

Patient's Last Name: _____

Patient's First Name: _____

Male Female

Age _____ Height _____ Weight _____

Leg: Left Right

Townsend Knee Orthosis Ordered: _____

Comments: _____

1. Choose and complete the most appropriate Premier or Full Shell knee orthosis order form

2. Choose one of the following extension options:

Medial Extension

Lateral Extension

3. Fill out orthometry chart

4. Choose the ankle joint

5. Choose the foot plate options

Foot Plate Selections (Material, Sides, Length, Heel, Pad)

Graphite Lamination (rigid, max control, less adjustable)

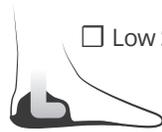
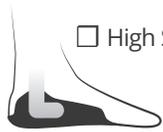
Polypropylene (stiff, heat adjustable)

Co-Polymer (softer, more flexible, heat adjustable)

Black Poly Pro (good all around and heat adjustable)

High Sides (UCB Type)

Low Side (Sole Plate)*



*** DO NOT use low side foot plate with anterior stop ankle joints.**

Heel Cup (proximal to the base of the 5th metatarsal)

Trim Proximal to the Metatarsal Heads

Trim to Toe Sulcus

Trim to Toes - **Outline of full foot required!!!**

Fabricate entire foot plate with no padding

Line entire foot plate with 1/8 inch padding

Line entire foot plate with 1/4 inch padding

Line sides with 1/8 inch; sole with 1/4 inch

Description

The Townsend graphite extension to the floor is available for any custom Premier or Full Shell frame. The extension can be added to the medial or lateral side of the orthosis. You must provide a KAFO cast or KAFO digital scan. This option is not an add-on or retrofit. It is a continuation of the lamination during initial fabrication.

First Function

The Townsend graphite extension provides a definitive solution to migration concerns. Also, the graphite extension provides enhanced leverage for stability, correction and rotation control.

How to Order

You can design a Townsend Knee Orthosis with an extension to the floor in five easy steps!

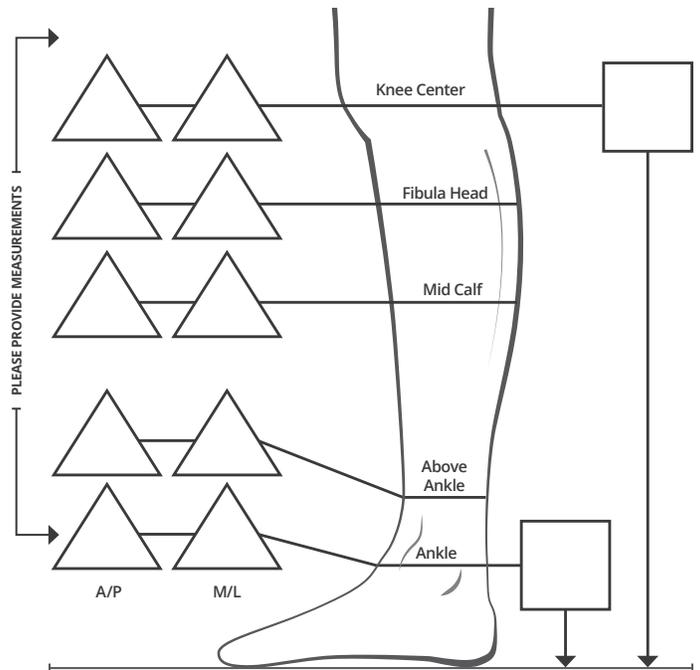
Townsend Ankle Joints

HD Free Dorsi Assist

Becker Ankle Joints (Townsend stocked items)

Free Ankle Dorsi Assist

Double Adjustable with Springs Only
 (Anterior or posterior pins may damage the frame)



Bend knee to 90 degrees and check toe out

Desired Toe Out is _____ degrees

Heel Height of Shoe _____ "

Casting Block Used _____ "

Please complete and fax this form to 800.798.2722 (24-hours a day). If you are calling in your order, this form indicates the options and information that will be required by our staff. For phone orders, please call 800.700.2722 between 6:00 a.m. and 4:00 p.m. (PST).

PLEASE FOLLOW STEP-BY-STEP CAST PROTOCOL INSTRUCTIONS

Thuasne USA

4615 Shepard St., Bakersfield, CA, 93313
 Phone: 800.432.3466 or 661.837.1795; Fax: 800.798.2722
 www.ThuasneUSA.com

