

Ordering Clinician


CPO CO CP Other: _____
 Name: _____
 Email: _____ Phone: _____

Billing & Shipping

PO#: _____

Billing Account#: _____
 Shipping Account#: _____
 Shipping Address: _____
 City: _____ State: _____ Zip: _____

Your Patient Profile

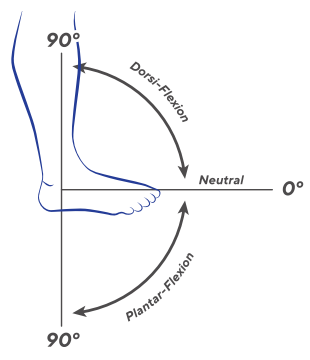
Weight lbs kgs _____ Height in cm _____ Age _____
 Shoe size _____
 Effective heel height of shoe in cm _____
 Occupation _____
 Patient's diagnosis _____

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

- Hip ROM: _____° extension to _____° flexion
- Knee ROM: _____° extension to _____° flexion
- Ankle ROM, with knee extended
 Dorsi-Flexion _____°
 Plantar-Flexion _____°
- Plantarflexion contracture
 Yes _____° No
- 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 _____

SpryStep® Brace - Which product is being returned?

- SpryStep® Flex SpryStep® Max
 SpryStep® SpryStep® Pediatric
 SpryStep® Plus

Brace size _____ Brace side _____

Where on the brace is the failure located?

(choose all that apply)

- Strut Footplate
 Strut-footplate junction Calf cuff

Batch number located on the inside of the calf cuff and/or label of the strap:

How long was the AFO functioning before the failure occurred

Apart from standing and walking what other activities did the patient participate in while wearing the AFO? (running, hiking, kneeling)

Were any modifications made to the AFO to improve its fit or function? (posting or insoles, trimming of the carbon fibre, alternative strapping)

Did the failure of the brace occur during an isolated incident or did it occur gradually over time with use?

If the AFO failed during an isolated incident, please describe the incident

Observational Gait Analysis (choose all that apply)

- Footdrop Hypertonic Presentation
 Footslap Knee hyperextension in stance
 Ankle inversion/eversion Knee flexion in stance
 Internal/external rotation of the knee Knee instability in stance
 Hypotonic Presentation Antalgic gait

Biomechanical Objectives (choose all that apply)

- Control dorsiflexion weakness Control plantarflexion weakness
 Control ankle varus instability Control ankle valgus instability
 Resist knee flexion in stance Resist knee hyperextension in stance

Use of walking aids?

Yes No

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