

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

**Shoe Size:** \_\_\_\_\_

- Patient's shoe shipped with cast (*preferred*)
- Tracing of shoe insole provided with order form
- No reference provided  
*(forefoot segment will be made large and will require trimming by the clinician)*


**Range Of Motion**

**PLEASE PROVIDE MEASUREMENTS**

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

Heel \_\_\_\_\_"

Forefoot \_\_\_\_\_"



- a) Knee ROM: \_\_\_\_\_ ° extension from \_\_\_\_\_ ° flexion
- b) Ankle ROM, with knee extended from \_\_\_\_\_ ° to \_\_\_\_\_ °

**Perpendicular measurement from the casting platform to the Fibula head**

**Height Measurement**

\_\_\_\_\_"



Heel height of blocks used on the casting platform \_\_\_\_\_"

**Describe Any Deformity** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Correctable  Not Correctable

**Activity Level (Check one)**

- Limited ambulator: sits to stands and transfers
- Household ambulator: level surfaces with walking aids
- Limited community ambulator: level surfaces with walking aids
- Active community ambulator: mild inclines and declines with or without walking aids
- Independent ambulator: varied cadence, uneven surfaces and no walking aids
- Active ambulator: walking, running, some athletic activity

**Is the patient a reciprocator?**  Yes  No

**If yes:** stride length: \_\_\_\_\_ number of steps per day: \_\_\_\_\_

**Observational Gait Analysis (Check all that apply)**

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

**Biomechanical objectives** (*Check all that apply*)

- Control dorsiflexion weakness
- Control plantar flexion weakness
- Control ankle valgus instability
- Control ankle varus instability
- Resist knee hyperextension in stance
- Resist knee flexion in stance

**Other:** \_\_\_\_\_

**Brace Options**

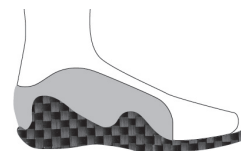
- SpryStep® Flex
- SpryStep®
- SpryStep® Plus



**Optional pre-tib Shell** (*SpryStep® & SpryStep® Flex only*)

- Yes
- No

**Footplate Options**



- Contoured footplate (no molded inner boot)
- Molded arch footplate with molded inner boot (must select one below)



**Molded Inner Boot Options** (*if ordered*)

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

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AFO Cast Parameters**

Accurate representation of heel height must be captured in the negative cast (use of Thuasne USA casting platform)

**Markings on the cast**

- Fibula head
- Tibial tubercle
- Tibial crest
- Medial & lateral malleolus
- Navicular bone
- 1st metatarsal head
- 5th metatarsal head
- Base of 5th metatarsal
- If applicable deformity, tissue or any other area of concern

