

Specialty Bracing

Ordered by:	Phone # ()
BILLING: P.O. Number	Account #
Bill To:	Ship To:
Address:	Address:
City:	City:
Prov.: Postal Code: Country:	Prov.: Postal Code: Country:
	Phone: () Fax: ()
Phone: () Fax: () Shipping Preference: [
Shipping Preference. I	□ Ground □ Express
	Deformity
To The Clinician	Describe if present
The custom spiral strut stiffness is based upon patient's height, weight, activity level, gait analysis, ROM, MMT and biomechanical	
objectives. For example, a number 3 stiffness might provide a high level of control in a 135lb, 5' 8" individual but a very low or light level	☐ Correctable ☐ Not Correctable
of control in a 210lb 6' 2" individual. Conversely, if the individual is large, but their activity level is low, the strut may not need to be as stiff.	 Partial Foot or Transmet Amputation (Not appropriate for Lisfranc, Chopart or Symes)
We need very clear and complete information to select the appropriate strut stiffness.	Activity Level (Check one)
	Limited household ambulator, sit to stand and transfers
	☐ Household ambulator, with walker or cane, cares for self
Clinical Evaluation	☐ Limited community ambulator, walks at slow cadence with walker or cane on level surfaces
Patient's Last Name:	☐ Active community ambulator, walks with or without cane at
Patient's First Name:	varying cadence on level and uneven paved surfaces with curb and ramps
☐ Male ☐ Female Age	☐ Independent ambulator, variable cadence, uneven surfaces both paved and unpaved
Weight(IN)	Uery active ambulator, runs and jumps and may participate in
Leg: ☐ Left ☐ Right	sporting activities
Patient's Diagnosis:	Biomechanical objectives (Check all that apply)
Tutients Diagnosis.	Control dorsiflexion weakness
	☐ Control plantar flexion weakness
Shoe Size:	☐ Control ankle valgus instability
☐ Patient's shoe shipped with cast (preferred)	☐ Control ankle varus instability
☐ Tracing of patient's foot provided with order form	Resist knee hyperextension in stance
 Not sending shoe or tracing (toe segment will be made longer and wider, requiring trimming during fitting) 	☐ Resist knee flexion in stance Other
Shoe Height Measurement (Shoe sole thickness at heel and forefoot)	
Heel" Forefoot"	ate
Range Of Motion	Received Date
a) Knee ROM: ° extension; ° flexion	eive
b) With knee extended, ankle ROM from ° to °	<u>8</u>



Desired Level of Control (Check one)

- ☐ Mild controlled motion in both dorsiflexion and plantar flexion. Allows a smooth transition from initial contact to loading response with very mild control of tibial advancement. Good control of inversion and eversion, limited control in transverse plane. This level of control guides the limb.
- ☐ Moderate support to control the knee throughout stance phase with moderate control of transverse plane. This level of control supports the individual's existing alignment and muscle control.
- ☐ Firm support to achieve control in all planes. This level provides moderate control and affects the transition and position of the knee and ankle in all three planes.
- ☐ High level of control. This applies a level of stiffness that can completely block movement in some planes.

Observational Gait Analysis (Check all that apply)

- ☐ Drop foot
- ☐ Foot slap
- ☐ Internal rotary deviation
- ☐ External rotary deviation
- ☐ Limited tibial advancement in second rocker
- ☐ Mild knee hyperextension in early stance
- ☐ Mild knee hyperextension at mid-stance
- ☐ Moderate to severe knee hyperextension in early stance
- ☐ Moderate to severe knee hyperextension at mid-stance
- ☐ Knee buckles at terminal stance

Manual Muscle Tests (MMT)



Quadriceps strength0 1 2 3 4 5



Hamstrings strength



Dorsiflexion strength
0 1 2 3 4 5



Plantar-flexor strength number of single limb heel raises _____

Ordering Options

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



SpryStep®

☐ **Left** (17H1030)















SpryStep® with Pre-Tibial Shell

5

☐ **Left** (17H1031)

☐ **Right** (17H2031)

☐ Molded Inner Boot (Low)

☐ Molded Inner Boot (Dorsal wrap)





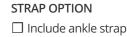


☐ **Right** (17H2030)











SpryStep® Varus Correction

- ☐ **Left** (17H1033)
- ☐ **Right** (17H2033)
- SpryStep® with Pre-Tibial Shell and Varus Correction
- ☐ **Left** (17H1032)
- ☐ **Right** (17H2032)