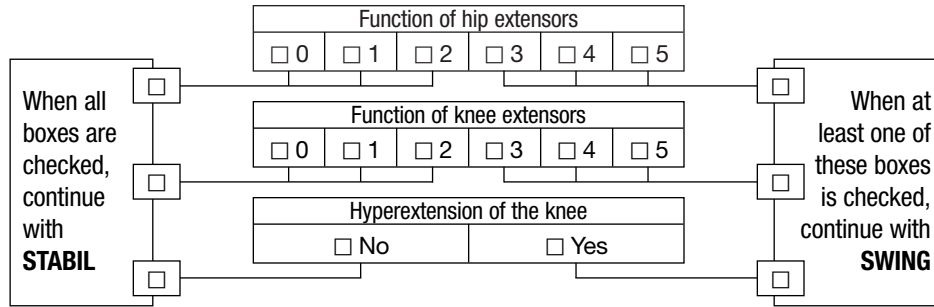


UTX® ORTHOSIS SELECTION PROTOCOL FORM

This protocol needs to be applied in conjunction with the manual for UTX® orthoses

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



STABIL
 Unlocks manually *only*, via a proximally located push button release system.

SWING
 Unlocks automatically with simultaneous knee extension and relative dorsiflexion. Unlocks manually via a proximally located push button release system.

Knee stable in frontal plane
 Yes No

Knee stable in frontal plane
 Yes No

Redressed position of the knee
 Valgus ≤ 10° * Valgus > 10° Varus

Redressed position of the knee
 Valgus ≤ 10° * Valgus > 10° Varus

Body Weight

≤ 80 kg (175 lb)	80 - 120 kg (175 - 265 lb)	> 120 kg (265 lb)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *

Body Weight

≤ 100 kg (220 lb)	> 100 kg (220 lb)
<input type="checkbox"/>	<input type="checkbox"/> *

Body Weight

≤ 80 kg (175 lb)	80 - 120 kg (175 - 265 lb)	> 120 kg (265 lb)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *

Body Weight

≤ 100 kg (220 lb)	> 100 kg (220 lb)
<input type="checkbox"/>	<input type="checkbox"/> *

UTX®-STABIL-80	UTX®-STABIL-120	UTX®-STABIL-FS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UTX®-SWING-80	UTX®-SWING-120	UTX®-SWING-FS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL OPTIONS

<input type="checkbox"/>	Thermoplastic (black copoly) thigh and tibial shells for added surface contact. Anterior shells standard.
<input type="checkbox"/>	Medial ankle joint to enhance M-L control of ankle instability.

YES	ADDITIONAL CONCERNS	Concerns
<input type="checkbox"/>	Bones in the leg are capable of carrying body weight. A UTX® orthosis is not able to carry the body weight.	<input type="checkbox"/>
<input type="checkbox"/>	No or small flexion contracture in the knee (less than 10 degrees). A knee flexion contracture greater than 10 degrees will load the orthosis excessively.	<input type="checkbox"/>
<input type="checkbox"/>	No or minor spasticity. Spasticity can lead to excessive forces on the orthosis. When using a UTX®-SWING spasticity can result in a knee joint that will not unlock.	<input type="checkbox"/>
<input type="checkbox"/>	Sufficient cognition. Cognitive problems can hamper the successful application of the SWING type.	<input type="checkbox"/>

Take measurements and fax order: 248-588-4555

Contact Becker to discuss 248-588-7480 E-mail: mail@beckerorthopedic.net

*UTX® orthosis contraindicated. Please contact Becker Orthopedic for alternatives.

UTX® ORTHOSIS MEASUREMENT FORM

Today's Date: _____ Patient: _____

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

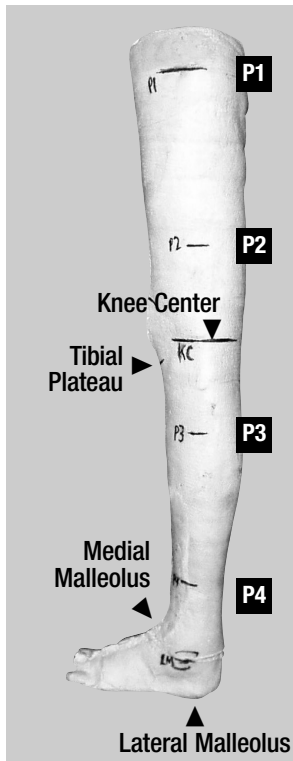
Street: _____ Diagnosis: _____

City: _____ State: _____ Zip: _____

Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____

**Figure 1:
Pelotte Carrier Locations**



↑ Required with impression ↓	ANATOMICAL DATA	Knee center-reference line*	_____ cm
	take measurements with leg extended * Reference line is the floor, bottom of foot, or any equivalent line perpendicular to the leg.	Tibial plateau-reference line*	_____ cm
		Lateral malleolus-reference line*	_____ cm
		Medial malleolus-reference line*	_____ cm
	KNEE ANGLE	Corrected valgus or varus angle (only with UTX®-FS)	_____ °
	At large hyperextension angles (larger than 20 degrees) it is advisable to place P3 and P4 on the posterior side of the leg.	Hyperextension angle	_____ °
		Place P3 and P4 posterior	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Flexion contracture angle	_____ °
↑ Circumferences, D1, and A-P's required with impression ↓	PELOTTE CARRIER P1	Circumference (C1)	_____ cm
	LOCATION: 4 CM BELOW PERINEUM	M-L Diameter (ML1)	_____ cm
		A-P Diameter (AP1)	_____ cm
		Distance (D1) - P1 to reference line*	_____ cm
		Comfortpad	<input type="checkbox"/> Yes <input type="checkbox"/> No
	PELOTTE CARRIER P2	Circumference (C2)	_____ cm
	LOCATION: 6 CM ABOVE PROXIMAL EDGE OF PATELLA	M-L Diameter (ML2)	_____ cm
		A-P Diameter (AP2)	_____ cm
		Distance (D2) - P2 to reference line*	_____ cm
		Comfortpad	<input type="checkbox"/> Yes <input type="checkbox"/> No
	PELOTTE CARRIER P3	Circumference (C3)	_____ cm
	LOCATION: 6 CM BELOW DISTAL EDGE OF PATELLA	M-L Diameter (ML3)	_____ cm
		A-P Diameter (AP3)	_____ cm
		Distance (D3) - P3 to reference line*	_____ cm
		M-L from Tibial crest to lateral border	_____ cm
	PELOTTE CARRIER P4	Circumference (C4)	_____ cm
	LOCATION: 10 CM ABOVE LATERAL MALLEOLUS	M-L Diameter (ML4)	_____ cm
		A-P Diameter (AP4)	_____ cm
		Distance (D4) - P4 to reference line*	_____ cm
	MEDIAL ANKLE JOINT (DZ)	Is medial ankle joint desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(See Selection Form for more info)	M-L of ankle	_____ cm
	FOOTPLATE (Choose one)	Preformed thermoplastic footplate	<input type="checkbox"/>
		Custom foot cup	<input type="checkbox"/>
		Mount to shoe	<input type="checkbox"/>
		Stainless steel footplate	<input type="checkbox"/>
		None, stirrup only	<input type="checkbox"/>
	COLOR OF STRAPS	<input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Navy	
	SHOE SIZE	_____	
	LEFT / RIGHT	<input type="checkbox"/> Left <input type="checkbox"/> Right	