

**PATIENT INFORMATION**

Patient: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Hip Extensor Strength: \_\_\_\_\_ MMT  
 Knee Extensor Strength: \_\_\_\_\_ MMT

**PRACTITIONER SHIPPING INFORMATION**

Facility: \_\_\_\_\_  
 Clinician: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Province/Region: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone (Office): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**ORDER INFORMATION**

PO#: \_\_\_\_\_

**DEVICE SELECTION**

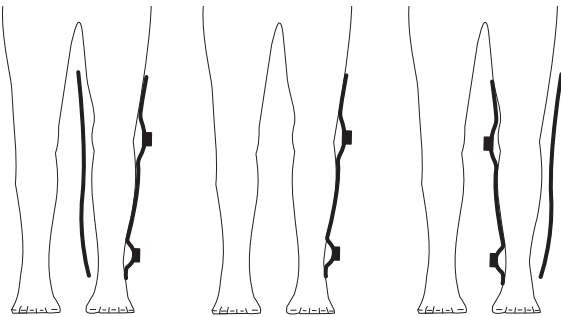
Side:  Left  Right

**Model**



- UTX SWING**
- Preconfigured for Stance Control
  - Preconfigured for Free Knee Flexion (Hyperextension Control)
- UTX STABIL**
- Locked KAFO with Manual Button Release

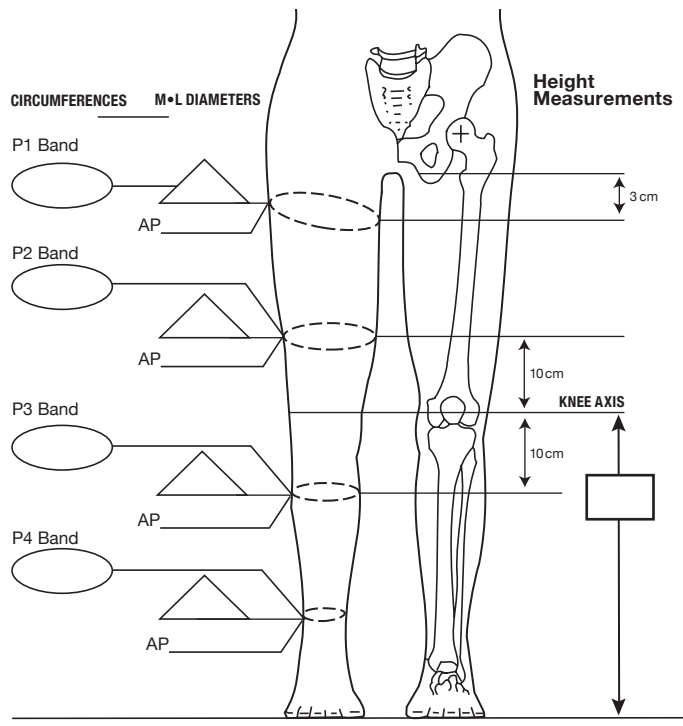
**Frontal Plane Control**



- Genu Valgum Control (Lateral Knee Joint with Medial Valgus Resist Cable)
- None (Lateral Joint Only)
- Genu Varum Control (Medial Knee Joint with Lateral Varus Resist Cable)

**MEASUREMENTS**

Anatomic Measurements  Inches  Centimeters



Heel Height \_\_\_\_\_

Fibula Neck \_\_\_\_\_

**Note: If you don't choose an option, the \* (default) option will be selected for you.**

## OPTION 1: UTX With Footplate Only

### FOOTPLATE MODELS

- Plastic (prefabricated)\***       Flat Stainless Steel  
(for custom insole)

### ANKLE SUPPORT



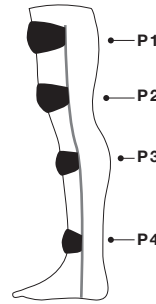
- Single Upright  
Stirrup (UTX EZ)



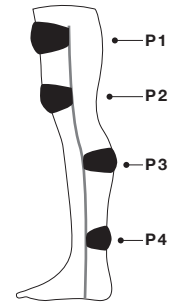
- Double Upright  
Stirrup for Coronal  
Ankle Control  
(UTX DZ)

### GENU RECURVATUM CONTROL

Please check the appropriate box to select band configuration.



- Anterior Tibial Bands  
(Standard)

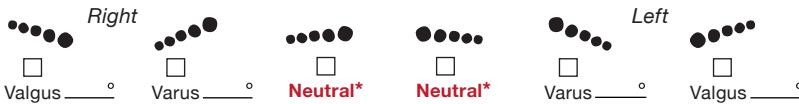


- Posterior Tibial Bands  
(To Resist Recurvatum)

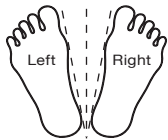
## OPTION 2: UTX With AFO Only

### FOREFOOT ALIGNMENT (VARUS/VALGUS)

Select Finished Alignment:



Toe Out:



Toe Out Angle:

(+) Toe Out  
(-) Toe In

Left: \_\_\_\_\_

Right: \_\_\_\_\_

### CAST CORRECTION

#### Sagittal Ankle Correction

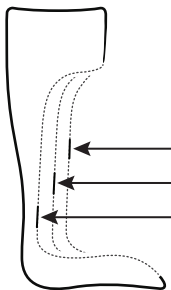
Ankle Alignment (dorsiflexion/plantarflexion)

- Do not correct  
 **Correct to 4° DF\***  
 Correct to \_\_\_\_\_°     DF     PF

#### Coronal Hindfoot Alignment

- Do not correct  
 **Correct to vertical\***  
 Correct to \_\_\_\_\_°  
 Varum     Valgum

### UTX With Polypropylene AFO



Trim Lines

- Solid  
 Semi Rigid  
 **PLS\***

### Footplate Length

- Full Foot Length\***  
 Sulcus Length

### Footplate Control

- No Control  
 **Full Control\***  
 Long Medial (Supination Control)  
 Long Lateral (Pronation Control)

### Ankle Control

- Medial Supramalleolar Flare  
 Lateral Supramalleolar Flare

### Plastic Color

- White\***     Black  
 Transfer Options

available at  
[BeckerOrthopedic.com/  
 Education/OrthometryForms](http://BeckerOrthopedic.com/Education/OrthometryForms)

Model # \_\_\_\_\_

### Footplate Stabilization

- None\***  
 Heel  
 Forefoot  
 Heel Lift Height \_\_\_\_\_

### SPECIAL INSTRUCTIONS