

Ordering Clinician

CPO CO CP Other: _____

Name: _____

Email: _____ Phone: _____

Billing & Shipping

PO#: _____

Billing Account#: _____

Shipping Account#: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Your Patient Profile

Weight lbs kgs _____ Height in cm _____ Age _____



Occupation _____

Patient's diagnosis _____

Patient Range of Motion (ROM), Manual Muscle Test (MRC) and Modified Ashworth Scale (MAS)

Foot Posture Index (customer will select one)

-2 -1 0 1 2

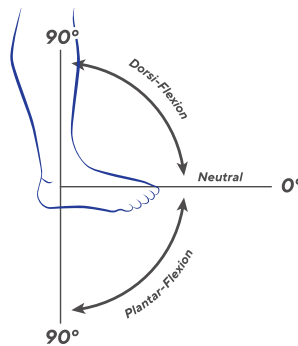
a. Hip ROM: _____° extension to _____° flexion

b. Knee ROM: _____° extension to _____° flexion

c. Ankle ROM, with knee extended
Dorsi-Flexion _____°
Plantar-Flexion _____°

d. Plantarflexion contracture
 Yes _____° No

e. Knee Flexion contracture
 Yes _____° No



Hip Flexion



MMT _____

MAS _____

Hip Extension



MMT _____

MAS _____

Knee Extension



MMT _____

MAS _____

Knee Flexion



MMT _____

MAS _____

Ankle Dorsiflexion



MMT _____

MAS _____

Ankle Plantarflexion



MMT _____

MAS _____

Patient Activity Level (choose all that apply)

- 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 (choose all that apply)

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

Use of walking aids?

Yes No

Fitting Analysis

Please provide an objective analysis of the fit using the fitted device as reference, including location (anatomical references) and value (by how much). Pictures are helpful to assist with the analysis.

Foot Too Large Too Tight

_____ please give value of how much and where (anatomical references)

Calf Band Too Large Too Tight

_____ please give value of how much and where (anatomical references)

Footwear and static alignment (bench alignment)

Does the HH of the patients shoe today match the order form?

Yes No

Was any extrinsic wedging used?

Yes _____ No

Gait Observations

Describe how the brace walks using the four rockers of gait. Videos are recommended to assist with the analysis.

Too stiff? _____
Describe gait observations seen _____

Too flexible? _____
Describe gait observations seen _____

Composite Material Delamination

This is often the end result of a device that is not controlling the patient optimally. Please ensure as much information is provided in the previous sections. Having the device returned is required for full composite analysis.

Where did it occur?

- Strut
- Strut / footplate junction
- Footplate
- Pre-tibial shell
- other _____

How long was the device functioning before failure?

Apart from standing and walking, what other activities did the patient participate in whilst wearing the device?

How did the Failure occur?

- Delamination over time complete fracture

Configuration

- SpryStep® Vector
- SpryStep® Vector with Pre-Tibial Shell
- SpryStep® Vector with Coronal Extension
- SpryStep® Vector with Pre-Tibial Shell and Coronal Extension
- SpryStep® Flex, Contoured Footplate
- SpryStep® Flex, Molded inner boot
- SpryStep® Original, Contoured Footplate
- SpryStep® Original, Molded inner boot
- SpryStep® Plus, Contoured Footplate
- SpryStep® Plus, Molded inner boot

Brace side _____

Please send pictures and/or video of the failure and any labels on the brace.