

Ordered by: _____ Phone # (_____) _____

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

Bill To: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Country: _____

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

Ship To: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Country: _____

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)

PLEASE PROVIDE MEASUREMENTS

Shoe Height Measurement
(Shoe sole thickness at heel and forefoot)

Heel _____" Forefoot _____"

Casted position:

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

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).

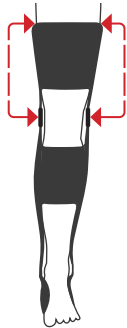
*Indicates additional charges apply

Thigh band height (proximal edge)

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 _____



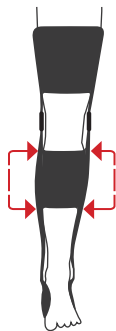
Lateral Thigh Band Height

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

Tibia Shell Length

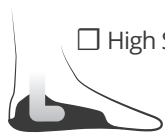
Indicate desired length of the tibia band

- 2 Inches
- 3 inches
- 4 inches
- 5 inches
- 6 inches
- Other _____

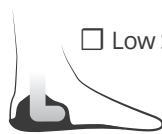


Foot Plate Selections (Material, Sides, Length, Heel, Pad)

- Graphite Lamination¹ (rigid, max control, less adjustable)
¹ (Not available in sulcus or toe length)
- Polypropylene (stiff, heat adjustable)
- Co-Polymer (softer, more flexible, heat adjustable)
- Black Poly Pro (good all around and heat adjustable)






High Sides (UCB Type)

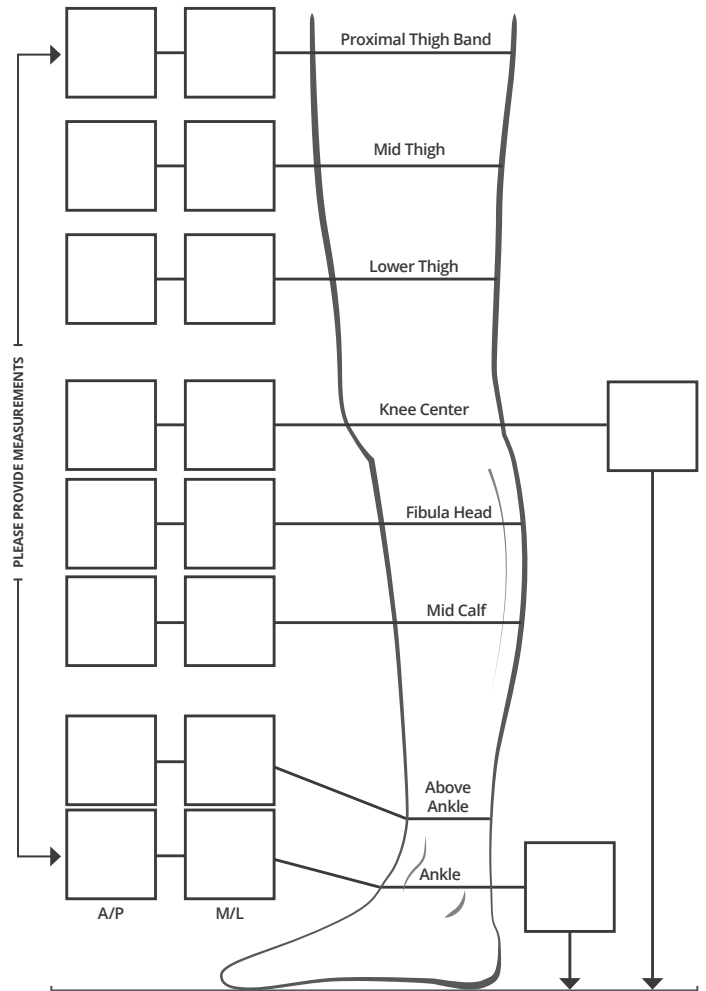
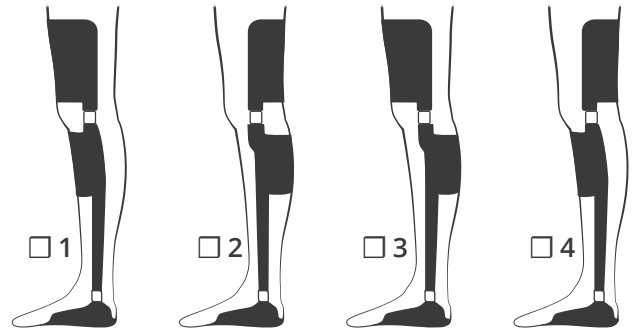


Low Side (Sole Plate)¹

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 1/8 inch padding
- Line entire foot plate with 1/4 inch padding
- Line sides with 1/8 inch; sole with 1/4 inch
- Line sole with 1/8 inch; no padding on sides
-  Open Heel (graphite footplate only)
-  Half Heel (graphite footplate only)
-  Full Heel (Closed)

Choose KAFO Shell Configuration



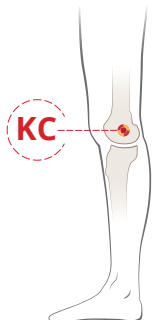
Bend knee to 90 degrees and check toe out

Desired Toe Out is _____ degrees

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

- 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)*
- TM5+ Flexion Stop Kit
- Install Extension Assist Bands/Posts

Locking Joint Options

- Single Pivot With No Free Motion Cable
- Manual Droplock
- 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
- Cable 5 Bar Manual Droplock 5 Bar Manual Free Motion
- Install Extension Assist Bands/Posts
- 5 Bar Flexion Stop kit: __15°; __30°; __45°; __60°; __75°; __90°
(factory installed only)

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 Joints *(Townsend stocked items)*

- Modular Ring Lock Model 1402-B
- Automatic Angled Levered Lock Model 1017A
- Modular Ratchet Lock Model 1018A
- Bend Levers As A Bail Rod

Becker External Lock Release Options

- Bail Lock Integrated Strap System
(BLISS) Model MX-003-BLISS (for use on model 1017 and 1018)

Townsend Twist and Lever Release System CANNOT be used with Becker knee joints

Stance Control

- Becker Safety Stride**
- Becker Full Stride**
 - GX Assist 75 *(9006-GX-A-R/L-75)*
 - GX Assist 125 *(9006-GX-A-R/L-125)*
 - GX Assist 175 *(9006-GX-A-R/L-175)*

(The Stride 4 joint has been discontinued by Becker until further notice)

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)*

Townsend Ankle Joints

- Free Ankle Dorsi Assist
- Single Adj. With Anterior Stop¹
- Single Adj. With Posterior Stop
- Single Adj. With Ant. Stop & Assist¹
- Double Adjustable¹ Double Adjustable With Assist¹
- _____degrees dorsi flexion _____degrees plantar flexion²

1 When using anterior stop ankle joints for floor reaction control, we recommend a posterior distal band above the ankle joints

2 KAFOs with solid laminated ankles are only offered with a shorter foot plate (heel cup or proximal to the Metatarsal heads).

Becker Ankle Joints *(Townsend stocked items)*

- Double Action Ankle Joint *(Model#SLM-2825-A)*
- Dorsi-Flexion Assist *(Model # 3225-A)*
- Standard Action *(Model # 3025-A)*

Brace Color *(Select One)*

Color/Fabric Inlay

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Black | <input type="checkbox"/> Royal Blue | <input type="checkbox"/> Sheer Teal* |
| <input type="checkbox"/> Beige | <input type="checkbox"/> Green | <input type="checkbox"/> Sheer Purple* |
| <input type="checkbox"/> Gray | <input type="checkbox"/> Burgundy | <input type="checkbox"/> Fabric
<i>1 yard from patient*</i> |
| <input type="checkbox"/> Red | <input type="checkbox"/> Clear Graphite | <input type="checkbox"/> US Flag Fabric* |
| <input type="checkbox"/> Navy Blue | <input type="checkbox"/> Sheer Red* | |

Condylar Pads

- None Medial and Lateral
- Medial Only Lateral Only
- Anti-Migration Silicon Infused Strap Pads***

Notes: _____

