Custom Spiral AFO (SpryStep® Vector)

Specialty Bracing

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.

To The Clinician

Thuasne USA will determine the stiffness category of the Vector AFO based on the Orthotist's objective measures and patient goals.

Detailed completion of all requested information is required for our CPOs to select the AFO stiffness.

Patient Information

By filling this order form and placing an order for this device, I hereby certify that I am authorized to dispense this medical device in virtue of any national law governing the fitting and adjustment of orthopedic medical devices

Please do not provide any personal information (name etc) regarding the patient, but only provide health information necessary to the fabrication of this medical device

Fit Date: _____ **Patient ID:** _____

Age _____ ☐ **Male** ☐ **Female**

Weight _____ ☐ *Lbs.* ☐ *Kg.* **Height** _____ ☐ *in.* ☐ *cm.*

Leg: ☐ Left ☐ Right

Diagnosis: _____

Shoe Size: _____

☐ Appropriately scaled 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 _____ ☐ *in.* ☐ *cm.*

Forefoot _____ ☐ *in.* ☐ *cm.*

Please Follow Step-By-Step Cast Protocol Instructions

Range Of Motion

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

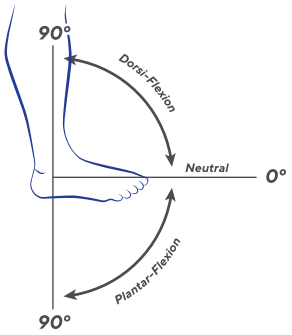
b. Ankle ROM, with knee extended

Dorsi-Flexion _____°

Plantar-Flexion _____°

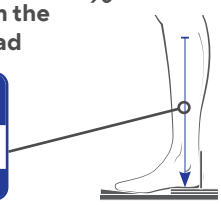
c. Plantarflexion contracture

☐ Yes _____° ☐ No



Perpendicular measurement from the casting platform to the Fibula head

Height Measurement
_____ ☐ *in.* ☐ *cm.*
Final brace height will be 1" below this measurement



Heel height of blocks used on the casting platform _____ ☐ *in.* ☐ *cm.*

Cast Info

Cast Adjustments Required *(coronal and sagittal plane)*

_____

_____

☐ Partial Foot or Transmet Amputation
(Vector is not appropriate for Lisfranc, Chopart or Symes)

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

OF-031 REV. D

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

Distributed by Thuasne USA
4615 Shepard Street, Bakersfield, CA 93313
Tele: 800.432.3466 • Fax: 844.261.5628
ThuasneUSA.com

Manual Muscle Tests *(MMT)*

Quadriceps strength

	Left	Right
0	☐	☐
1	☐	☐
2	☐	☐
3	☐	☐
4	☐	☐
5	☐	☐

Hamstring strength

	Left	Right
0	☐	☐
1	☐	☐
2	☐	☐
3	☐	☐
4	☐	☐
5	☐	☐

Dorsiflexion strength

	Left	Right
0	☐	☐
1	☐	☐
2	☐	☐
3	☐	☐
4	☐	☐
5	☐	☐

Plantar-flexor strength

Number of Single Limb Heel Raises	
Left	Right
____	____

Observational Gait Analysis *(Check all that apply)*

- ☐ Footslap
- ☐ Footdrop
- ☐ Excessive dorsiflexion in terminal stance
- ☐ Knee hyperextension in stance
- ☐ Crouch in stance

Desired Level of Control *(Check one)*

- ☐ **Flexible:** guides the lower limb during swing with minimal restriction to tibial advancement in stance
- ☐ **Moderate:** supports the foot and ankle in swing with mild resistance and spring to tibial advancement.
- ☐ **Firm:** strong foot and ankle control with resistance to tibial advancement forcing a ground reaction response in stance.
- ☐ **Rigid:** strong foot and ankle control with rigid resistance to tibial advancement in stance blocking movement and influencing proximal segments.

Biomechanical objectives *(Check all that apply)*

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

Other _____

Ordering Options

The base structure of all models includes a spiral strut, posterior shell and molded inner boot.

Posterior Shell

☐ Left *(37600-P)* ☐ Right *(37600-P)*

With Pre-Tibial Shell

☐ Left *(37600-PT)* ☐ Right *(37600-PT)*

With Coronal Extension

- ☐ Valgus Resist
- ☐ Varus Resist

☐ Left *(37600-V)* ☐ Right *(37600-V)*

With Pre-Tibial Shell & Coronal Extension

- ☐ Valgus Resist
- ☐ Varus Resist

☐ Left *(37600-PTV)* ☐ Right *(37600-PTV)*

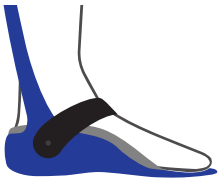
Molded Inner Boot Options

☐ Low Profile

☐ Dorsal Wrap

☐ Leave inner boot unattached

Strap Option



- ☐ Include ankle strap
- ☐ Leave ankle strap unattached

Comments/Special Instructions: _____

Suggested L-Codes*

L1950	*Base code*
L2820	*Below knee padding*
L2280	*Molded inner boot*
L2755	*Carbon graphite construction*
L2275	*Varus or valgus correction*
L2340	*Pre-tibial Shell*

**** Thuasne USA's suggested uses of Medicare billing codes are developed based on nationally accepted industry standards and billing practices, they do not ensure a specific device will be reimbursed. It is the responsibility of the provider to abide by lawful Medicare billing practices and Thuasne USA is not liable for the denial of reimbursements when it comes to the use of suggested billing codes***