

Ordered by: _____ Phone # (_____) _____

BILLING: P.O. Number _____ Townsend Account # _____

Bill To: _____

Ship To: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip Code: _____ Country: _____

State: _____ Zip Code: _____ Country: _____

Phone: (_____) _____ Fax: (_____) _____

Phone: (_____) _____ Fax: (_____) _____

Shipping Preference: Ground 2-Day P.M. 2-Day A.M. Next Day P.M. Next Day A.M.

(If no preference is indicated, this order will be shipped 2 Day P.M.) Note: We do not ship products directly to patients.

Patient's Last Name: _____

Patient's First Name: _____

Male Female

Age _____ Height _____ Weight _____

Leg: Left Right

Patient's Clinical Diagnosis: _____

Surgeries (type/date): _____

Is the patient currently using any assistive device?

Brace/KAFO Cane Crutch

Walker Wheel Chair

Comments: _____

Casted position:

Seated Standing Supine Weight Bearing

Semi Weight Bearing Non Weight Bearing

It is imperative to compare angular and motion differences when evaluating the patient's static (non weight bearing) and dynamic (standing-walking) alignments.

Ankle:

Casted in corrected position

Cast was NOT corrected.. Please correct:

Forefoot Supination Hindfoot Inversion

Forefoot Pronation Hindfoot Eversion

Knee:

Casted in corrected position

Correct varus condition _____ degrees

Correct valgus condition _____ degrees

What control do you want this KAFO to provide?

Please check all that apply:

Knee: Flexion Hyperextension Valgus Varus

Ankle: Dorsiflexion Plantarflexion

Inversion Eversion

Ankle/Foot evaluation *(weight bearing)*

Weight bearing ankle position is:

Neutral Inverted _____ degrees

Everted _____ degrees

Ankle movement: Flexible Rigid

Dorsiflexion & Plantarflexion range of motion:

Full ROM Limited ROM Fused

Forefoot position: Pronated Supinated

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).

*Indicates additional charges apply

Thuasne USA's shipping department use only

Received Date

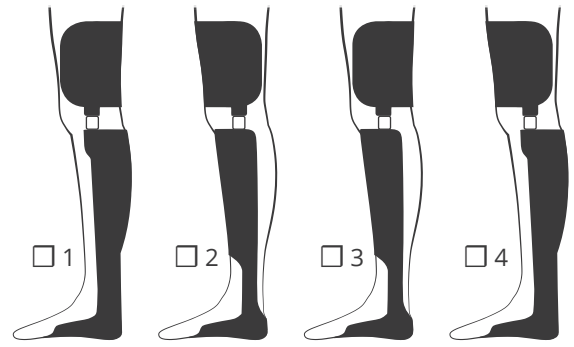
Thuasne USA

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



Select KAFO Style

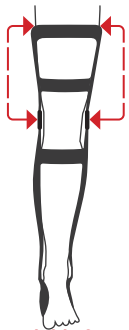
1. Traditional posterior frame to address multi-plane instabilities with hyper-extension
2. Anterior frame to address multi-plane instabilities with flexion weakness
3. Hybrid frame to address knee flexion weakness and toe walkers
4. Hybrid frame to address knee hyper-extension



From knee center, indicate desired height of the TOP of the thigh band (medial & lateral sides can be up to 2 inches different)

Medial Thigh Band Height

- 13 Inches
- 12 inches
- 11 inches
- 10 inches
- 9 inches
- 8 inches
- 7 inches
- Other _____



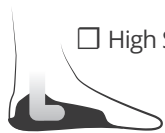
Lateral Thigh Band Height

- 13 Inches
- 12 inches
- 11 inches
- 10 inches
- 9 inches
- 8 inches
- 7 inches
- Other _____

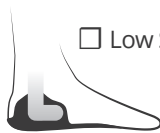
7 inch height only available for KAFO Models #1, 4, 6 & 7

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

- Polypropylene (stiff, heat adjustable)
- Co-Polymer (softer, more flexible, heat adjustable)
- Black Poly Pro (good all around and heat adjustable)



High Sides (UCB Type)



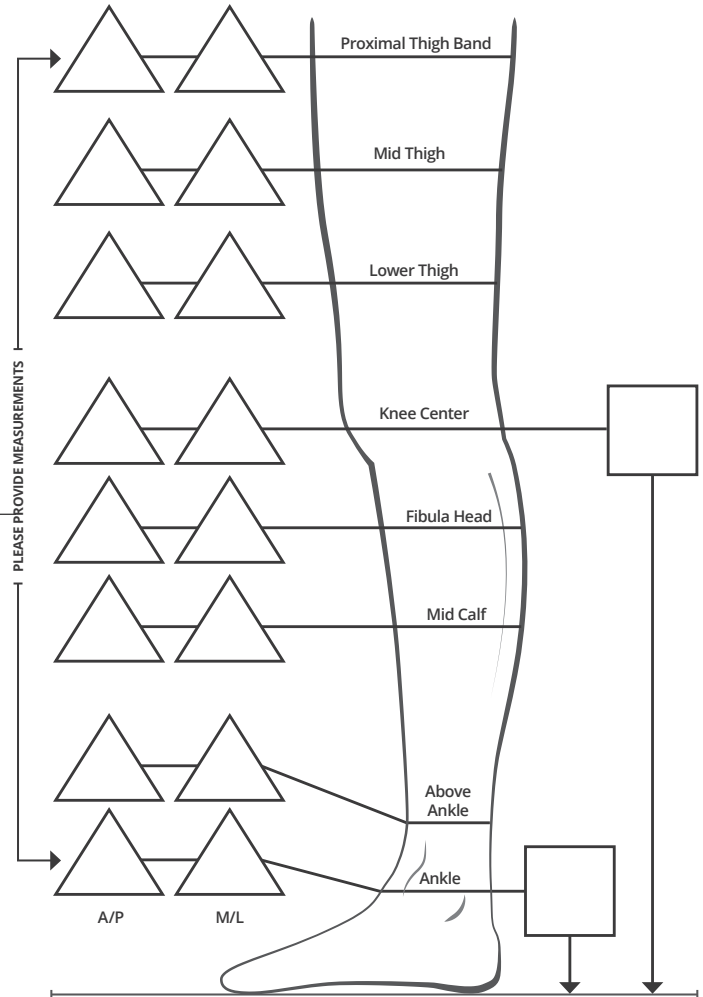
Low Side (Sole Plate)¹

¹ 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 padding

Foot Plate Padding Material

- Aliplast 1/8" (Soft-White)
- Pelite 1/8" (Medium white)
- Aliplast 3/16" (Soft-White)
- Plastizote 1/8" (Pink)
- Aliplast 1/8" (Soft Black)
- Plastizote 1/4" (Pink)



Bend knee to 90 degrees and check toe out

Desired Toe Out is _____ degrees

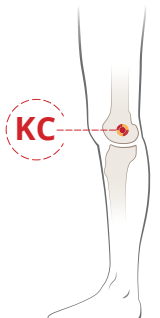
Heel Height of Shoe _____ "

Casting Block Used _____ "

Townsend's Definition of Knee Center

Femoral Epicondyle
(Apex of the Lateral Condyle)

Please palpate the condyle and make a mark on the cast to indicate knee center. All M.L. and A.P. measurements should be made at the appropriate position on the leg as it relates to your knee center mark. In terms of fabrication, the hinge and band heights will be based on TOWNSEND'S definition of knee center.



(CRITICAL – must select one option) Set Knee Hinges At:

- Casted Position
- 0 (zero) degree
- _____ degrees of flexion
- _____ degrees of hyperextension
- Make KC M/L _____

Townsend Knee Joints

Free Knee Townsend Motion Joints

- TM5+ Free Knee *(Includes Extension Stops)*
- Optional Flexion Stop Kit*
- Install Extension Assist Bands/Posts

Becker Knee Joints *(Townsend stocked items)*

- Becker Model 1003 *(Automatic Spring Lever Lock)*
- Optional Becker BLISS Release Kit
- Optional Becker MX-003-001 Lever Release System
- Becker Model 1007 *(Adjustable Extension Lever Lock)*
- Optional Becker BLISS Release Kit
- Optional Becker MX-003-001 Lever Release System
- Becker Model 1012 *(Posterior Offset Ring Lock)*
- Becker Model 1014 *(Ratchet Lock)*
- Optional Becker MX-003-HD Lever Release System
- Becker Model 1402 *(Modular Ring Lock)*

Plastic Shell Material

- Natural Copolymer
- Black Polypro
- Natural Polypro

Shell Padding

- No Padding
- Thigh Shell
- Calf Shell
- Tibial Shell
- Ankle
- Base of 5th
- Arch Pad
- Aliplast 1/8" *(Soft-White)*
- Pelite 1/8" *(Medium white)*
- Aliplast 3/16" *(Soft-White)*
- Plastizote 1/8" *(Pink)*
- Aliplast 1/8" *(Soft-Black)*
- Plastizote 1/4" *(Pink)*

Foot Plate Padding

- Aliplast 1/8" *(Soft-White)*
- Pelite 1/8" *(Medium white)*
- Aliplast 3/16" *(Soft-White)*
- Plastizote 1/8" *(Pink)*
- Aliplast 1/8" *(Soft-Black)*
- Plastizote 1/4" *(Pink)*

Notes: _____

Metal Bar Finishing Options

- Gloss Black
- Violet
- Bengal White
- Bengal Yellow
- Bengal Silver
- Argento Grey
- Sky Blue
- Candy Green
- Sparkle Red
- Sparkle Copper
- Electric Blue

Ankle Joint Options

- Set ankle joint M/L to _____ " *(standard spacing is 1/4 inch)*
- Attach to shoe *(Practitioner must send footwear with cast. Footwear must have solid stirrup or split caliper pre-attached with appropriate toe out and M/L)*

Thermo-Plastic Ankle Joints

- Becker Camber Axis *(Model 750-M)*
- Becker Oklahoma HD *(Model 765-M)*
- Proteor Urethane Standard *(Model 2C160)*
- Proteor Urethane Dorsi Assist *(Model 2C162)*

Posterior Stops

- No Stops *(Full ROM)*
- Becker Motion Control Limiter *(Model 655)*
- Becker Motion Control Limiter *(Model 755)*
- Plastic Reinforcement

Traditional Metal Ankle Joints

(Becker modular ankle joints attached with "Y" insert stirrups)

- Double Adjustable *(Model SLM-2825-A)*
- Dorsi-Flexion *(Model 3225-A)*
- Standard Action *(Model 3025-A)*
- Dorsi-Flexion One Piece Aluminum *(Model 3245)*

Customer Supplied Knee Joint *(Please Ship With Cast Mold):*

- Manufacturer _____
- Model Number _____

Customer Supplied Ankle Joint *(Please Ship With Cast Mold):*

- Manufacturer _____
- Model Number _____

Plastic Transfer *(Additional Charge)*

- Carbon Braid P-1063
- American Flag P-1053
- Tornado P-1013
- Ice Age 2 P1050
- Military Camo P-1025
- Light Pine P10-71

Additions *(Additional Charge Will Apply)*

- Additional Strap (Set _____" Above Ankle Center)
- Anterior
- Posterior
- Both
- Kydex Shell
- Anterior
- Posterior
- Specific Location _____
- Dorsal Foot Strap
- Lateral Strap With Medial Chafe
- Lay Over Strap With Velcro
- Tone Inhibiting Foot Plate *(Tracing Required)*
- Durr-Flex Test fit