

**Account 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

**Patient Information**

**Fit Date:** \_\_\_\_\_

**Patient's Last Name:** \_\_\_\_\_

**Patient's First Name:** \_\_\_\_\_

Male  Female **Age** \_\_\_\_\_

**Weight** \_\_\_\_\_ (LBS) **Height** \_\_\_\_\_ (IN)

**Leg:**  Left  Right

**Patient's Diagnosis:** \_\_\_\_\_

**Surgeries (type/date):** \_\_\_\_\_

Is the patient currently using any assistive device?

Brace/KAFO  Crutch  Cane

Wheel Chair  Walker

**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)

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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.*

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Seated   | <input type="checkbox"/> Weight Bearing      |
| <input type="checkbox"/> Standing | <input type="checkbox"/> Semi Weight Bearing |
| <input type="checkbox"/> Supine   | <input type="checkbox"/> Non Weight Bearing  |

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

**Ankle:**

- Casted in corrected position
- Cast was NOT corrected.. Please correct:
- |  |   |
|--|---|
| <input type="checkbox"/> Forefoot Supination | <input type="checkbox"/> Hindfoot Inversion |
| <input type="checkbox"/> Forefoot Pronation  | <input type="checkbox"/> Hindfoot Eversion  |

**Knee:**

- Casted in corrected position
- Correct varus condition \_\_\_\_\_°
- Correct valgus condition \_\_\_\_\_°

**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  Everted \_\_\_\_\_°  Inverted \_\_\_\_\_°

**Dorsiflexion & Plantarflexion range of motion:**

- Full ROM  Limited ROM  Fused

**Forefoot position:**  Pronated  Supinated

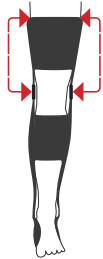
\*Indicates additional charges apply

**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**

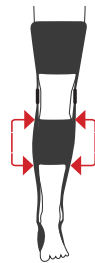
- 13 Inches
- 12 inches
- 11 inches
- 10 inches
- 9 inches
- 8 inches
- 7 inches
- Other \_\_\_\_\_

**Tibia Shell Length**

Indicate desired length of the tibia band

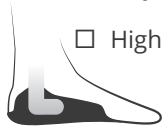
Measure from knee center

- 2 Inches
- 3 inches
- 4 inches
- 5 inches
- 6 inches
- Other \_\_\_\_\_

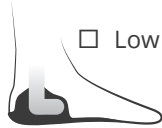


**Foot Plate Selections (Material, Sides, Length, Heel, Pad)**

- Graphite Lamination<sup>1</sup> (rigid, max control, less adjustable)  
<sup>1</sup>(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)<sup>1</sup>

<sup>1</sup>DO NOT use low side foot plate with anterior stop ankle joints.

**Foot Plate Trim**

- 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!**

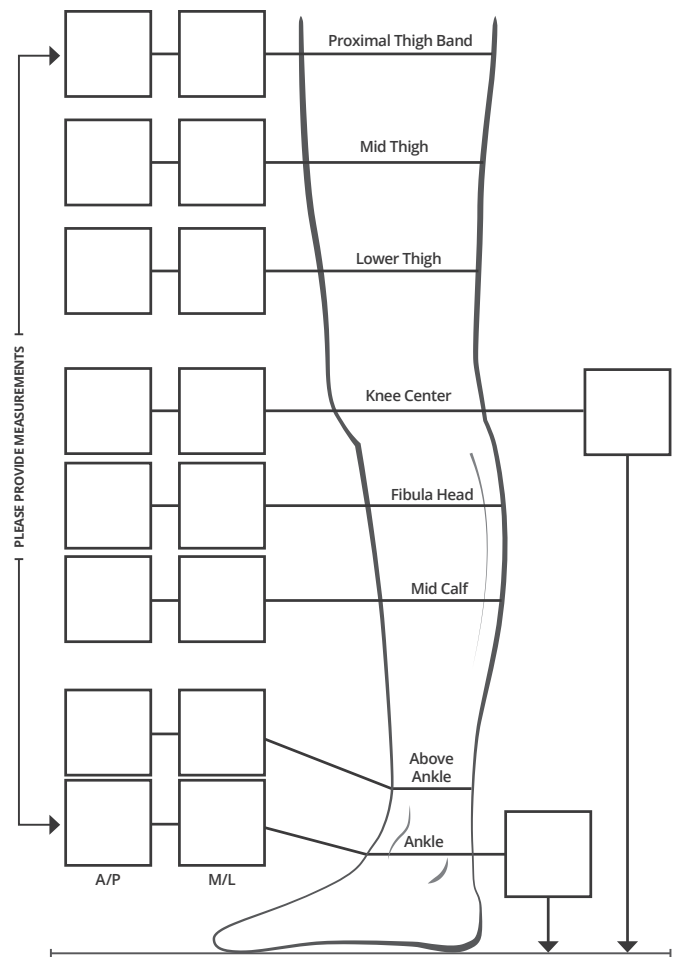
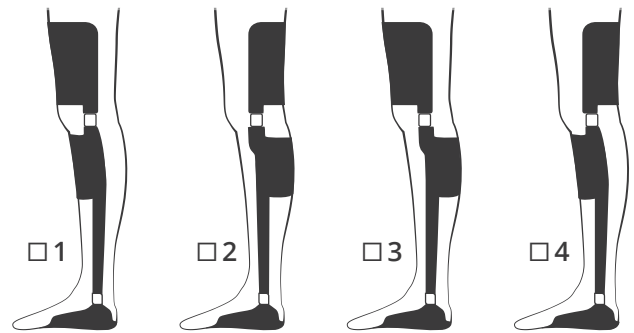
**Heel Trim**

-  Open heel (graphite footplate only)
-  Half heel
-  Full heel (Closed)

**Foot Plate Padding**

- 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

**Choose KAFO Shell Configuration**



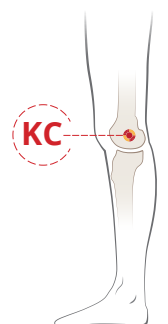
**Bend knee to 90 degrees and check toe out**

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: (*factory installed only*)
  - 15°  30°  45°  60°  75°  90°
- 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*)
- 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: (*factory installed only*)
  - 15°  30°  45°  60°  75°  90°

**Cable Release Options**

- Cables With Twist Release (*routinely centered on anterior thigh band*)
- Cables With Pull Up 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

**Becker 1017 and 1018 Lock Release Options**

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

- Bail Lock Integrated Strap System (*BLISS*) Model MX-003-BLIS (*for use on model 1017 and 1018*)
- Bend Levers As A Bail Rod
- Cut and bend model 1017 or 1018 as manual triggers

**Stance Control**

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

*(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 Stop<sup>1</sup>
- Single Adj. With Posterior Stop
- Single Adj. With Ant. Stop & Assist<sup>1</sup>
- \_\_\_\_\_° dorsi flexion
- \_\_\_\_\_° plantar flexion<sup>2</sup>

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

<sup>2</sup> *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*) (*Fused ankle when assembled*)
  - Set fused ankle position at \_\_\_\_\_ ° of plantar flexion
  - Set fused ankle position at \_\_\_\_\_ ° of dorsi flexion
- Grind limited motion to:
  - \_\_\_\_\_ ° plantar flexion **and/or** \_\_\_\_\_ ° dorsi flexion
- Grind as free ankle

**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"/> reen           | <input type="checkbox"/> Sheer Purple*   |
| <input type="checkbox"/> Gray      | <input type="checkbox"/> Burgundy       | <input type="checkbox"/> Fabric          |
| <input type="checkbox"/> Red       | <input type="checkbox"/> Clear Graphite | <i>1 yard from patient*</i>              |
| <input type="checkbox"/> Navy Blue | <input type="checkbox"/> Sheer Red*     | <input type="checkbox"/> US Flag Fabric* |

**Condylar Pads**

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

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_