

248-588-7480 • Fax 248-588-4555

Today's Date: _____

Facility: _____

Patient: _____ Age: _____

Street: _____

Sex: _____ Ht: _____ Wt: _____ Activity Level: _____

City: _____ State: _____ Zip: _____

Diagnosis: _____

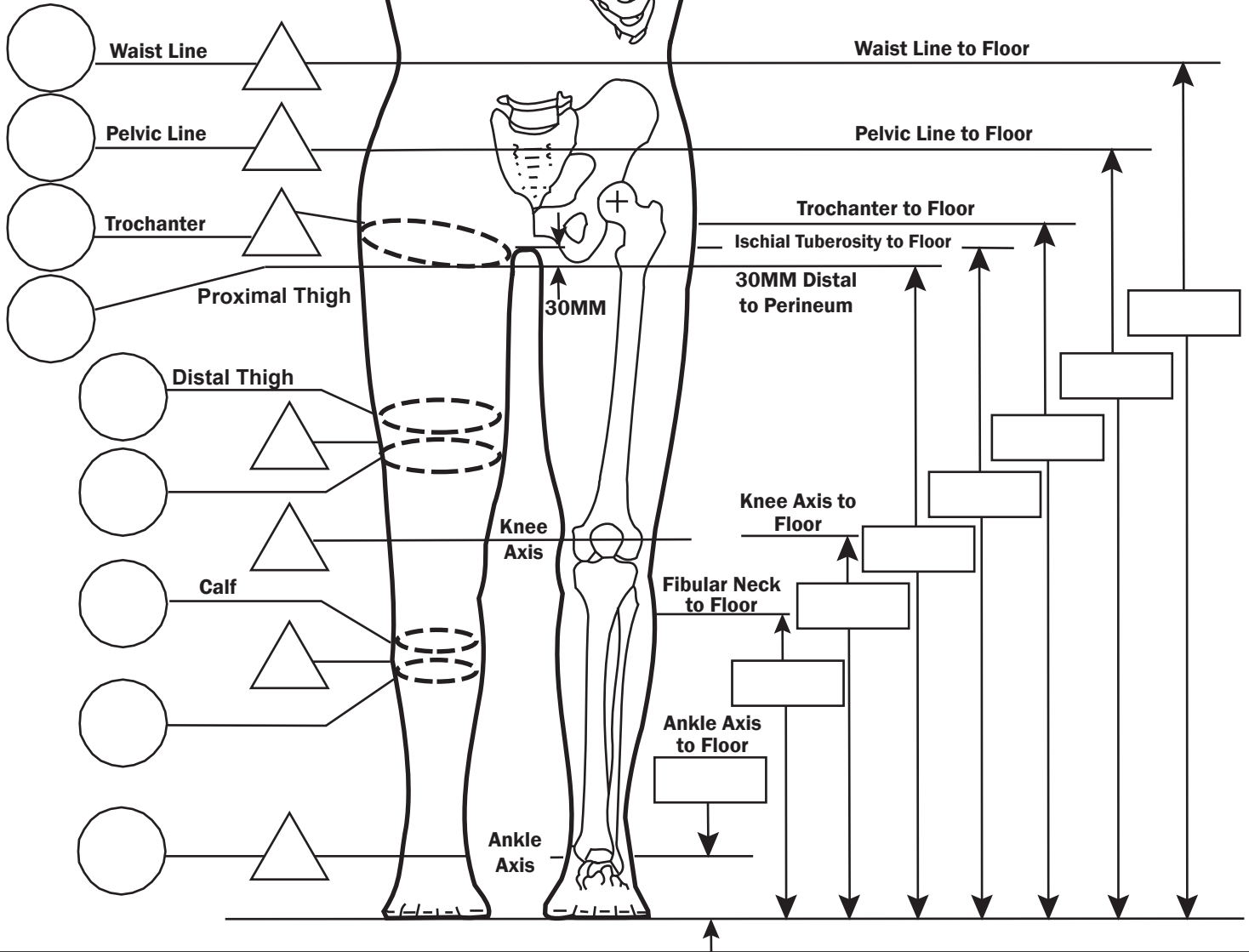
Orthotist: _____ Phone #: _____

PO #: _____ Delivery Date: _____

MEASUREMENTS: Inches Centimeters

FINISHED LATERAL HEIGHT _____

FINISHED MEDIAL HEIGHT _____

Circumferences
**M • L
Diameters**
Lengths

Contraindications for all Stride Stance Control Systems:

- Insufficient ankle range-of-motion (3° - 5° required)
- Substantial leg length discrepancy where the affected side is shorter
- Knee flexion contractures greater than 10°
- Weight greater than 220 lbs (A Size) - 140 lbs (B size FullStride only)

(If your patient is borderline, please contact one of our Clinical Education Specialists listed on Page 3 of the Stride Family Guide)

Ankle	
<input type="checkbox"/> Varus	<input type="checkbox"/> Valgus
<input type="checkbox"/> Correct	<input type="checkbox"/> Do Not Correct
<input type="checkbox"/> Toe Out	<input type="checkbox"/> Toe In
Degrees: _____	
Heel Height: _____	

Knee	
<input type="checkbox"/> Varum	<input type="checkbox"/> Valgum
<input type="checkbox"/> Correct	<input type="checkbox"/> Do Not Correct
Degrees: _____	
<input type="checkbox"/> Hyperextended	
<input type="checkbox"/> Knee Flexion Contracture	
<input type="checkbox"/> Correct	<input type="checkbox"/> Do Not Correct

(If tibial torsion is required, please specify dimensions in additional instructions)

Additional Instructions (Ex. transfer paper):

Today's Date: _____

Facility: _____

Patient: _____ Age: _____

Street: _____

Sex: _____ Ht: _____ Wt: _____ Activity Level: _____

City: _____ State: _____ Zip: _____

Diagnosis: _____

Orthotist: _____ Phone #: _____

PO #: _____ Delivery Date: _____

LEG: Left Right Bilateral

MATERIAL: Thermoplastic Metal and Leather Laminated

Metal and Leather Options

Leather Color <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Beige <input type="checkbox"/> White <input type="checkbox"/> Smoked Elk	Closure <input type="checkbox"/> Hook & Loop <input type="checkbox"/> Leather Strap & Buckle	Condyle Pad <input type="checkbox"/> Round (FullStride Only)	Miscellaneous <input type="checkbox"/> Calf Lacer <input type="checkbox"/> Leather Gauntlet <input type="checkbox"/> SS Footplate (please provide cast)	Stirrup <input type="checkbox"/> UCBL <input type="checkbox"/> Other _____
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Thermoplastic and Laminated Options

Color <input type="checkbox"/> Natural (polypropylene) <input type="checkbox"/> Black <input type="checkbox"/> Other: _____	Type/Thickness <input type="checkbox"/> Polypropylene 3/16" <input type="checkbox"/> Polypropylene 1/4" <input type="checkbox"/> Laminated	Location <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior	Flare <input type="checkbox"/> Proximal <input type="checkbox"/> Medial <input type="checkbox"/> Lateral	Pretibial Shell <input type="checkbox"/> 3110 No Pretibial Shell <input type="checkbox"/> 3112 With Pretibial Shell <input type="checkbox"/> 3114 Removable Pretibial Shell
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Liner (select one from each column)

Type <input type="checkbox"/> Aliplast <input type="checkbox"/> Med-Density Pelite <input type="checkbox"/> Heavy-Density Pelite <input type="checkbox"/> Other _____	Thickness <input type="checkbox"/> 1/8" <input type="checkbox"/> 5/32" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"	Location <input type="checkbox"/> Thigh <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior <input type="checkbox"/> Calf <input type="checkbox"/> Entire Orthosis <input type="checkbox"/> Ankle Pad <input type="checkbox"/> Other _____	Cast Correction <input type="checkbox"/> 90° <input type="checkbox"/> _____° PF/DF <input type="checkbox"/> Do not correct	Additional Add-ons <input type="checkbox"/> Tongue: <input type="checkbox"/> AK <input type="checkbox"/> BK <input type="checkbox"/> Other: _____
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Ankle Joints

Activation Option

<input type="checkbox"/> Slim Line Double Action (SLM-2825) <input type="checkbox"/> Other _____ Size: <input type="checkbox"/> A (Adult) <input type="checkbox"/> B (Youth)	<input type="checkbox"/> Heel Cable Receptor <input type="checkbox"/> Stirrup Inserts
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Knee Joint Options

FullStride™ (select from each column below)

<input type="checkbox"/> FullStride™(9006) <input type="checkbox"/> FullStride™ w/GX-Assist (9006-GX) <input type="checkbox"/> 75N <input type="checkbox"/> 125N <input type="checkbox"/> 175N	<input type="checkbox"/> Aluminum <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Titanium (3/16" x 3/4" only)	<input type="checkbox"/> 3/16" x 3/4" <input type="checkbox"/> 3/16" x 5/8"	<input type="checkbox"/> High Buff <input type="checkbox"/> Bead Blast
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SafetyStride™ (select from each column below)

<input type="checkbox"/> SafetyStride™(9005) <input type="checkbox"/> SafetyStride™ w/GX-Assist (9005-GX) <input type="checkbox"/> 75N <input type="checkbox"/> 125N <input type="checkbox"/> 175N	<input type="checkbox"/> Aluminum <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Titanium (3/16" x 3/4" only)	<input type="checkbox"/> 3/16" x 3/4" (Standard)	<input type="checkbox"/> High Buff <input type="checkbox"/> Bead Blast
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Stride4™ (select from each column below)

<input type="checkbox"/> Stride4™ (LMB-C063)	<input type="checkbox"/> Aluminum <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Titanium (3/16" x 3/4" only)	<input type="checkbox"/> 3/16" x 3/4" (Standard)	<input type="checkbox"/> High Buff <input type="checkbox"/> Bead Blast
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Note: To optimize gait and enhance knee stability, special consideration should be given to ankle joint selection. We would stongly recommend that you select an ankle joint configuration that limits dorsiflexion and allows accurate alignment of the foot ankle complex in the sagittal plane.