

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

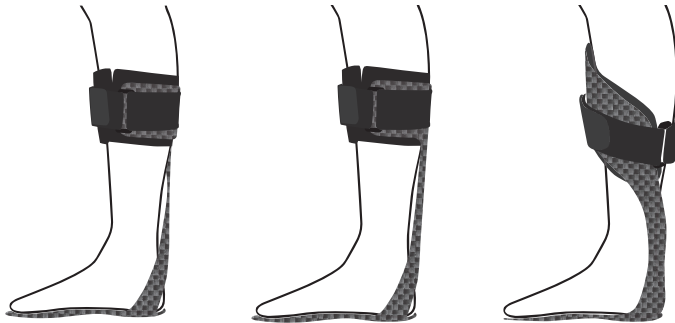
Biomechanical objectives (*Check all that apply*)

- 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

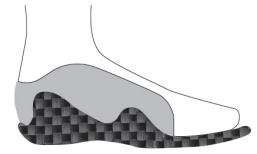
- SpryStep® Flex
- SpryStep®
- SpryStep® Plus



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

