

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: _____

Last Name: _____

First Name: _____

Age _____ Weight _____ (LBS) Height _____ (IN)

Male Female Leg: Left Right

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
- 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*)
- Tracing of foot taken, semi-weight bearing

PLEASE PROVIDE MEASUREMENTS

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

Heel _____" Forefoot _____"

Range Of Motion

- a) Hip ROM: _____ ° extension from _____ ° flexion
- b) Knee ROM: _____ ° extension from _____ ° flexion
- c) Ankle ROM, with knee extended from _____ ° to _____ °

Cast

Negative Cast is Correct Negative Cast is incorrect

Describe _____

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

Biomechanical objectives

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

*Indicates additional charges apply

OF-0060 REV. C

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

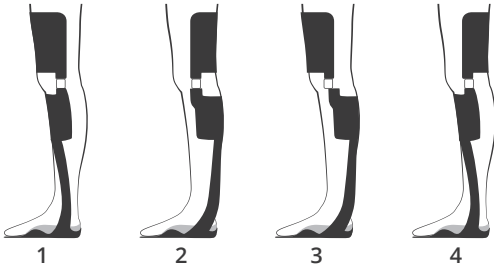
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4615 Shepard Street, Bakersfield, CA 93313
 Tele: 800.432.3466 • Fax: 800.798.2722

ThuasneUSA.com

Brace Configuration

Shell Configuration



- Anterior (1)
- Posterior (2)
- Hyperextension Resist (3)
- Flexion Resist (4)

Coronal Plane Extension

- Valgus Resist
- Varus Resist

Molded Inner Boot



- Low



- Dorsal wrap

- Leave inner boot unattached

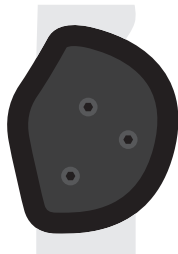
Strap Options

- Include ankle strap
- Leave ankle strap unattached

Knee Joint Options



- Single Pivot Locking
- Single Pivot Locking with Free motion*



- 5-bar Free
- 5-bar Locking
- 5-bar Locking with Free motion*

- Install Extension Assist Bands/Posts

*Comes with twist release mechanism positioned on the proximal lateral thigh shell.

Measurements

