

**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  Cane  Crutch

Walker  Wheel Chair

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

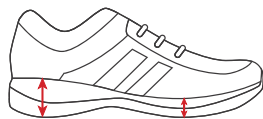
- Patient's shoe shipped with cast (preferred)
- Tracing of shoe insole provided with order form
- Not sending shoe or tracing (toe segment will be made longer and wider, requiring trimming during fitting)

**PLEASE PROVIDE MEASUREMENTS**

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

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

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



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

**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.*

- Seated  Standing  Supine
- Weight Bearing
- Semi Weight Bearing
- Non Weight Bearing

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

**Ankle:**

- Casted in corrected position
- Cast was NOT corrected.. Please correct:
  - Forefoot Supination  Hindfoot Inversion
  - Forefoot Pronation  Hindfoot Eversion

**Biomechanical objectives**

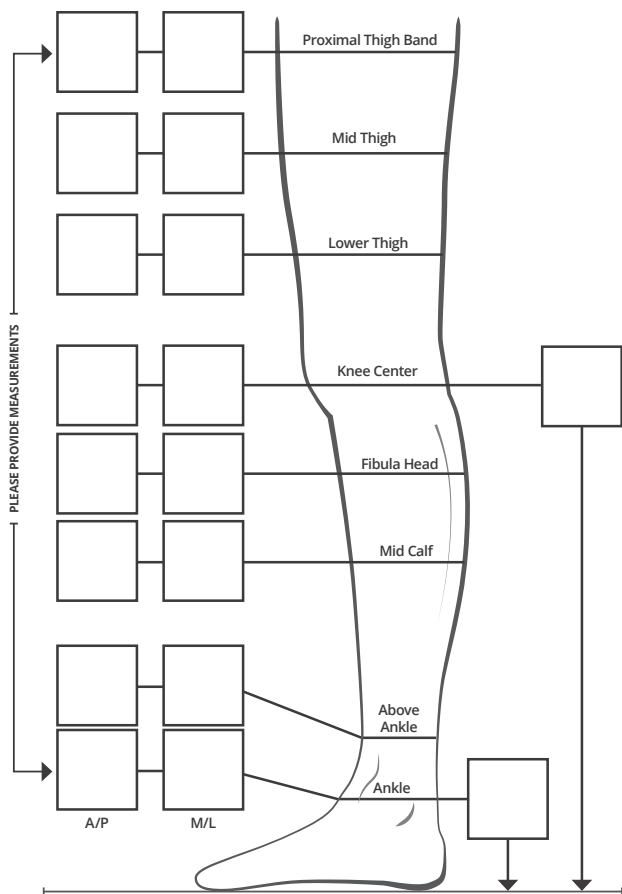
- Control Dorsiflexion Weakness
- Control Ankle Valgus Instability
- Control Plantar Flexion weakness
- Resist Knee Hyperextension in Stance
- Control Ankle Varus Instability
- Resist Knee Flexion in Stance

Other \_\_\_\_\_

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

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

*\*Indicates additional charges apply*



**Thigh Band Height** *(Proximal Edge)*

*This is measured from knee center to the proximal edge of the frame.*

**Medial Thigh Band Height**

- 10 inches
- 9 inches
- 8 inches
- 7 inches
- Other \_\_\_\_\_



**Lateral Thigh Band Height**

- 10 inches
- 9 inches
- 8 inches
- 7 inches
- Other \_\_\_\_\_

**(CRITICAL - must select one option) Set Knee Hinges At:**

- Casted Position  0 (zero) degree
- \_\_\_\_\_ degrees of flexion
- \_\_\_\_\_ degrees of hyperextension
- Set Knee center M/L width at: \_\_\_\_\_

**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: \_\_15°; \_\_30°; \_\_45°; \_\_60°; \_\_75°; \_\_90° *(factory installed only)*
- Aluminum TM5+ *(lightweight, less active patients, no significant hyperextension)*
- Loadshifter  Medial  Lateral  Dual
- Stainless TM5+ *(less active patients, no significant hyperextension)*
- Original Hinge *(Stainless)*
- Optional Extension Stop Kit  Optional Flexion Stop Kit
- Install Extension Assist Bands/Posts

**Locking Joint Options**

- Single Pivot With No Free Motion *(lowest profile)*
- 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
- Install Extension Assist Bands/Posts

**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 Joint** *(Townsend stocked item)*

- Modular Ring Lock Model 1402-B

**Condylar pads**

- No  Medial  Lateral  Both

**Color/Fabric Inlay**

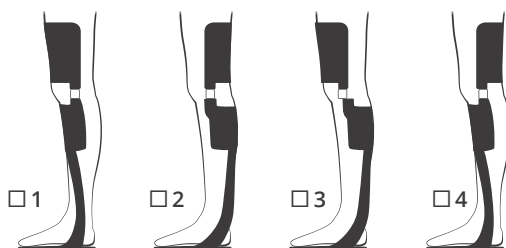
- Black  Navy Blue  Clear Graphite
- Beige  Royal Blue  Sheer Red
- Gray  Green  Sheer Teal
- Red  Burgundy  Sheer Purple
- US Flag Fabric  Fabric -1 yard from patient

Bend knee to 90 degrees and check toe out

Desired Toe Out is \_\_\_\_\_ degrees

**Choose KAFO Shell Configuration**

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



**Footplate Options**



- Contoured footplate  Molded arch footplate
- Molded arch footplate with molded inner boot *(must select one below)*



Molded Inner Boot (Low)



Molded Inner Boot (Dorsal wrap)