

Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

PO# _____ Billing Account #: _____ Shipping Account #: _____

Shipping Preference

- Ground
- Next Day A.M.
- Next Day P.M.
- 2-Day A.M.
- 2-Day P.M.

Billing Address: _____ Shipping Address: _____

City: _____ City: _____

State _____ Zip _____ State: _____ Zip: _____

(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

Fit Date: _____

Patient's Last Name: _____

Patient's First Name: _____

Age _____ **Height** _____ **Weight** _____

Male Female **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: _____

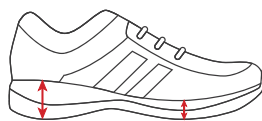
- Patient's shoe shipped with cast (preferred)
- Tracing of shoe insole provided with order form
- Not sending shoe or tracing (toe segment will be made longer and wider, requiring trimming during fitting)

PLEASE PROVIDE MEASUREMENTS

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

Heel _____"

Forefoot _____"



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

Biomechanical objectives

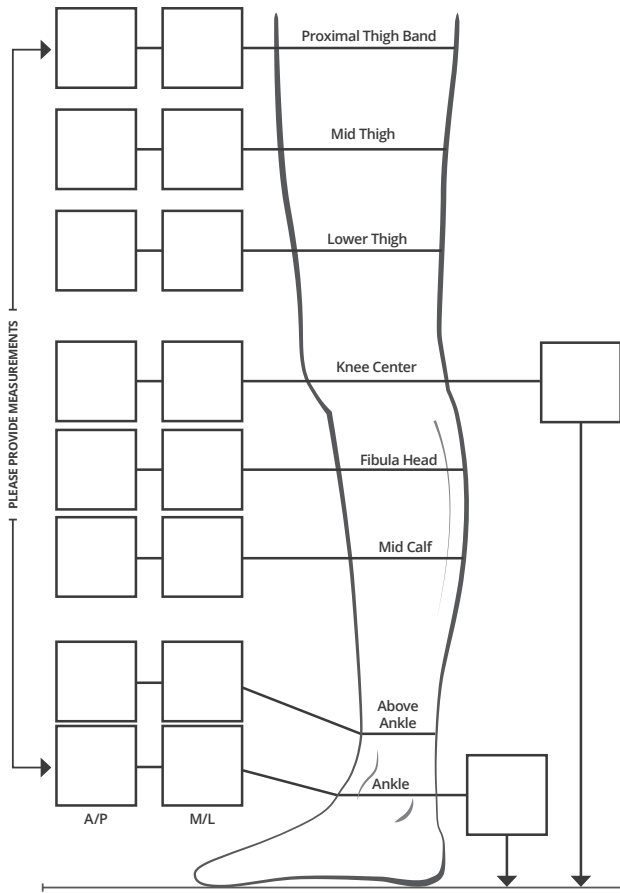
- Control Dorsiflexion Weakness
- Control Ankle Valgus Instability
- Control Plantar Flexion weakness
- Resist Knee Hyperextension in Stance
- Control Ankle Varus Instability
- Resist Knee Flexion in Stance

Other _____

Observational Gait Analysis (Check all that apply)

- Footslap Hypotonic presentation
- Footdrop Crouch in stance
- Ankle inversion tendency Knee instability in stance
- Ankle eversion tendency Vaulting
- Internal rotation Contralateral trunk lean
- External rotation Antalgic Gait
- Hypertonic presentation Fluctuating Oedema
- Knee hyperextension in stance

**Indicates additional charges apply*



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

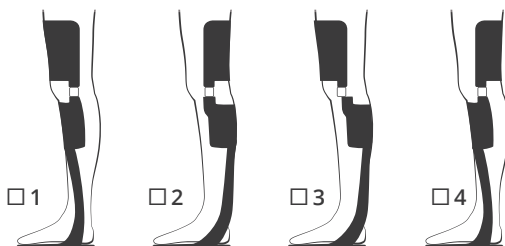
- Black Navy Blue Clear Graphite
- Beige Royal Blue Sheer Red
- Gray Green Sheer Teal
- Red Burgundy Sheer Purple
- US Flag Fabric Fabric -1 yard from patient

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.



Footplate Options



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



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