

General Information

Patient's Last Name: _____

Patient's First Name: _____

Male Female Age _____ Height _____ Weight _____

Leg: Left Right

Patient's Clinical Diagnosis: _____

Surgeries (type/date): _____

Has this patient previously worn a AFO? Yes No

If yes, please describe the brace (shell structure, hinges, etc.)

Work/Activities: Activities of Daily Living Other

Please describe the patients desired mobility/function:

If there is a question about this order, who should we contact?

Name: _____ Phone: _____

Email: _____

BILLING: P.O. Number _____

Townsend Account Number: _____

Bill To: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Country: _____

Phone: _____ Fax: _____

Ship To: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Country: _____

Phone: _____ Attention: _____

Fit Date: If known, please indicate the date you are scheduled to fit the patient: _____
(Routine Fabrication Schedule: 4-5 business days)

Shipping Preference:

Ground 2-Day P.M. 2-Day A.M.

Next Day P.M. Next Day A.M.

TOWNSEND'S SHIPPING DEPARTMENT USE ONLY

NEW BRACE SERVICE -- Original Brace Returned? Yes No

New Cast Sent? Yes No Plaster Synthetic

RECEIVED _____ SHIPPED VIA _____

Premier AFO Order Form

What ankle control do you need this AFO to provide?

Please check all that apply

Dorsiflexion Plantarflexion Inversion Eversion

ANKLE/FOOT EVALUATION (WEIGHT BEARIN

Weight bearing ankle position is:

Neutral Inverted ___ degrees Everted ___ degrees

Ankle movement: Flexible Rigid

Dorsiflexion & Plantarflexion range of motion:

Full ROM Limited ROM Fused

Dorsiflexion ___ degrees Plantarflexion ___ degrees

Forefoot position: Pronated Supinated

BEND KNEE TO 90 DEGREES & CHECK TOE OUT

Toe Out is _____ degrees (use medial border of foot)

Heel Height of Shoe (use casting block) _____"

CAST MOLD CORRECTIONS

Casted Weight Bearing; Semi WB; Non WB

ANKLE

Casted in corrected position

Please correct:

Forefoot Supination

Forefoot Pronation

Please correct:

Hindfoot Inversion

Hindfoot Eversion

POSTING FOR INVERTED/EVERTED CORRECTION

When casting, use external posts for inverted/everted correction.

Indicate what posting was done during casting.

Lateral Heel Post ___ mm Medial Heel Post ___ mm

Lat. Forefoot Post ___ mm Med. Forefoot Post ___ mm

PROVIDE HEIGHT MEASUREMENTS



_____ inches

1. Measurement from floor to fibular head

_____ inches

2. Measurement from floor to lateral apex of the ankle

ANKLE JOINTS (SELECT ONE)

Free Ankle

Dorsi Assist

Single Adj. With Anterior Stop*

Single Adj. With Posterior Stop

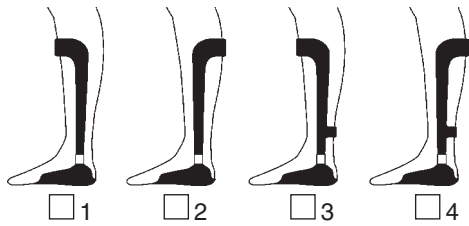
Single Adj. With Ant. Stop & Assist*

Double Adjustable*

Double Adjustable With Assist*

Solid Lamination (Fused Ankles)**

SELECT SHELL CONFIGURATION (Check one box)



Options 3 and 4 strongly recommended when ordering anterior stop ankle joints for floor reaction control. A strap is positioned opposite the proximal band. If you would like a band or strap added, please clearly mark additions on the model you have marked and write in the measurement from ankle joint to the desired height in the space, below.

- Add Strap: _____ inches from AJ
 Add Band: _____ inches from AJ
 Add Foot Strap

CHOOSE HEIGHT OF PROXIMAL BAND



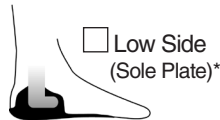
- 8 inches
 9 inches
 10 inches
 11 inches
 12 inches
 13 inches

Measure from the lateral apex of the ankle (ankle joint position) to where you want the top edge of the proximal band.

Other _____

FOOT PLATE SELECTIONS (Material, Sides, Length, Heel, Pad)

- Graphite Lamination (rigid, max control, less adjustable)
 Polypropylene (stiff, heat adjustable)
 Co-Polymer (softer, more flexible, heat adjustable)



* DO NOT use low side foot plate with anterior stop ankle joints.

- Heel Cup (proximal to the base of the 5th metatarsal)
 Trim Proximal to the Metatarsal Heads
 Trim to Toe Sulcus
 Trim to Toes -- Outline of full foot required!!!
 Fabricate entire foot plate with no padding
 Line entire foot plate with 1/8 inch padding
 Line entire foot plate with 1/4 inch padding
 Line sides with 1/8 inch; sole with 1/4 inch
 Line sole with 1/8 inch; no padding on sides

- Open Heel (graphite footplate, only) Half Heel (graphite footplate, only)
 Full Heel (Closed)

EXTRA SHELL LINERS

- 1 Extra Set of Liners 2 Extra Sets of Liners

BRACE COLOR (SELECT ONE)

View colors on our web site.

- Powdercoat Finish (Lightest, Most Durable Finish)
 Black Antique Pewter (Silver)
 Royal Blue Burgundy
- High Gloss Paint Finish
 Black Royal Blue Burgundy Beige
 Emerald Green White Burnt Orange
 Dark Violet Steel Blue Indy Yellow Quicksilver

Custom High Gloss Paint Finish (Additional Charge)

- Provide Custom Paint # _____

Casting Protocol

1. Apply stockinette from the knee to the foot. The cast length must exceed the length of the AFO you are ordering. If we need to extend the length of the cast, the fit of the brace may be compromised.

2. Place a piece of latex tubing under the stockinette. Insert a cutting tube beneath the stockinette. This should follow a line down the anterolateral aspect of the leg, beginning at the top of the stockinette and extending onto the dorsum of the foot. Be certain the tube does not go directly over the tibial crest or the fibular head.

3. Outline bony landmarks. On the stockinette, use an indelible blue pencil to outline any applicable bony prominences. These may include the tibial crest, fibular head, ankle, met heads, navicular, etc.

4. Take a weight bearing cast and apply posting. The foot and ankle complex, at least, must be casted under weight bearing conditions so that the foot spreads adequately, and the subtalar joint assumes its proper weight bearing attitude. If a heel or forefoot post is desired, the leg must be casted with the appropriate post attached to the cast. This procedure will ensure that the orthosis is made with the correct subtalar angulation and proper foot width.

5. Use SYNTHETIC CASTING MATERIAL ONLY. The cast should be wrapped at least three layers thick. One to two rolls of five inch wide synthetic casting tape is sufficient for most legs.

6. Mark the cast for removal. Mark along the length of the surgical tube, and make hash marks at two inch intervals along the tube. This will enable us to match the cut edges when sealing the cast.

7. Cut the cast along the tube. Using a cast cutter, cut the cast along the cutting tube. Using bandage scissors, cut the stockinette along this same line.

8. Remove the cast. Spread the cast and remove it from the patient's limb. Try not to distort the cast too much. Remove the stockinette from inside the cast, and tape or staple the cast closed.

9. Write the patient's name and your office phone number on the cast. Be certain to include this basic information on the cast itself. This way, if the order form gets separated from the cast, or lost entirely, we will be able to contact you for fabrication instructions.

10. Complete this AFO order form. In addition to providing all measurements and information requested on the order form, please note any observations you have about abnormal characteristics of the patient's leg and/or lower body alignment. This information will help our staff orthotists customize the fabrication process to ensure the brace fits and functions properly.

Townsend Design

4615 Shepard St., Bakersfield, CA, 93313
Phone: 800.432.3466 or 661.837.1795; Fax: 800.798.2722