

Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

PO# _____ Billing Account #: _____ Shipping Account #: _____

Billing Address: _____ Shipping Address: _____

Shipping Preference

Ground
 Next Day A.M.
 Next Day P.M.
 2-Day A.M.
 2-Day P.M.

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

To The Clinician

Thuasne USA will determine the stiffness category of the Vector AFO based on the Orthotist's objective measures and patient goals.

Detailed completion of all requested information is required for our CPOs to select the AFO stiffness.

Clinical Evaluation

Fit Date: _____

Patient's Last Name: _____

Patient's First Name: _____

Male Female Age _____

Weight _____ (LBS) **Height** _____ (IN)

Leg: Left Right

Patient's Diagnosis: _____

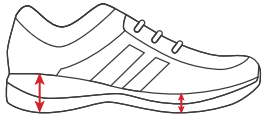
Shoe Size: _____

- 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)

PLEASE PROVIDE MEASUREMENTS

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

Heel _____"
 Forefoot _____"

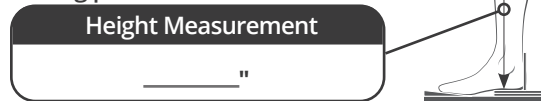


Range Of Motion

a) Knee ROM: _____ ° extension from _____ ° flexion

b) Ankle ROM, with knee extended from _____ ° to _____ °

Perpendicular measurement from the casting platform to the Fibula head



Heel height of blocks used on the casting platform _____"

Describe Any Deformity _____

- Correctable Not Correctable
 - Partial Foot or Transmet Amputation
- (Vector is not appropriate for Lisfranc, Chopart or Symes)**

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: _____

Manual Muscle Tests (MMT)



Quadriceps strength
0 1 2 3 4 5



Hamstrings strength
0 1 2 3 4 5



Dorsiflexion strength
0 1 2 3 4 5



Plantar-flexor strength
number of single limb heel raises _____

Observational Gait Analysis (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Footslap | <input type="checkbox"/> External rotation | <input type="checkbox"/> Knee instability in stance |
| <input type="checkbox"/> Footdrop | <input type="checkbox"/> Hypertonic presentation | <input type="checkbox"/> Vaulting |
| <input type="checkbox"/> Ankle inversion tendency | <input type="checkbox"/> Hypotonic presentation | <input type="checkbox"/> Contralateral trunk lean |
| <input type="checkbox"/> Ankle eversion tendency | <input type="checkbox"/> Knee hyperextension in stance | <input type="checkbox"/> Antalgic Gait |
| <input type="checkbox"/> Internal rotation | <input type="checkbox"/> Crouch in stance | <input type="checkbox"/> Fluctuating Oedema |

Desired Level of Control (Check one)

- | | |
|---|---|
| <input type="checkbox"/> Flexible: guides the lower limb during swing with minimal restriction to tibial advancement in stance | <input type="checkbox"/> Firm: strong foot and ankle control with resistance to tibial advancement forcing a ground reaction response in stance. |
| <input type="checkbox"/> Moderate: supports the foot and ankle in swing with mild resistance and spring to tibial advancement. | <input type="checkbox"/> Rigid: strong foot and ankle control with rigid resistance to tibial advancement in stance blocking movement and influencing proximal segments. |

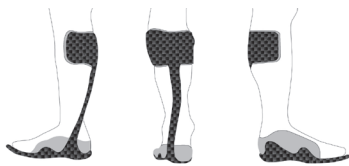
Biomechanical objectives (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Control dorsiflexion weakness | <input type="checkbox"/> Control ankle valgus instability | <input type="checkbox"/> Resist knee hyperextension in stance |
| <input type="checkbox"/> Control plantar flexion weakness | <input type="checkbox"/> Control ankle varus instability | <input type="checkbox"/> Resist knee flexion in stance |

Other _____

Ordering Options

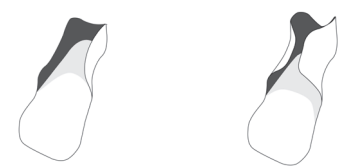
The base structure of all models includes a spiral strut, posterior shell and molded inner boot.



SpryStep® Vector
 Left (17V1030) Right (17V2030)



SpryStep® Vector with Pre-Tibial Shell
 Left (17V1031) Right (17V2031)



- Molded Inner Boot (Low) Molded Inner Boot (Dorsal Wrap)
- Leave inner boot unattached



SpryStep® Vector with Varus Correction
 Left (17V1033) Right (17V2033)



SpryStep® Vector with Pre-Tibial Shell and Varus Correction
 Left (17V1032) Right (17V2032)

- STRAP OPTION**
 Include ankle strap



- Leave ankle strap unattached

Comments/Special Instructions: _____