

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**

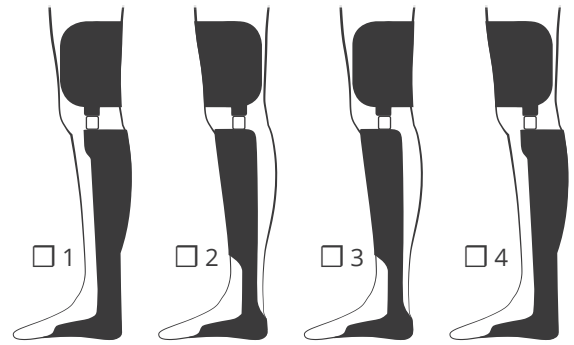
**Thuasne USA**

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



Select KAFO Style

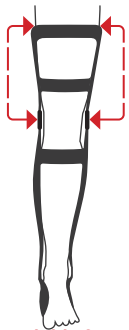
1. Traditional posterior frame to address multi-plane instabilities with hyper-extension
2. Anterior frame to address multi-plane instabilities with flexion weakness
3. Hybrid frame to address knee flexion weakness and toe walkers
4. Hybrid frame to address knee hyper-extension



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 \_\_\_\_\_



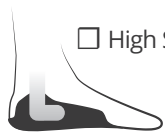
Lateral Thigh Band Height

- 13 Inches
- 12 inches
- 11 inches
- 10 inches
- 9 inches
- 8 inches
- 7 inches
- Other \_\_\_\_\_

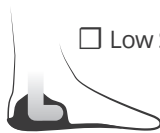
7 inch height only available for KAFO Models #1, 4, 6 & 7

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)



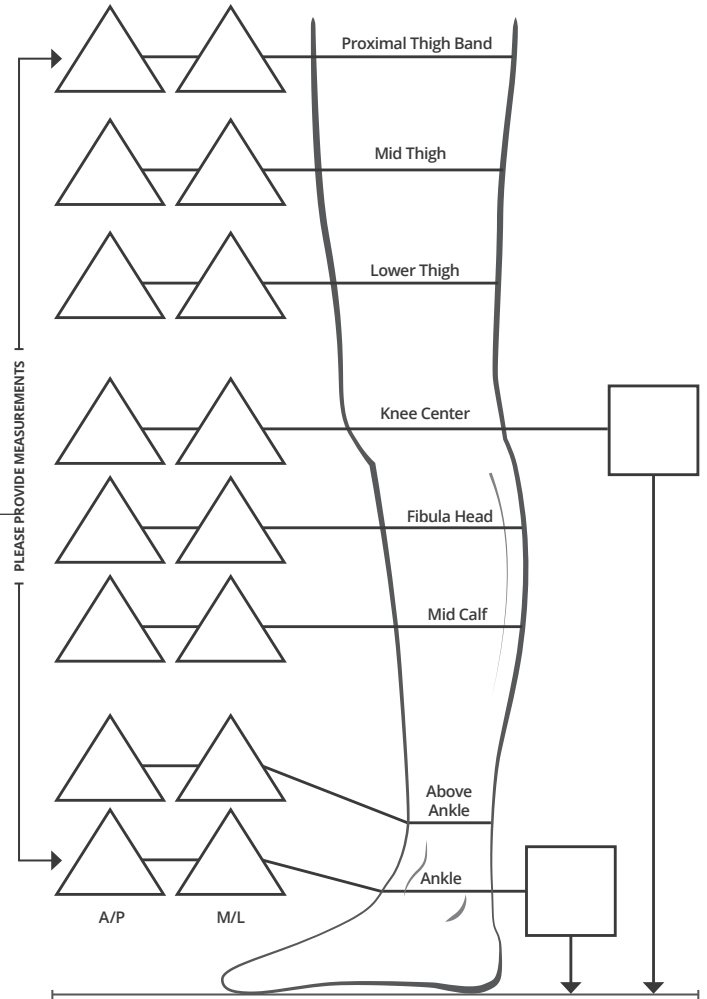
Low Side (Sole Plate)<sup>1</sup>

<sup>1</sup> 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

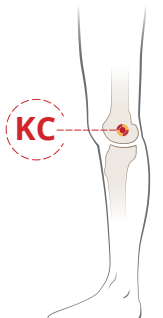
Heel Height of Shoe \_\_\_\_\_ "

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)*
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- Aliplast 1/8" *(Soft-Black)*
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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 SLI-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