



THUASNE

Polio Full Shell

Specialty Bracing Solutions

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 ID: _____

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

Male Female Leg: Left Right

Ligament: ACL PCL LCL MCL

Meniscus Damage: Medial Lateral

Diagnosis: _____

Surgeries (type/date): _____

Please Follow Step-By-Step Cast Protocol Instructions

M-L measurement at knee center _____

Casting Protocol: 18-20 inch length; non-weight bearing, foot dorsiflexed; quad relaxed; landmarks indicated; cut off back of the leg.

Casting Info

Casted position:

Seated Standing Supine

Weight Bearing Amount

Full weight Partial weight No weight

It is imperative to compare angular and motion differences when evaluating the patient's static (non weight bearing) and dynamic (standing-walking) alignments.

Thigh Shell Length 7" 8" Other _____"

Tibia Shell Length 7" 8" Other _____"

Single Strut KAFO With Heel Cup*
(Must Complete Additional Form For Brace Extension)

Hinge Options

Set the terminal extension of the hinges to cast position

_____ OR _____

Set terminal extension at:
 0° 5° 10° 15° Other ____°

5 Bar Free Knee U0028

Joints Accessory

Install Extension Assist Bands/Posts*

Extension Stop Kit*

Set Flexion Stops at: (factory installed)
 15° 30° 45° 60° 75° 90°

Fabric Inlay

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

Options

Condylar pads: No Medial Lateral Both

Anti-Migration Silicon Infused Strap Pads*

Straps 4 Straps 5 Straps

Sleeves*

18" Cotton 22" Neoprene
 18" Neoprene 1/16" Comfort Thigh Sleeve
 C/S Wrap (for compression and enhanced suspension)

*Indicates additional charges apply

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

Distributed by **Thuasne USA**

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