extreme loading on the leg and the orthosis. Furthermore, spasticity can interfere in dorsiflexion of the ankle at late stance (necessary for unlocking of the SWING).	Yes <input type="radio"/> No <input type="radio"/>
f) Insufficient cognitive abilities?	A limited cognition can interfere with learning to use the orthosis.	Yes <input type="radio"/> No <input type="radio"/>

**No contraindications present? Proceed by filling in the measurement and order information**

**One or more contraindications present? Contact Becker Orthopedic or choose an alternative**

[centralfab@beckerorthopedic.net](mailto:centralfab@beckerorthopedic.net)

**Tel: (800) 521-2192**

## ORDERING INFORMATION

Patient initials and gender: .....	<input type="radio"/> M / <input type="radio"/> F <input type="radio"/>
Side: <input type="radio"/> L - <input type="radio"/> R - <input type="radio"/> L+R	Date of birth:    .. . - .. . - .. . . . . .
Height:                                    .. . . . . inches	Body weight:                                    .. . . . . lbs
Diagnosis: .....	

Hip extensor strength:	<b>0 1 2 3 4 5</b>	MRC
Knee extensor strength:	<b>0 1 2 3 4 5</b>	MRC
Thickness of individual inlay: <i>in case of EZ-TMB or DZ-TMB</i>	..... inches	
Corrected valgus/varus angle: <i>in case of FS</i>	..... °	
LM-FLOOR:	..... inches	
MM-FLOOR:	..... inches	
LM-MM	..... inches	

Company: .....
Orthotist: .....
Street: .....
City: .....
State: ..... Zip code: .....
Phone: .....
Email: .....