

# LAMINATED AFO/KAFO ORTHOMETRY FORM

Today's Date: \_\_\_\_\_  
 Facility: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Orthotist: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Patient: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_  
 Activity Level: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 PO#: \_\_\_\_\_  
 Delivery Date: \_\_\_\_\_

**MEASUREMENTS:**  Inches  Centimeters

### Warranty Information

Diagnostic Check Orthosis (DCO)

I understand this/these device(s) will not be covered by the fit warranty if a diagnostic check orthosis (DCO) is not ordered.

Yes  No

(If no, please sign)

Signature

Date

### Side

RIGHT LEG

LEFT LEG

Please use separate form for each leg if bilateral

### Type of Orthosis

AFO

PTBO

KAFO

Modular Style

IRD

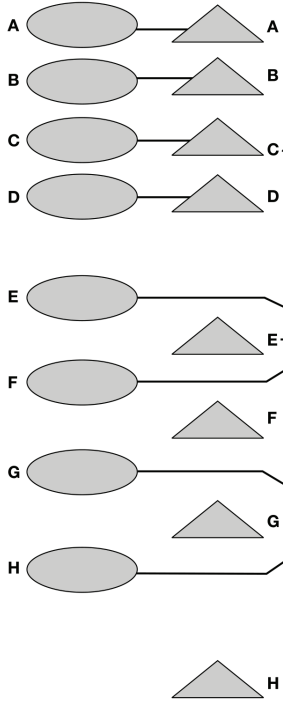
ERD

IRD/ERD

Neutral

Skeletal

CIRCUMFERENCES M • L DIAMETERS



LENGTHS

WAIST LINE

PELVIC LINE

TROCHANTER

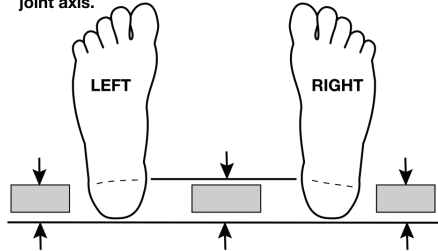
ISCHIAL TUBEROSITY

KNEE AXIS

FIBULAR NECK

ANKLE AXIS

Please fill in the chart below if you want the orthosis to have external rotation of the ankle joint axis.



### Ankle

Varus  Valgus

Flexible  Rigid

Degrees: \_\_\_\_\_

Toe Out  Toe In

Medial Plane

Lateral Plane

Degrees: \_\_\_\_\_

Heel Height: \_\_\_\_\_

### Knee

Varum  Valgum

Flexible  Rigid

Degrees: \_\_\_\_\_

Hyperextended

Knee Flexion Contracture

Degrees: \_\_\_\_\_

# LAMINATED AFO/KAFO ORTHOMETRY FORM

TYPE:  KAFO  AFO

Standard KAFO Models	Knee	Knee Joint Options Cont.
<p><b>Double Upright, Articulated Ankle</b> <span style="float: right;"><b>Modular</b></span></p> <p><input type="checkbox"/> No Pretibial Shell <input type="checkbox"/></p> <p><input type="checkbox"/> With Pretibial Shell <input type="checkbox"/></p> <p><input type="checkbox"/> Removable Pretibial Shell <input type="checkbox"/></p> <p style="padding-left: 20px;"><input type="checkbox"/> Molded Hydrostatic (Standard)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Laminated External</p> <p><b>Solid Ankle</b></p> <p><input type="checkbox"/> No Pretibial Shell</p> <p><input type="checkbox"/> With Pretibial Shell</p> <p><input type="checkbox"/> Removable Pretibial Shell</p> <p style="padding-left: 20px;"><input type="checkbox"/> Molded Hydrostatic (Standard)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Laminated External</p> <p><b>Diagnostic Check Orthosis</b></p> <p><input type="checkbox"/> Solid Ankle Set At: _____</p> <p><input type="checkbox"/> Jointed Ankle</p>	<p><input type="checkbox"/> Condylar Extension</p> <p><input type="checkbox"/> Varum control</p> <p><input type="checkbox"/> Valgum control</p> <hr/> <p style="text-align: center;"><b>Thigh</b></p> <p><input type="checkbox"/> Posterior Thigh (Standard)</p> <p><input type="checkbox"/> Anterior Thigh</p> <p style="padding-left: 20px;"><input type="checkbox"/> Posterior Elastic Band</p> <p style="padding-left: 20px;"><input type="checkbox"/> Removable hydrostatic shell</p> <p><input type="checkbox"/> Solid Full-circumferential brim</p> <p><input type="checkbox"/> Narrow M-L</p> <p><input type="checkbox"/> Ischial Containment</p> <p><input type="checkbox"/> Quadrilateral</p> <hr/> <p style="text-align: center;"><b>Ankle Joint Options</b></p> <p>(Select one for each category)</p> <p><b>Ankle Joint</b> (Stainless Steel Standard)</p> <p><input type="checkbox"/> Dorsiflexion Assist</p> <p><input type="checkbox"/> Dorsiflexion Plus Assist</p> <p><input type="checkbox"/> Slim Line Double Action</p> <p><input type="checkbox"/> Standard Action</p> <p><input type="checkbox"/> Titanium Double Action</p> <p><b>Range of Motion</b></p> <p><input type="checkbox"/> Plantarflexion: _____</p> <p><input type="checkbox"/> Dorsiflexion: _____</p> <p><b>Stirrup</b></p> <p><input type="checkbox"/> Split</p> <p><input type="checkbox"/> UCBL</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Size</b></p> <p><input type="checkbox"/> A (Adult)</p> <p><input type="checkbox"/> B (Youth)</p> <p><input type="checkbox"/> C (Child)</p> <hr/> <p style="text-align: center;"><b>Knee Joint Options</b></p> <p>(Select one for each category)</p> <p><b>Type</b></p> <p><input type="checkbox"/> Free Motion</p> <p><input type="checkbox"/> Ring Lock</p> <p><input type="checkbox"/> Lever Lock (Bail)</p> <p><input type="checkbox"/> Ratchet Lock</p> <p><input type="checkbox"/> Model Number: _____</p> <p><input type="checkbox"/> Ball Catches/Retainers</p> <p><input type="checkbox"/> Lever Release Kit</p>	<p><b>Size</b></p> <p>Adult</p> <p><input type="checkbox"/> 1/4" x 3/4"</p> <p><input type="checkbox"/> 3/16" x 3/4"</p> <p>Youth</p> <p><input type="checkbox"/> 1/4" x 5/8"</p> <p><input type="checkbox"/> 3/16" x 5/8"</p> <p>Child</p> <p><input type="checkbox"/> 3/16" x 1/2"</p> <p><input type="checkbox"/> 1/8" x 1/2"</p> <p><b>Contoured:</b></p> <p><input type="checkbox"/> Medial</p> <p><input type="checkbox"/> Lateral</p> <p><input type="checkbox"/> Both</p> <p><input type="checkbox"/> None</p> <hr/> <p style="text-align: center;"><b>Footplate</b></p> <p><b>Footplate Type</b></p> <p><input type="checkbox"/> Rigid to Sulcus</p> <p><input type="checkbox"/> Flexible to End of Toes</p> <p style="padding-left: 20px;"><input type="checkbox"/> PPT®</p> <p style="padding-left: 20px;"><input type="checkbox"/> Plastazote®</p> <p style="padding-left: 20px;"><input type="checkbox"/> 1/8"</p> <p style="padding-left: 20px;"><input type="checkbox"/> 3/16"</p> <p><input type="checkbox"/> Rigid Full Footplate</p> <p><b>Footplate Pads</b></p> <p><input type="checkbox"/> Plantar Padding</p> <p><input type="checkbox"/> Entire Footplate Liner</p> <p style="padding-left: 20px;"><input type="checkbox"/> PPT®</p> <p style="padding-left: 20px;"><input type="checkbox"/> Plastazote®</p> <p style="padding-left: 20px;"><input type="checkbox"/> Pelite®</p> <p style="padding-left: 20px;"><input type="checkbox"/> 3 mm</p> <p style="padding-left: 20px;"><input type="checkbox"/> 5 mm</p> <p><b>Sole Lifts</b></p> <p>Crepe Heel or Sole: _____ in.</p> <p>Added to Footplate</p> <hr/> <p style="text-align: center;"><b>Straps</b></p> <p><input type="checkbox"/> ERD</p> <p><input type="checkbox"/> IRD</p> <p><input type="checkbox"/> Figure-8</p> <p><input type="checkbox"/> Instep</p> <p><input type="checkbox"/> Distal Tibia</p> <p><input type="checkbox"/> Recurvatum Retention</p>
Standard AFO Models		
<p><b>Double Upright, Articulated Ankle</b> <span style="float: right;"><b>Modular</b></span></p> <p><input type="checkbox"/> No Pretibial Shell <input type="checkbox"/></p> <p><input type="checkbox"/> With Pretibial Shell <input type="checkbox"/></p> <p><input type="checkbox"/> Removable Pretibial Shell <input type="checkbox"/></p> <p style="padding-left: 20px;"><input type="checkbox"/> Molded Hydrostatic (Standard)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Laminated External</p> <p><b>Solid Ankle</b></p> <p><input type="checkbox"/> No Pretibial Shell</p> <p><input type="checkbox"/> With Pretibial Shell</p> <p><input type="checkbox"/> Removable Pretibial Shell</p> <p style="padding-left: 20px;"><input type="checkbox"/> Molded Hydrostatic (Standard)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Laminated External</p> <p><b>Patellar Tendon (Weight) Bearing</b></p> <p><input type="checkbox"/> Double Upright, Hinged Pretibial Shell</p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>Modular</b></p> <p><input type="checkbox"/> Solid Ankle, Hinged Pretibial Shell</p> <p><b>Diagnostic Check Orthosis</b></p> <p><input type="checkbox"/> Solid Ankle Set At: _____</p> <p><input type="checkbox"/> Jointed Ankle</p>		
Color		
<p><input type="checkbox"/> Color: _____</p> <p><input type="checkbox"/> Fabric (Please include 2 yards of pre-washed Spandex® or Lycra® fabric with cast.)</p>		
Lining		
<p><input type="checkbox"/> No Lining</p> <p><input type="checkbox"/> 3mm Pelite® (Standard)</p> <p><input type="checkbox"/> 5mm Pelite® Lining</p>		