

## PATIENT INFORMATION

Patient: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_

## PRACTITIONER SHIPPING INFORMATION

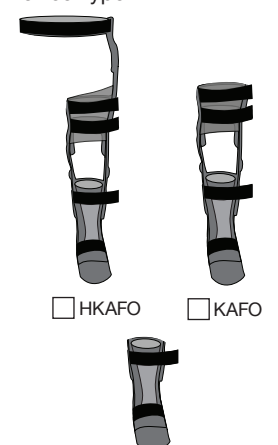
Facility: \_\_\_\_\_  
 Clinician: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Province/Region: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone (Office): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## ORDER INFORMATION

PO#: \_\_\_\_\_

## DEVICE SELECTION

Device Type:



HKAFO     KAFO  
 AFO

Side:  Left  
 Right

## MEASUREMENTS

**Finished Height Measurements**  
 Inches     Centimeters

	Left		Right
Lateral Height	<input type="text"/>		<input type="text"/>
Medial Height	<input type="text"/>		<input type="text"/>
Distal Thigh	<input type="text"/>		<input type="text"/>
Knee Center	<input type="text"/>		<input type="text"/>
AFO Height	<input type="text"/>		<input type="text"/>

Heel Height

Labels: Ankle ML, Knee ML, Ankle ML, Knee ML

## HKAFO REQUIRED ANATOMIC MEASUREMENTS

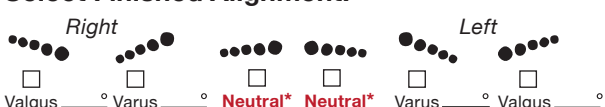
	Height	Circumference	ML
Iliac Crest	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hip Center	<input type="text"/>	<input type="text"/>	<input type="text"/>

Ischium Height  
 (Required for ischial brim): \_\_\_\_\_

Patellar Tendon Height  
 (Required for PTB): \_\_\_\_\_

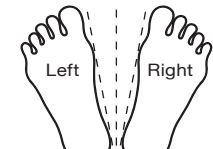
## FOREFOOT ALIGNMENT (VARUS/VALGUS)

Select Finished Alignment:



Valgus \_\_\_\_\_°     Varus \_\_\_\_\_°     Neutral\*     Neutral\*     Varus \_\_\_\_\_°     Valgus \_\_\_\_\_°

Toe Out:



Left: \_\_\_\_\_  
 Right: \_\_\_\_\_

Toe Out Angle:  
 (+) Toe Out  
 (-) Toe In

Ankle Joint Alignment

Mechanical\*     Other: \_\_\_\_\_  
 Anatomical

## CAST CORRECTION

**Sagittal Ankle Correction**  
 Ankle Alignment (dorsiflexion/plantarflexion)  
 Do not correct  
 Correct to 4° DF\*  
 Correct to \_\_\_\_\_°     DF     PF

**Sagittal Knee Correction**  
 Do not correct  
 Correct to Neutral\*  
 Correct to: \_\_\_\_\_°  
 Flexion     Extension

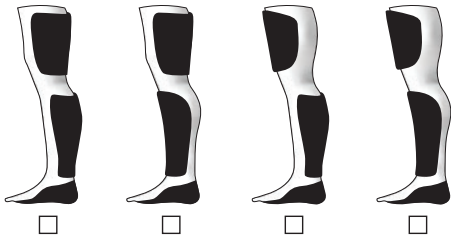
**Coronal Hindfoot Alignment**  
 Do not correct  
 Correct to vertical\*  
 Correct to \_\_\_\_\_°  
 Varum     Valgum

**Coronal Knee Correction**  
 Do not correct\*  
 Correct to Neutral  
 Correct to: \_\_\_\_\_°  
 Varum     Valgum

**Note: If you don't choose an option, the \* (default) option will be selected for you.**

## SHELL CONFIGURATION

Please check the appropriate box to select finish trimlines



### Footplate Length

- Full Foot Length\*
- Sulcus Length

### Footplate Control

- Full Control\*
- Long Medial (Supination Control)
- Long Lateral (Pronation Control)
- Molded Inner Boot

### Ankle Control

- Medial Supramalleolar Flare
- Lateral Supramalleolar Flare
- Ankle Corrugation

### Knee Control

- None\*
- Medial Condylar Extension
- Lateral Condylar Extension

### Liners / Padding / Inserts

- None\*
- Extra Navicular Padding
- Plantar Footplate
- Calf Section
- Thigh Section

### Materials

- Polypropylene\*
- Copolymer

### Thickness

- 1/8
- 3/16
- 5/32
- 1/4

### Plastic Color

- White\*  Black
- Transfer Options  
available at  
BeckerOrthopedic.com/  
Education/OrthometryForms
- Model # \_\_\_\_\_

### Footplate Stabilization

- None\*
- Heel
- Forefoot
- Heel Lift Height \_\_\_\_\_

### Straps

- Standard Straps with Pads\*

### Telescoping Shell

- Calf Section
- Thigh Section

### Tongue

- Calf Section
- Thigh Section

## COMPONENT SELECTION

### Ankle Joints

- Solid Ankle
  - Rigid
  - Semi Rigid
  - Posterior Spring (PLS)
- Standard Action
  - No Motion
  - Stop Motion \_\_\_\_\_° DF \_\_\_\_\_° PF
  - Free Motion
- Dorsiflexion Assist
- Double Action
  - Titanium (Extra Charge)
- Camber Axis
- Oklahoma
  - Heavy Duty
- Tamarack
  - Neutral
  - Dorsi Assist (Specify 75/85/95)
- Other (Specify) \_\_\_\_\_
- Posterior Stop
  - Fixed Plastic PF Stop
  - Motion Control Limiter for PF Only (Model 755)
  - Motion Control Limiter for PF/DF (Model 655)

### Knee Joints

- Free Motion
  - Posterior Offset
- Ring Lock
  - Posterior Offset
  - Ball Catch
- Lever Lock
- Ratchet Lock
- Release System
  - Bail
  - BLISS
  - HD Lever
- Other (Specify) \_\_\_\_\_

### Bar Material

- Aluminum
- Stainless Steel

### Accessories

- Growth Extensions
- Quick Release

## SPECIAL INSTRUCTIONS

Blank area for special instructions.