

Ordered by: _____
 BILLING: P.O. Number _____
 Bill To: _____
 Address: _____
 City: _____
 Prov: _____ Postal Code: _____ Country: _____
 Phone: (____) _____ Fax: (____) _____

Phone # (____) _____
 Account # _____
 Ship To: _____
 Address: _____
 City: _____
 Prov: _____ Postal Code: _____ Country: _____
 Phone: (____) _____ Fax: (____) _____

Shipping Preference: Ground Express

Received Date

Patient's Last Name: _____

Patient's First Name: _____

Male Female

Age _____ Height _____ Weight _____

Leg: Left Right

Patient's Clinical Diagnosis: _____

Surgeries (type/date): _____

Is the patient currently using any assistive device?

Brace/KAFO Cane Crutch

Walker Wheel Chair

Shoe Size: _____

- Patient's shoe shipped with cast (preferred)
- 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)

Shoe Height Measurement

(Shoe sole thickness at heel and forefoot)

Heel _____" Forefoot _____"

Comments: _____

Casted Position:

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

- Seated Standing Supine
- Weight Bearing Semi Weight Bearing
- Non Weight Bearing

Did you use a casting block? Yes (Preferred) No

Ankle:

- Casted in corrected position
- Cast was NOT corrected.. Please correct:
 - Forefoot Supination Hindfoot Inversion
 - Forefoot Pronation Hindfoot Eversion

Knee:

- Casted in corrected position
- Correct varus condition _____ degrees
- Correct valgus condition _____ degrees

What control do you want this KAFO to provide?

Please check all that apply:

Knee: Flexion Hyperextension Valgus Varus

Ankle: Dorsiflexion Plantarflexion

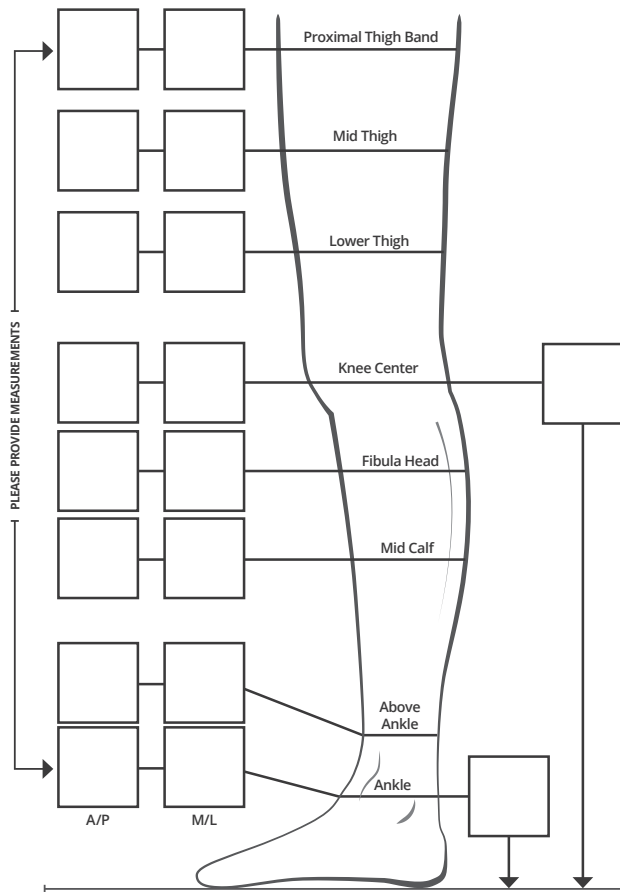
Inversion Eversion

Biomechanical objectives

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

Other _____

**Indicates additional charges apply*

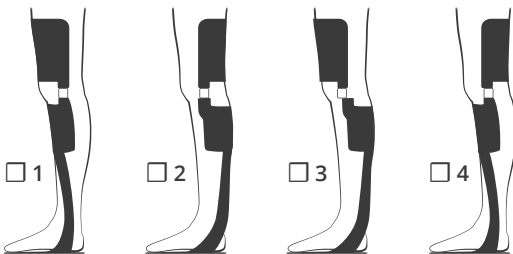


Bend knee to 90 degrees and check toe out

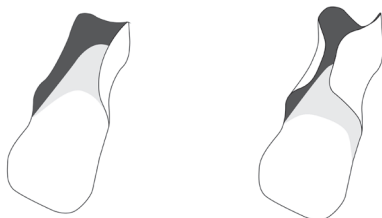
Desired Toe Out is _____ degrees

Choose KAFO Shell Configuration

Anterior Tibia and Posterior Calf Shell lengths will be dictated by the height of the AFO to ensure appropriate Key In.



- Flat Footplate
- Contoured Footplate
- Contoured Footplate With Molded Inner Boot



- Molded Inner Boot (Low)
- Molded Inner Boot (Dorsal wrap)

Thigh Band Height *(Proximal Edge)*

This is measured from knee center to the proximal edge of the frame.

Medial Thigh Band Height

- 10 inches
- 9 inches
- 8 inches
- 7 inches
- Other _____



Lateral Thigh Band Height

- 10 inches
- 9 inches
- 8 inches
- 7 inches
- Other _____

(CRITICAL - must select one option) Set Knee Hinges At:

- Casted Position 0 (zero) degree
- _____ degrees of flexion
- _____ degrees of hyperextension
- Set Knee center M/L width at: _____

Townsend Knee Joints

Free Knee Townsend Motion Joints

- 5 Bar Free Knee *(heavy duty for larger or more active patients)*
- 5 Bar Free Knee Extension Stop Kit
- 5 Bar Flexion Stop kit: __15°; __30°; __45°; __60°; __75°; __90° *(factory installed only)*

Aluminum TM5+ *(lightweight, less active patients, no significant hyperextension)*

Loadshifter Medial Lateral Dual

Stainless TM5+ *(less active patients, no significant hyperextension)*

Original Hinge *(Stainless)*

Optional Extension Stop Kit Optional Flexion Stop Kit

Install Extension Assist Bands/Posts

Locking Joint Options

- Single Pivot With No Free Motion *(lowest profile)*
- Single Pivot With Free Motion *(requires Cables with Twist Release)*
- Townsend Motion 5 Bar Trigger Locks With No Free Motion
- 5 Bar Trigger Locks With Free Motion
- Install Extension Assist Bands/Posts

Cable Release Options

- Cables With Twist Release *(routinely centered on anterior thigh band)*
- Cables With Push Down Lever
- Thigh Band, Lateral Side *(recommended)*
- Centered On Thigh Band

Becker Knee Joint *(Townsend stocked item)*

- Modular Ring Lock Model 1402-B

Condylar pads

- No Medial Lateral Both

Color/Fabric Inlay

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