

AFO ORTHOMETRY FORM

Today's Date: _____ Patient: _____

Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

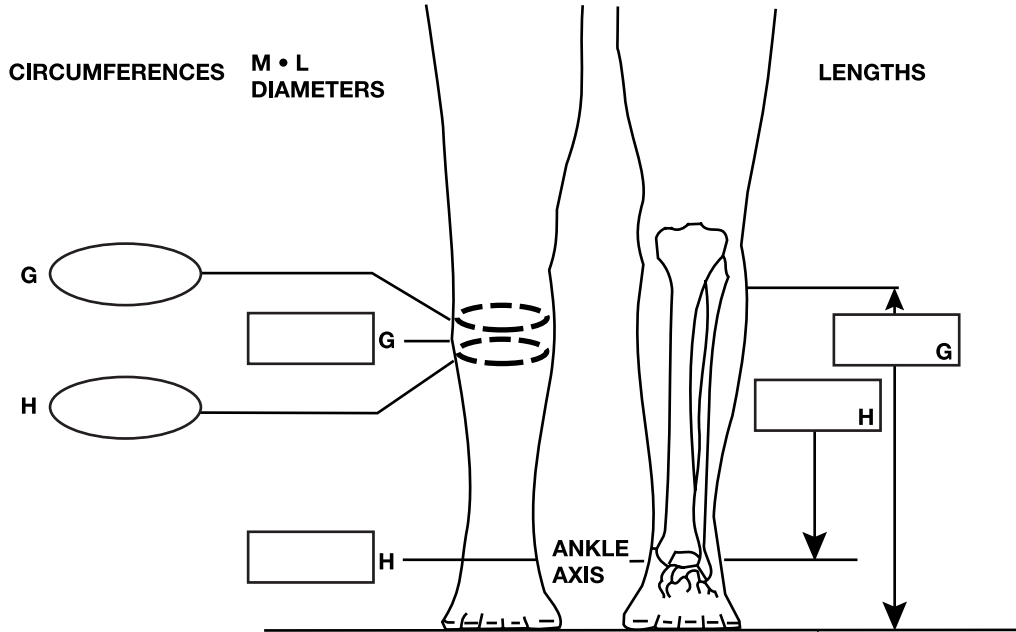
Street: _____ Diagnosis: _____

City: _____ State: _____ Zip: _____

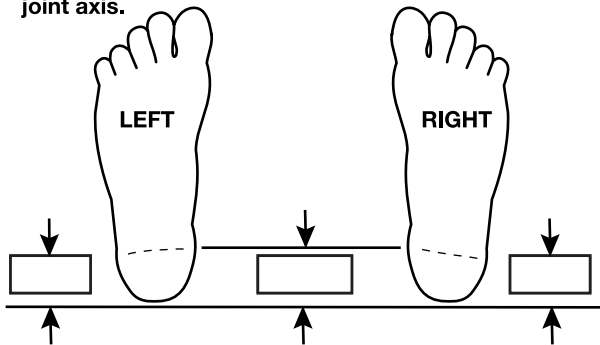
Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____

MEASUREMENTS: Inches Centimeters



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: _____

Additional Instructions: _____

AFO ORTHOMETRY FORM CONTINUED:

Today's Date: _____ Patient: _____
 Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____
 Street: _____ Diagnosis: _____
 City: _____ State: _____ Zip: _____
 Orthotist: _____ Delivery Date: _____
 Phone Number: _____ PO Number: _____

LEG: Left Right Bilateral **MATERIAL:** Thermoplastic Metal and Leather
TYPE: DFA Semi-Rigid Rigid TRAF0 Floor Reaction PTB Night Splint Healing Brace Bi-Value
 Articulating Other: _____ **TYPE of FO:** UCB SMO Tone Reducing Insert

Thermoplastic Options

Plastic (select one from each column)

Type	Thickness	Location	Flares
<input type="checkbox"/> Polypropylene	<input type="checkbox"/> 1/8"	<input type="checkbox"/> Anterior	<input type="checkbox"/> Proximal
<input type="checkbox"/> Copolymer	<input type="checkbox"/> 5/32"	<input type="checkbox"/> Posterior	<input type="checkbox"/> Medial
<input type="checkbox"/> Polyethylene	<input type="checkbox"/> 3/16"		<input type="checkbox"/> Lateral
	<input type="checkbox"/> 1/4"		

Correct cast to: _____ Do not correct cast

Liner (select one from each column)

Type	Thickness	Location
<input type="checkbox"/> Aliplast	<input type="checkbox"/> 1/8"	<input type="checkbox"/> Anterior <input type="checkbox"/> Posterior
<input type="checkbox"/> Med-Density Pelite	<input type="checkbox"/> 5/32"	<input type="checkbox"/> Footplate
<input type="checkbox"/> Heavy-Density Pelite	<input type="checkbox"/> 3/16"	<input type="checkbox"/> Plantar Surface
<input type="checkbox"/> Other _____	<input type="checkbox"/> 1/4"	<input type="checkbox"/> Other _____

Ankle Joints (select type)

- | | |
|--|--|
| <input type="checkbox"/> Tamarack | <input type="checkbox"/> Gillette |
| <input type="checkbox"/> Tamarack Dorsi Assist | <input type="checkbox"/> Gillette Heavy Duty |
| <input type="checkbox"/> Tamarack Variable Assist™ | <input type="checkbox"/> Gillette Dorsi Assist |
| <input type="checkbox"/> Tamarack Clevisphere™ | <input type="checkbox"/> Camber Axis Hinge® |
| <input type="checkbox"/> Oklahoma (Polypro) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Oklahoma (Heavy Duty Nylon) | |
- Size:** A (Adult) B (Youth) C (Child)

Posterior Stops (select type)

- 655 755 795 Other _____
 None (Free Motion) ****Height of AFO:** _____

Miscellaneous

- | | |
|--|------------------------------------|
| <input type="checkbox"/> ST Pad | <input type="checkbox"/> Figure 8 |
| <input type="checkbox"/> Dorsal Straps | <input type="checkbox"/> HFH Strap |
| <input type="checkbox"/> Loctite® all screws | (Padded Dorsum Strap) |

Metal and Leather Options

Leather (select one from each column)

Color	Closure	T-Strap	Miscellaneous
<input type="checkbox"/> Black	<input type="checkbox"/> Hook & Loop	<input type="checkbox"/> Medial	<input type="checkbox"/> Calf Lacer
<input type="checkbox"/> Beige	<input type="checkbox"/> Leather Strap & Buckle	<input type="checkbox"/> Lateral	<input type="checkbox"/> Leather Gauntlet
<input type="checkbox"/> Smoked Elk		<input type="checkbox"/> None	<input type="checkbox"/> SS Footplate (please provide cast)
<input type="checkbox"/> Brown			
<input type="checkbox"/> White			

Ankle Joints (select type) Stirrup (select type)

- | | |
|--|---|
| <input type="checkbox"/> Dorsiflexion Assist
<input type="checkbox"/> Dorsiflexion Plus Assist
<input type="checkbox"/> Slim Line Double Action
<input type="checkbox"/> Original Double Action
<input type="checkbox"/> Standard Action | <input type="checkbox"/> Solid
<input type="checkbox"/> Solid Wide Flange
<input type="checkbox"/> Split
<input type="checkbox"/> UCBL
<input type="checkbox"/> Other _____ |
|--|---|
- Size:** A (Adult) B (Youth) C (Child)

Range of Motion

Plantarflexion _____ Dorsiflexion _____

Uprights (select one from each column)

Material	Finish	Size
<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> High Buff	<input type="checkbox"/> 1/4" x 3/4"
<input type="checkbox"/> Aluminum	<input type="checkbox"/> Bead Blast	<input type="checkbox"/> 3/16" x 3/4"
	Thermoclad	<input type="checkbox"/> 1/4" x 5/8"
	<input type="checkbox"/> Black	<input type="checkbox"/> 3/16" x 1/2"
	<input type="checkbox"/> White	<input type="checkbox"/> 3/16" x 5/8"
	<input type="checkbox"/> Blue	<input type="checkbox"/> 1/8" x 1/2"

Additional Instructions: _____

Trim Lines

Met. Heads: _____
 Sulcus: _____
 Full Length: _____



Lateral Trimline



Medial Trimline



Length of Foot