# **Hybrid** KAFO System

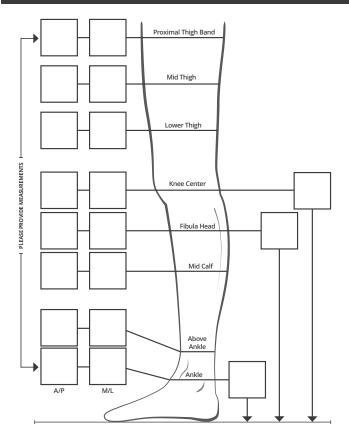
# **Specialty** Bracing Solution

Account Contact	Information							
Name: Email:						Phone:		
Billing and Shipp	ing							
PO# Billing Account #:				Shipping Account #:				
-			Shipping Address:					
□ Ground								
□ Next Day A.M. □ Next Day P.M.	City:			City:				
□ 2-Day A.M.	StateZip		State:		Zip:			
□ 2-Day P.M.	(If no preference is indicated, th	his order will be	shipped 2 L	Day P.M.) Note:	We do not sh	nip products	directly to patients	i.
e e			Castad	nostion				
Thuasne LISA's shipping department use only			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.					
Thuasne USA's shipping department use only			☐ Seated ☐ Standing			<ul><li>☐ Weight Bearing</li><li>☐ Semi Weight Bearing</li></ul>		
Patient Information			☐ Supine			☐ Non Weight Bearing		
Fit Date:			Did you use a casting block? ☐ Yes (Preferred) ☐ No					
Patient's Last Name	e:		Ankle:					
Patient's First Name:			☐ Casted in corrected position☐ Cast was NOT corrected Please correct:					
☐ Male ☐ Female Age			☐ Forefoot Supination ☐ Hindfoot Inversion					
Weight (LBS	Height(IN)		□F	orefoot Pron	ation	☐ Hin	idfoot Eversion	
<b>Leg:</b> □ Left □ Right			Knee:					
Patient's Diagnosis:			☐ Casted in corrected position ☐ Correct varus condition °					
Surgeries (type/date):			☐ Correct valus condition°					
Is the patient currently using any assistive device?			What control do you want this KAFO to provide?					
☐ Brace/KAFO ☐ Crutch ☐ Cane ☐ Wheel Chair ☐ Walker			Please check all that apply:					
Shoe Size:	_		Knee:	<ul><li>☐ Flexion</li><li>☐ Valgus</li></ul>		☐ Hypere☐ Varus	xtension	
☐ Patient's shoe sh	ipped with cast (preferred)		Ankle:	☐ Dorsiflexi	on	☐ Plantar		
☐ Tracing of shoe insole provided with order form			☐ Inversion ☐ Eversion					
□ Not sending shoe or tracing (toe segment will be made longer and wider, requiring trimming during fitting)			Ankle/Foot evaluation (weight bearing)					
			Weight bearing ankle position is:					
PLEASE	PROVIDE MEASUREMENTS		☐ Neut	tral	□ Everte	d°	☐ Inverted	0
Shoe Height Measurement (Shoe sole thickness at heel and forefoot)			Dorsiflexion & Plantarflexion range of motion:					
					☐ Fused			
				ot position:			☐ Supinated	
Heel	" Forefoot	" ]	Rearfo	ot position:	☐ Inverte	ed	□ Everted	

## THUASNE

## **Hybrid** KAFO System

### **Specialty** Bracing Solution



#### Bend knee to 90 degrees and check toe out

Desired Toe Out is \_\_\_\_\_o Required

#### REQUIRED INFORMATION:

The Hybrid KAFO can be manufactured and assembled with three configurations. Please choose one of the three following options for final assembly of the KAFO.

#### **Standard Hybrid KAFO Attachment**

The AFO will have a reduced proximal trim line. The AFO is permanently attached and cannot be removed. There will be a crepe triangle on posterior AFO's and a ¼" seam on anterior AFO's.

#### ☐ AFO Primary with removable KO section

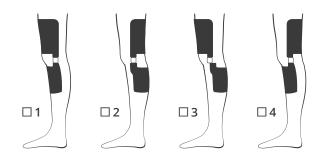
The AFO is fabricated and completely assembled. The KO section will be fabricated over the completed AFO section. The AFO section can be worn independently of the KO section while the KO section cannot be worn independently of the AFO. You will receive an AFO and a KO that are not attached to each other. There will be a crepe triangle on posterior AFO's and a ¼" seam on anterior AFO's.

☐ KO Primary with removable AFO section

The KO will be fabricated first with Chicago Screw key in's and completely assembled. The AFO will be fabricated over the completed KO section. The KO can be worn independently of the AFO section while the AFO cannot be worn independently of the KO section. You will receive an AFO and a KO that are not attached to each other.

#### **Choose Knee Orthosis Shell Configuration**

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



### Thigh Band Height (Proximal Edges)

This is measured from knee center to the	ie proximareage of the frame.					
Medial Thigh Band Height	<b>Lateral Thigh Band Height</b>					
☐ 13 Inches ☐ 12 inches ☐ 11 inches ☐ 10 inches ☐ 9 inches ☐ 8 inches ☐ 7 inches ☐ Other	☐ 13 Inches ☐ 12 inches ☐ 11 inches ☐ 10 inches ☐ 9 inches ☐ 8 inches ☐ 7 inches ☐ Other					
(CRITICAL - must select one option) Set Knee Hinges At:						
☐ Casted Position ☐° of flexion	□ 0 (zero) degree					
□° of hyperextension	□ Make KC M/L					
Townsend Knee Joints						
Free Knee Townsend Motion Joints						
□ 5 Bar Free Knee (heavy dut patients) □ 5 Bar Free Knee Extension 15 Bar Flexion Stop kit: (facto	Stop Kit*  ry installed only)					
<b>Locking Joint Options</b>						
<ul> <li>□ Single Pivot With No Free Motion (lowest profile)</li> <li>□ Single Pivot With Free Motion (requires Cables with Twist Release)</li> <li>□ Townsend Motion 5 Bar Trigger Locks With No Free Motion</li> <li>□ 5 Bar Trigger Locks With Free Motion</li> <li>□ Install Extension Assist Bands/Posts</li> </ul>						
Cable Release Options						
☐ Cables With Twist Release (a☐ Cables With Push Down Let☐ Thigh Band, Lateral Side (red☐ Centered On Thigh Band						
Becker Knee Joints (Townsend	•					

- ☐ 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

THUASNE Hybrid KAFO System	<b>Specialty</b> Bracing Solution				
Condylar pads	Choose Foot Plate Padding & Material				
□ No □ Medial □ Lateral □ Both     Color/Fabric Inlay   □ Black □ Royal Blue □ Sheer Teal*   □ Beige □ Green □ Sheer Purple*   □ Gray □ Burgundy □ Fabric -   □ Red □ Clear Graphite □ 1 yard from patient*	□ Fabricate entire foot plate with no padding □ Line entire foot plate with padding □ Pelite 1/8" (Soft-White) □ Pelite 1/8" (Medium white) □ Plastizote 1/8" (Pink) □ Plastizote 1/4" (Pink) □ Aliplast 1/8" (Soft Black)				
□ Navy Blue □ Sheer Red* □ US Flag Fabric*	Trim Line Options				
	☐ Solid ankle ☐ Semi-Rigid Ankle ☐ Leaf Spring ☐ Articulated with Thermo-Plastic Ankle Joints				
	Thermo-Plastic Ankle Joints				
	<ul> <li>□ Becker Camber Axis (Model 750-M)</li> <li>□ Becker Oklahoma HD (Model 765-M)</li> <li>□ Proteor Urethane Standard (Model 2C160)</li> <li>□ Proteor Urethane Dorsi Assist (Model 2C162)</li> </ul>				
Select AFO Style	Posterior Stops				
<ol> <li>Posterior shell with Becker metal ankle joints attached to foot plate with insert stirrups</li> <li>Anterior shell with Becker metal ankle joints attached to foot plate with insert stirrups</li> <li>Posterior frame that can be solid, semi-rigid, or leaf spring design*</li> </ol>	<ul> <li>□ No Stops (Full ROM)</li> <li>□ Becker Motion Control Limiter (Model 655)</li> <li>□ Becker Motion Control Limiter (Model 755)</li> <li>□ Set at 90° with plastic stop</li> </ul>				
4. Anterior pre-tibial floor reaction frame**	Traditional Metal Ankle Joints (Becker modular ankle joints attached with "Y" insert stirrups)				
*Can add any thermo-plastic joint to this frame  ** May be rigid ankle or add metal joint with stirrup attachment	□ Double Adjustable (Model SLI-2825-A)				
Non stock ankle joints must be shipped with the appropriate stirrup or molding	☐ Dorsi-Flexion (Model 3225-A)				
dummy with the cast mold  Total Height of AFO	☐ Standard Action (Model 3025-A) ☐ Dorsi-Flexion One Piece Aluminum (Model 3245)				
12 inches	Ankle Joint Options				
☐ 14 inches	☐ Set ankle joint M/L to" (standard spacing is 1/4 inch)				
☐ 16 inches ☐ Other	☐ 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)				
AFO Selections (Material, Length, Pad)	Additions (Additional Charge Will Apply)				
<ul> <li>□ Polypropylene (stiff, heat adjustable)</li> <li>□ Co-Polymer (softer, more flexible, heat adjustable)</li> <li>□ Black Poly Pro (good all around and heat adjustable)</li> <li>□ Trim Proximal to the Metatarsal Heads</li> <li>□ Trim to Toe Sulcus</li> </ul>	☐ Additional Strap (Set" Above Ankle Center) ☐ Anterior ☐ Posterior ☐ Both ☐ Kydex Shell ☐ Anterior ☐ Posterior ☐ Specific Location ☐ Dorsal Foot Strap				
☐ Trim to Toes - Outline of full foot required!!!					
Choose Shell Padding & Material	□ Lateral Strap With Medial Chafe □ Lay Over Strap With Velcro □ Tone Inhibiting Foot Plate (Tracing Required) □ Durr-Flex Test fit				
□ No Padding □ Line entire Proximal Shell □ Aliplast 1/8" (Soft-White) □ Pelite 1/8" (Medium white) □ Plastizote 1/8" (Pink) □ Plastizote 1/4" (Pink) □ Aliplast 1/8" (Soft Black)					