

# KAFO/HKAFO ORTHOMETRY FORM:

Today's Date: \_\_\_\_\_ Patient: \_\_\_\_\_

Facility: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

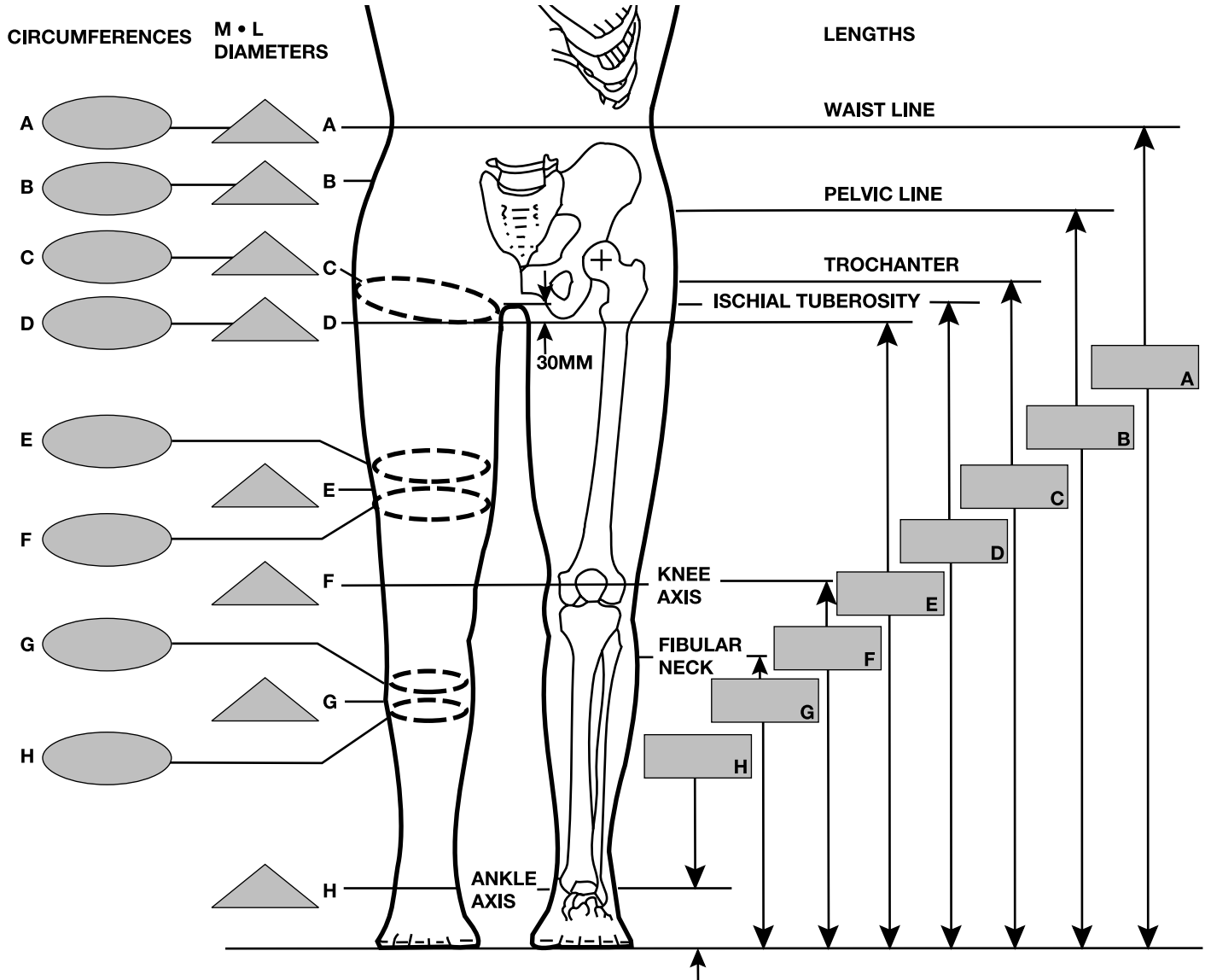
Street: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

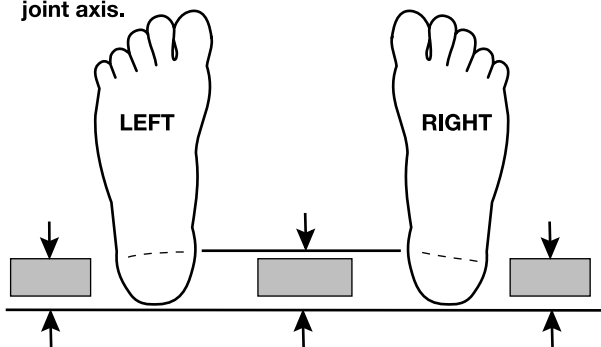
Orthotist: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

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		Knee	
<input type="checkbox"/> Varus	<input type="checkbox"/> Valgus	<input type="checkbox"/> Varum	<input type="checkbox"/> Valgum
<input type="checkbox"/> Flexible	<input type="checkbox"/> Rigid	<input type="checkbox"/> Flexible	<input type="checkbox"/> Rigid
Degrees: _____		Degrees: _____	
<input type="checkbox"/> Toe Out	<input type="checkbox"/> Toe In	<input type="checkbox"/> Hyperextended	
<input type="checkbox"/> Medial Plane	<input type="checkbox"/> Lateral Plane	<input type="checkbox"/> Knee Flexion Contracture	
Degrees: _____		Degrees: _____	
Heel Height: _____			

# KAFO/HKAFO 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:**  KAFO  HKAFO

## 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"/> Thigh <input type="checkbox"/> Posterior
<input type="checkbox"/> Med-Density Pelite	<input type="checkbox"/> 5/32"	<input type="checkbox"/> Anterior <input type="checkbox"/> Foot Plate
<input type="checkbox"/> Heavy-Density Pelite	<input type="checkbox"/> 3/16"	<input type="checkbox"/> Plantar Surface
	<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

- 655     755     795     Other \_\_\_\_\_     None

## Knee Joint Options

**Knee Joints** (select one from each column)  
Please see catalog section 4 for model numbers

Type	Material	Size	Upright Finish
<input type="checkbox"/> Free Motion	<input type="checkbox"/> Aluminum	<input type="checkbox"/> 1/4" x 3/4"	(Select Type)
<input type="checkbox"/> Ring Lock	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> 3/16" x 3/4"	<input type="checkbox"/> High Buff
<input type="checkbox"/> Lever Lock (Bail)	<input type="checkbox"/> Titanium*	<input type="checkbox"/> 1/4" x 5/8"	<input type="checkbox"/> Bead Blast
<input type="checkbox"/> Ratchet Lock	<input type="checkbox"/> Carbon Fiber	<input type="checkbox"/> 3/16" x 5/8"	<b>Thermoclad</b>
<input type="checkbox"/> Model Number: _____	(9003 only)	<input type="checkbox"/> 3/16" x 1/2"	<input type="checkbox"/> Black
	* Not available on all Joints	<input type="checkbox"/> 1/8" x 1/2"	<input type="checkbox"/> White
			<input type="checkbox"/> Blue

**Contoured:**  Medial     Lateral     Both     None

## Metal and Leather Options

**Leather** (select one from each column)

Color	Closure	T-Strap	Knee Pad	Condyle Pad
<input type="checkbox"/> Black	<input type="checkbox"/> Hook & Loop	<input type="checkbox"/> Medial	<input type="checkbox"/> 3-Buckle	<input type="checkbox"/> Round*
<input type="checkbox"/> Beige	<input type="checkbox"/> Leather	<input type="checkbox"/> Lateral	<input type="checkbox"/> 4-Buckle	<input type="checkbox"/> Pear
<input type="checkbox"/> Smoked Elk	<input type="checkbox"/> Strap & Buckle	<input type="checkbox"/> None	<input type="checkbox"/> 5-Buckle	* Cannot use with 1002 KJT
<input type="checkbox"/> Brown				
<input type="checkbox"/> White				

### Ankle Joints

(select type)

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

### Range of Motion

Plantarflexion \_\_\_\_\_     Dorsiflexion \_\_\_\_\_

## Hip Joint Options

**Hip Joints** (select one from each column)  
Please see catalog section 3 for model numbers

Type	Size
<input type="checkbox"/> Free Motion	<input type="checkbox"/> A (Adult)
<input type="checkbox"/> Ring Lock	<input type="checkbox"/> B (Youth)
<input type="checkbox"/> Adjustable R.O.M.	<input type="checkbox"/> C (Child)
Model Number: _____	<input type="checkbox"/> I (Infant)

## Knee Joint Options

## Specials

Growth Adjustments	Laminated Thigh
<input type="checkbox"/> AK	<input type="checkbox"/> Anterior Cuff
<input type="checkbox"/> BK	<input type="checkbox"/> Posterior Cuff
<b>Additional add-ons</b>	
<input type="checkbox"/> Ball Catch	
<input type="checkbox"/> Thigh Lacer	
<input type="checkbox"/> Calf Lacer	
<input type="checkbox"/> HD Lever Release Kit	
<input type="checkbox"/> SS Footplate (please provide cast)	
<input type="checkbox"/> Tongue: <input type="checkbox"/> AK <input type="checkbox"/> BK	
<input type="checkbox"/> Other: _____	

**Additional Instructions:** \_\_\_\_\_