

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.*

**Received Date**

Thuasne USA's shipping department use only

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

Shoe Size: \_\_\_\_\_

- Patient's shoe shipped with cast (preferred)
- Tracing of shoe insole provided with order form
- Not sending shoe or tracing (toe segment will be made longer and wider, requiring trimming during fitting)

**Shoe Height Measurement**

(Shoe sole thickness at heel and forefoot)

Heel \_\_\_\_\_" Forefoot \_\_\_\_\_"

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Casted Postion:**

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

- Seated  Standing  Supine
- Weight Bearing  Semi Weight Bearing
- Non Weight Bearing

Did you use a casting block?  Yes (Preferred)  No

**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

**Biomechanical objectives**

- Control Dorsiflexion Weakness
- Control Ankle Valgus Instability
- Control Plantar Flexion weakness
- Resist Knee Hyperextension in Stance
- Control Ankle Varus Instability
- Resist Knee Flexion in Stance

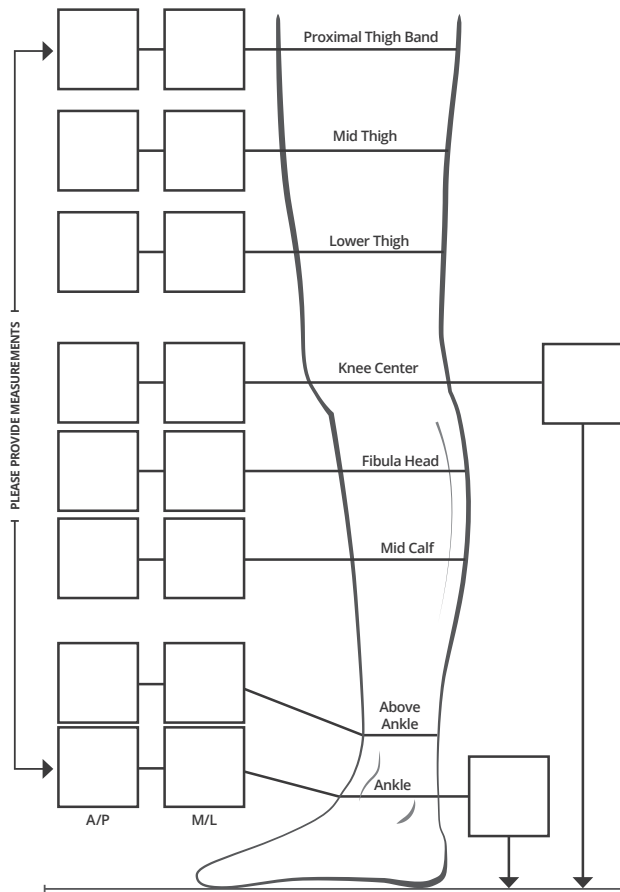
Other \_\_\_\_\_

*\*Indicates additional charges apply*

**Thuasne USA**

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



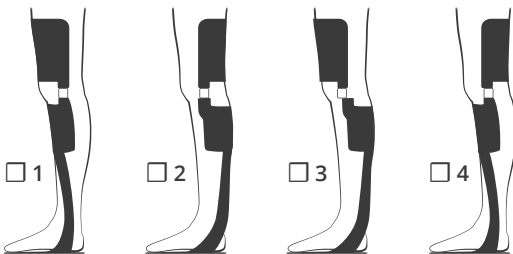


Bend knee to 90 degrees and check toe out

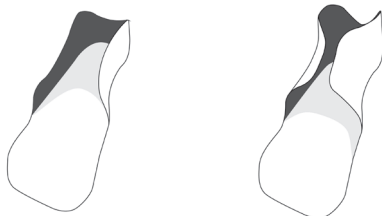
Desired Toe Out is \_\_\_\_\_ degrees

Choose KAFO Shell Configuration

*Anterior Tibia and Posterior Calf Shell lengths will be dictated by the height of the AFO to ensure appropriate Key In.*



- Flat Footplate
- Contoured Footplate
- Contoured Footplate With Molded Inner Boot



- Molded Inner Boot (Low)
- Molded Inner Boot (Dorsal wrap)

**Thigh Band Height** *(Proximal Edge)*

*This is measured from knee center to the proximal edge of the frame.*

**Medial Thigh Band Height**

- 10 inches
- 9 inches
- 8 inches
- 7 inches
- Other \_\_\_\_\_



**Lateral Thigh Band Height**

- 10 inches
- 9 inches
- 8 inches
- 7 inches
- Other \_\_\_\_\_

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

- Casted Position  0 (zero) degree
- \_\_\_\_\_ degrees of flexion
- \_\_\_\_\_ degrees of hyperextension
- Set Knee center M/L width at: \_\_\_\_\_

**Townsend Knee Joints**

**Free Knee Townsend Motion Joints**

- 5 Bar Free Knee *(heavy duty for larger or more active patients)*
- 5 Bar Free Knee Extension Stop Kit
- 5 Bar Flexion Stop kit: \_\_15°; \_\_30°; \_\_45°; \_\_60°; \_\_75°; \_\_90° *(factory installed only)*

Aluminum TM5+ *(lightweight, less active patients, no significant hyperextension)*

Loadshifter  Medial  Lateral  Dual

Stainless TM5+ *(less active patients, no significant hyperextension)*

Original Hinge *(Stainless)*

Optional Extension Stop Kit  Optional Flexion Stop Kit

Install Extension Assist Bands/Posts

**Locking Joint Options**

- Single Pivot With No Free Motion *(lowest profile)*
- Single Pivot With Free Motion *(requires Cables with Twist Release)*
- Townsend Motion 5 Bar Trigger Locks With No Free Motion
- 5 Bar Trigger Locks With Free Motion
- Install Extension Assist Bands/Posts

**Cable Release Options**

- Cables With Twist Release *(routinely centered on anterior thigh band)*
- Cables With Push Down Lever
- Thigh Band, Lateral Side *(recommended)*
- Centered On Thigh Band

**Becker Knee Joint** *(Townsend stocked item)*

- Modular Ring Lock Model 1402-B

**Condylar pads**

- No  Medial  Lateral  Both

**Color/Fabric Inlay**

- Black  Beige  Gray
- Red  Navy Blue  Royal Blue
- Green  Burgundy  Clear Graphite
- Sheer Red  Sheer Teal  Sheer Purple
- Fabric -1 yard from patient  US Flag Fabric