

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

Facility: \_\_\_\_\_

Patient: \_\_\_\_\_ Age: \_\_\_\_\_

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

Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Activity Level: \_\_\_\_\_

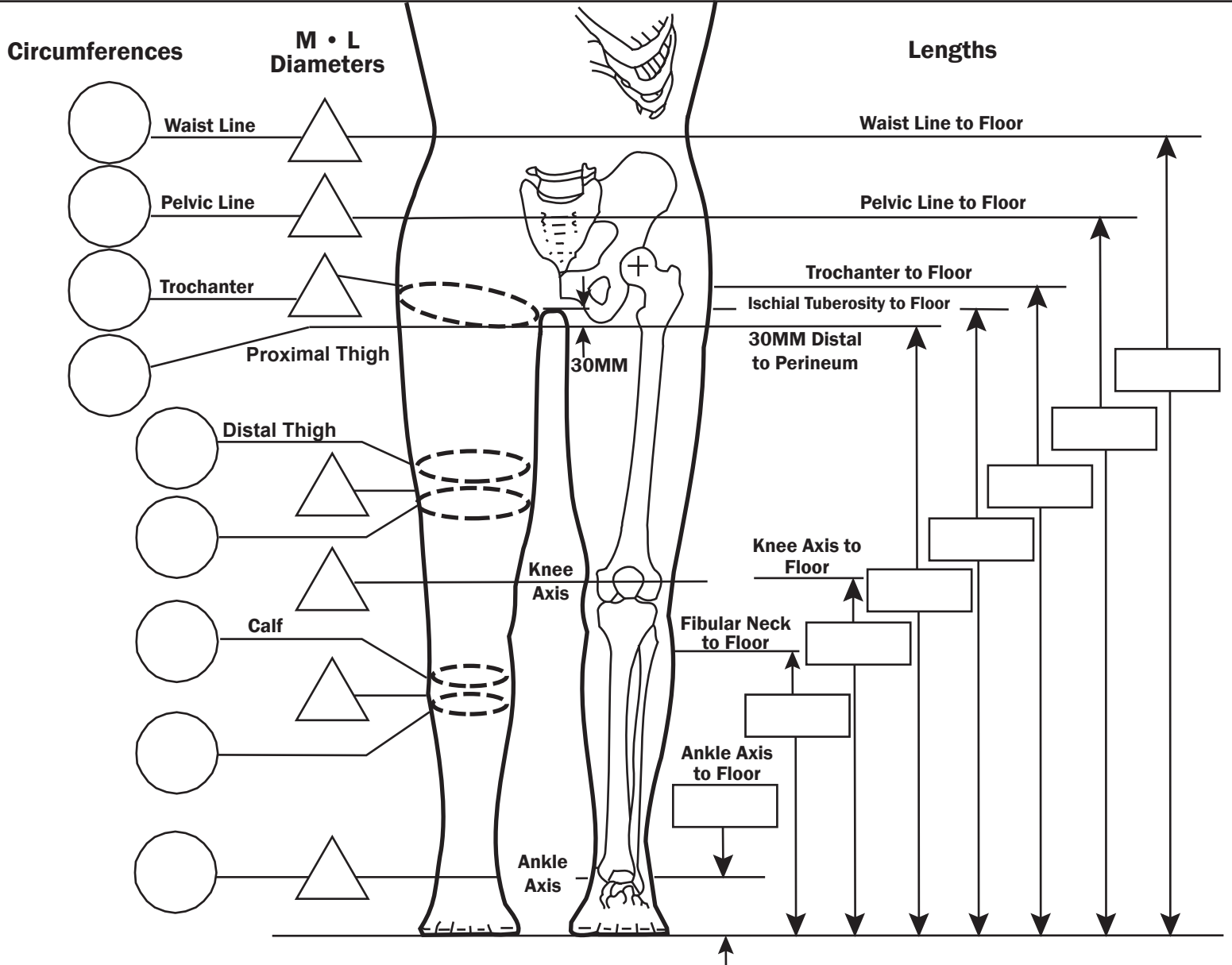
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Orthotist: \_\_\_\_\_ Phone #: \_\_\_\_\_

PO #: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

**MEASUREMENTS:**  Inches  Centimeters **FINISHED LATERAL HEIGHT** \_\_\_\_\_ **FINISHED MEDIAL HEIGHT** \_\_\_\_\_



**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):**

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

Orthotist: \_\_\_\_\_ Phone #: \_\_\_\_\_

PO #: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

**LEG:**  Left  Right  Bilateral

**MATERIAL:**  Thermoplastic  Metal and Leather  Prepreg  Laminated\*

**Thermoplastic/Prepreg Options**
**Plastic** (select one from each column)

| Color                            | Type                                              | Thickness                      | Location                           | Flare/Tab                         |
|----------------------------------|---------------------------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Natural | <input type="checkbox"/> Polypropylene            | <input type="checkbox"/> 3/16" | <input type="checkbox"/> Anterior  | <input type="checkbox"/> Proximal |
| <input type="checkbox"/> Black   | <input type="checkbox"/> Prepreg<br>(Becker only) | <input type="checkbox"/> 1/4"  | <input type="checkbox"/> Posterior | <input type="checkbox"/> Medial   |
|                                  |                                                   |                                |                                    | <input type="checkbox"/> Lateral  |

**Cast Correction**
 Do not correct  90°  \_\_\_\_\_° PF/DF

 Correct Forefoot  Correct Varus/Valgus

Heel Height \_\_\_\_\_ Finished Height of KAFO \_\_\_\_\_

**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"/> Calf             |
| <input type="checkbox"/> Heavy-Density Pelite | <input type="checkbox"/> 3/16" | <input type="checkbox"/> Entire Orthosis <input type="checkbox"/> Ankle Pad |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> 1/4"  | <input type="checkbox"/> Other _____                                        |

**Ankle Joints**
 Camber Axis Hinge®  Modular Standard Action (M3025)

 Slim Line Double Action (SLM-2825)  Other \_\_\_\_\_

 Size:  A (Adult)  B (Youth)

**Activation Option** (select type)

 Heel Cable Receptor  Stirrup Inserts

**Metal and Leather Options**
**Leather** (select one from each column)

| Color                               | Closure                                         | Condyle Pad                                         | Miscellaneous                                                  |
|-------------------------------------|-------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Black      | <input type="checkbox"/> Hook & Loop            | <input type="checkbox"/> Round<br>(FullStride Only) | <input type="checkbox"/> Calf Lacer                            |
| <input type="checkbox"/> Beige      | <input type="checkbox"/> Leather Strap & Buckle |                                                     | <input type="checkbox"/> Leather Gauntlet                      |
| <input type="checkbox"/> Smoked Elk |                                                 |                                                     | <input type="checkbox"/> SS Footplate<br>(please provide cast) |
| <input type="checkbox"/> Brown      |                                                 |                                                     |                                                                |
| <input type="checkbox"/> White      |                                                 |                                                     |                                                                |

**Modular Ankle Joints** (select type)

 Slim Line Double Action (SLM-2825)

 Modular Standard Action (M3025)

 Size:  A (Adult)  B (Youth)

**Stirrup** (select type)

 Solid

 Solid Wide Flange

 UCBL

 Other \_\_\_\_\_

**Range of Motion**
 Plantarflexion \_\_\_\_\_  Dorsiflexion \_\_\_\_\_

**\*Laminated Options - Becker Oregon Only**
**Double Upright**
 3110 No Pretibial Shell

 3112 With Pretibial Shell

 3114 Removable Pretibial Shell

**Solid Ankle**
 3150 No Pretibial Shell

 3152 With Pretibial Shell

 3154 Removable Pretibial Shell

**Knee Joint Options**
**FullStride™** (select from each column below)

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

**SafetyStride™** (select from each column below)

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

**Stride4™** (select from each column below)

|                                              |                                                       |                                                  |                                     |
|----------------------------------------------|-------------------------------------------------------|--------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Stride4™ (LMB-C063) | <input type="checkbox"/> Aluminum                     | <input type="checkbox"/> 3/16" x 3/4" (Standard) | <input type="checkbox"/> High Buff  |
|                                              | <input type="checkbox"/> Stainless Steel              |                                                  | <input type="checkbox"/> Bead Blast |
|                                              | <input type="checkbox"/> Titanium (3/16" x 3/4" only) |                                                  |                                     |

**ADDITIONAL ADD-ONS**
 Tongue:  AK  BK

 Other: \_\_\_\_\_

**Note: To optimize gait and enhance knee stability, special consideration should be given to ankle joint selection. We would strongly recommend that you select an ankle joint configuration that limits dorsiflexion and allows accurate alignment of the foot ankle complex in the sagittal plane.**

**For clinical or technical support please see Page 3 of the Stride Family Guide for contact information**