

Contact Information

Clinician Fitter/Assistant/Tech Other: _____

Name: _____

Email: _____ Phone: _____

Ordering Clinician

CPO CO CP Other: _____

Name: _____

Email: _____ Phone: _____

Billing & Shipping

PO#:

Billing Account#: _____

Shipping Account#: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Shipping Preference

Ground Next Day AM Next Day PM 2-Day AM 2-Day PM

(If no preference is indicated, this order will be shipped 2 Day PM) Note: We do not ship products directly to patients.

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 Wheel Chair
 Cane 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)

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.

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

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

Ankle:

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

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

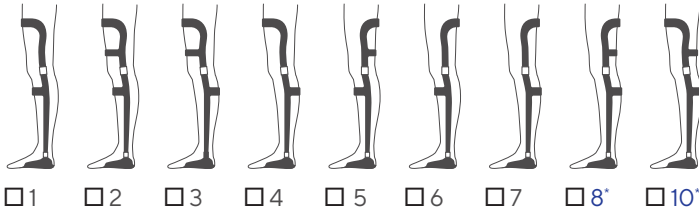
Forefoot position: Pronated Supinated

Rearfoot position: Inverted Everted

*Indicates additional charges apply

OF-026 REV B

Received Date *Thuasne USA's shipping department use only*



- 1) Varus/Valgus deformities for lightweight, less active patients
- 2) Varus/Valgus deformities for heavier or active patients
- 3) Hyperextension control for active patients
- 4) Hyperextension control for lightweight or less active patients
- 5) Flexion control for heavier or active patients
- 6) Flexion control for lightweight or less active patients
- 7) Traditional style KAFO for lightweight and less active patients
- 8) Traditional style KAFO for heavier or active patients
- 10) Maximum genu recurvatum control (see information, below)

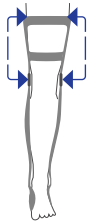
* For KAFO models 8 & 10 the top band must be at least NINE INCHES above knee center.
For model #10, the patient must be able to step through the anterior and posterior thigh bands.

- Add Strap: _____ inches from KC
- Add Band: _____ inches from KC
- Add posterior distal calf band for anterior stop ankle joints
- 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

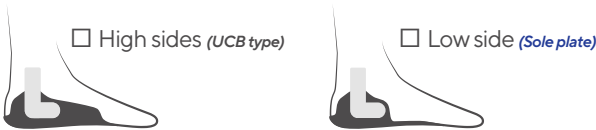
- 13 Inches
- 12 inches
- 11 inches
- 10 inches
- 9 inches
- 8 inches
- 7 inches
- Other _____

7 inch height only available for KAFO Models #1, 4, 6, & 7

Foot Plate Selections

(Material, sides, length, heel, pad)

- Graphite lamination (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)



DO NOT use low side foot plate with anterior stop ankle joints

Foot Plate Trim

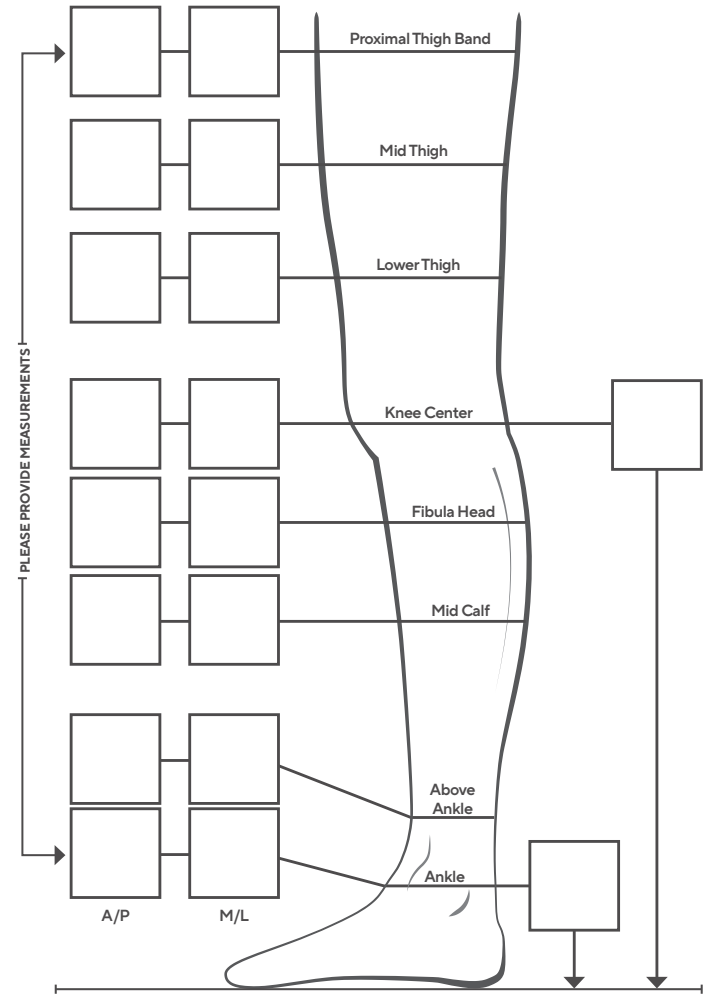
- Heel cup (proximal to the base of the 5th metatarsal)
- Trim proximal to the metatarsal heads
- Trim to toe sulcus
- Trim to toes - **Outline of full foot required!**

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



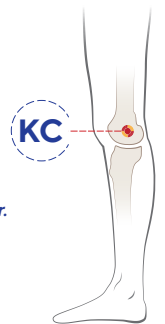
Bend knee to 90° and check toe out (Required)

- Desired Toe Out is _____°

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
- _____° of flexion
- _____° 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, w/loadshifters only*)
- 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 Lever
- Thigh Band, Lateral Side (*recommended*)
- Centered On Thigh Band

Becker Knee Joints (*Townsend stocked items*)

- Adjustable Extension Spring Lock Model 1007A6S
- Modular Ring Lock Model 1402-B
- Automatic Angled Levered Lock Model 1017A
- Modular Ratchet Lock Model 1018A

Becker 1007, 1017, & 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 ¼ 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 Stop¹
- Single Adj. With Posterior Stop
- Single Adj. With Ant. Stop & Assist¹
- Double Adjustable¹
- Double Adjustable With Assist¹
- Solid Lamination (*Fused Ankle*)
- _____° dorsi flexion
- _____° plantar flexion²

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

2 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
- _____ Or _____
- Grind limited motion to:
 - _____° plantar flexion **and/or** _____° dorsi flexion
- _____ Or _____
- Grind as free ankle

Brace Color (*Select One*)

Textured Powdercoat Finish (*Lightest, Most Durable Finish*)

- Black Royal Blue
- Antique Pewter (*Silver*) Burgundy

Paint Finish

- High Gloss Beige Dark Violet
- Black Emerald Green Steel Blue
- Royal Blue White Indy Yellow
- Burgundy Burnt Orange Quicksilver

Custom High Gloss Paint Finish*

- Provide Custom Paint # _____

Condylar Pads

- None Medial and Lateral
- Medial Only Lateral Only

Extra Shell Liners

- 1 Extra Set of Liners 2 Extra Sets of Liners
- Anti-Migration Silicon Infused Strap Pads*

Distributed by Thuasne USA

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ThuasneUSA.com

