



THUASNE®

# SpryStep® KO Full Shell BK

## 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 \_\_\_\_\_  Male  Female

Weight \_\_\_\_\_  Lbs.  Kg. Height \_\_\_\_\_  in.  cm.

Leg:  Left  Right

Diagnosis: (ex: Ligament laxity, ROM limitations, etc.) \_\_\_\_\_

## Brace Configuration

NB by default: riveted anchor tabs + d-rings + 1/4" thigh padding + condylar pads + 2 additional thicker condylar pads + tibia straps mounted on anterior

Hinge (Extension stop kit included with hinges)

TM5 Aluminum  TM5 Stainless  5-bar Free

### 5-Bar Free Hinge Extension Accessories Only

Set hinges to LOCK at cast position

\_\_\_\_\_ OR \_\_\_\_\_

Set hinge at:

0°  5°  10°  15°  Other \_\_\_\_°

Extension Stop Kit

Flexion Stop\* (Factory installed only)

15°  30°  45°  60°  75°  90°

## Optional Hinge Accessories

Flexion stop kit\*

Extension assist bands/posts\*

## Femoral shell length

7 in 175mm (default)  -1 in 150mm  +1 in 200mm

## Femoral shell configuration

Anterior

Posterior

## Tibial shell length

7 in 175mm (default)  -1 in 150mm  +1 in 200mm

\*Custom length requests require pre-fabrication consultation, additional charges will be applied.

## Tibial shell configuration

Anterior

Posterior

## Tibia Straps

No straps (default)

1 strap

(mounted at BK center)

2 straps

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Casting protocol for Spry KO Full Shell BK orthosis.

The Thuasne USA BK orthosis is designed to fit directly over your patient's prosthetic socket. It is crucial to follow casting protocol and guidelines to ensure optimal fit and proper function. Please scan the QR code or visit



## Casting

Has a socket been sent in with order?  Yes  No

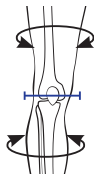
## Measurement Data

These measurements are required to check the accuracy of the patient model submitted, a patient model must be provided for fabrication (scan).

Proximal circumference  
7 in / 175mm above mid-patella

Medial-Lateral Knee Width  
(not circumference) at knee center

Distal circumference  
7 in / 175mm below mid-patella



\*Indicates additional charges apply

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.

Distributed by Thuasne USA

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ThuasneUSA.com

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Received Date Thuasne USA's shipping department use only