

PATIENT INFORMATION

Patient: _____
 Age: _____ Sex: _____ Height: _____ Weight: _____
 Diagnosis: _____

PRACTITIONER SHIPPING INFORMATION

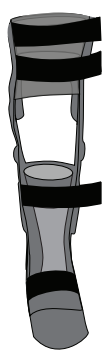
Facility: _____
 Clinician: _____
 Address: _____
 City: _____
 State/Province/Region: _____ Zip: _____
 Country: _____
 Phone (Office): _____ Phone (Cell): _____
 Fax: _____ Email: _____

ORDER INFORMATION

PO#: _____

DEVICE SELECTION

Device Type:



SCKAFO

Side: Left
 Right

MEASUREMENTS

Finished Height Measurements
 Inches Centimeters

Left		Right
	Lateral Height	
	Medial Height	
	Distal Thigh	
	Knee Center	
	AFO Height	

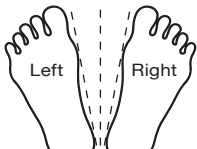
Heel Height

FOREFOOT ALIGNMENT (VARUS/VALGUS)

Select Finished Alignment:

Right: Valgus _____° Varus _____° Neutral* Neutral*

Left: Varus _____° Valgus _____°

Toe Out: 

Toe Out Angle: (+) Toe Out (-) Toe In

Left: _____
 Right: _____

Ankle Joint Alignment

Mechanical* Other: _____
 Anatomical

CAST CORRECTION

Sagittal Ankle Correction
 Ankle Alignment (dorsiflexion/plantarflexion)

Do not correct
 Correct to 4° DF*
 Correct to _____° DF PF

Sagittal Knee Correction

Do not correct
 Correct to Neutral*
 Correct to: _____°
 Flexion Extension

Note: Knee flexion contractures over 10° are contraindicated

Coronal Hindfoot Alignment

Do not correct
 Correct to vertical*
 Correct to _____°
 Varum Valgum

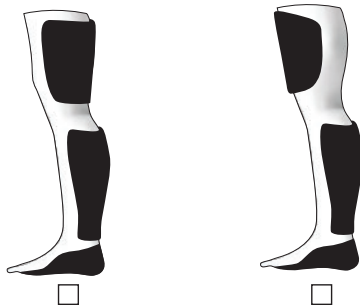
Coronal Knee Correction

Do not correct*
 Correct to Neutral
 Correct to: _____°
 Varum Valgum

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

SHELL CONFIGURATION

Please check the appropriate box to select finish trimlines



Footplate Length

- Full Foot Length*
- Sulcus Length

Footplate Control

- Full Control*
- Long Medial (Supination Control)
- Long Lateral (Pronation Control)

Ankle Control

- Medial Supramalleolar Flare
- Lateral Supramalleolar Flare
- Ankle Corrugation

Knee Control

- None*
- Medial Condylar Extension
- Lateral Condylar Extension

Liners / Padding / Inserts

- None*
- Extra Navicular Padding
- Plantar Footplate
- Calf Section
- Thigh Section

Materials

- Polypropylene*

Thickness

- 3/16*
- 1/4

Plastic Color

- Black*
- White

Footplate Stabilization

- None*
- Heel
- Forefoot
- Heel Lift Height_____

Straps

- Standard Straps with Pads*

Telescoping Shell

- Calf Tongue
- Thigh Tongue

Tongue

- Calf Tongue
- Thigh Tongue

COMPONENT SELECTION

Ankle Joints

Double Action Ankle Joints
(standard)

Knee Joints

- FullStride®
- SafetyStride®

Bar Material

- Aluminum
- Stainless Steel

Accessories

GX-Assist

- 75N
- 125N
- 175N

SPECIAL INSTRUCTIONS