



Single Pivot
Trigger Lock
Hinge
(lowest profile)

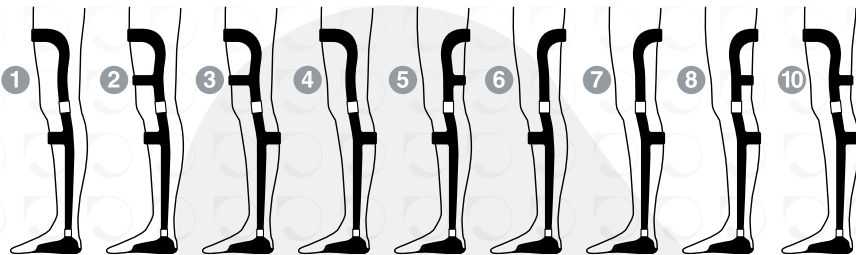
Townsend
Motion Trigger
Lock Hinge

Free Motion
Hinges

Townsend's KAFOs are a low profile, rigid alternative to bulkier, less cosmetically-appealing traditional long leg braces. A wide range of ordering options allow for patient-specific configuration of the brace.

Ordering Options

The Premier KAFO is available in these standard shell designs. Straps are positioned opposite each band. The shape and height (above and below knee center) of the bands can be indicated on the order form. Depending on the shell design you select, the thigh shell can be from 7-15 inches in length.



KAFOs can be fabricated with locking or free motion knee joints, including stance control knee joints from other manufacturers (i.e. Horton, Fillauer, Becker).

KAFOs can be ordered with a variety of ankle joints, including joints from other manufacturers (i.e. Becker).

KAFOs feature optional foot plate length and side wall height.

www.townsenddesign.com

Toll Free: 800.432.3466 Ph: 661.837.1795 Fax: 661.837.0613

Premier KAFO

Specialty Bracing Solutions

Routinely Prescribed For...

Patients who require a full leg brace to ambulate and participate in routine activities of daily living.

This Product Can Be Ordered...

- Custom from a cast mold

Offered With These Standard Features...

- Custom Molded Solid Core Carbon Graphite Shells
- Custom Shell Pads
- Non-Elastic Straps
- Polypro Foot Plate

Available Options Include...

- Shell Configuration And Length
- Extension Assist (5-Bar Hinges Only)
- A Variety Of Ankle Joints
- Free Motion Or Locking Knee Joints
- Optional Cable Release For Locking Joints
- Extension And/Or Flexion Stops (Free Motion Hinges)
- Graphite Foot Plate
- Foot Plate Trim Lines & Padding

Townsend

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 KAFO? ___ 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 KAFO Order Form

CAST MOLD CORRECTIONS

Casted Weight Bearing; Semi WB; Non WB

ANKLE:

- Casted in corrected position
 Cast was NOT corrected.. Please correct:
 Forefoot Supination Hindfoot Inversion
 Forefoot Pronation Hindfoot Eversion

KNEE

- Casted in corrected position
 Correct varus condition _____ degrees
Correct valgus condition _____ degrees

What control do you want this KAFO to provide?

Please check all that apply

KNEE: Flexion Hyperextension Valgus Varus

ANKLE: Dorsiflexion Plantarflexion Inversion Eversion

ANKLE/FOOT EVALUATION (WEIGHT BEARING)

Weight bearing ankle position is:

- Neutral Inverted _____ degrees Everted _____ degrees
Ankle movement: Flexible Rigid

Dorsiflexion & Plantarflexion range of motion:

- Full ROM Limited ROM Fused
Forefoot position: Pronated Supinated

BEND KNEE TO 90 DEGREES & CHECK TOE OUT

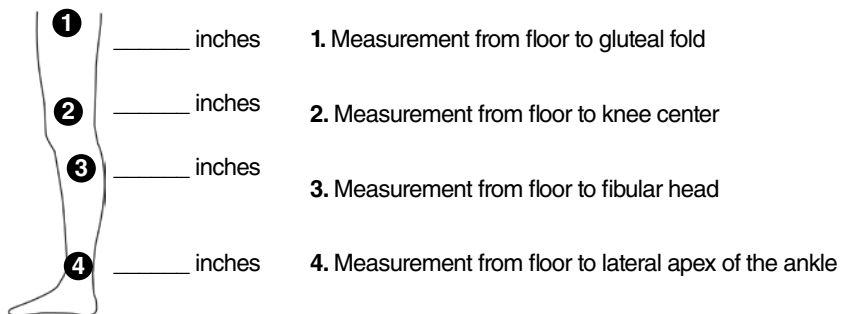
Toe Out is _____ degrees (use medial border of foot)
Heel Height of Shoe (use casting block) _____”

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

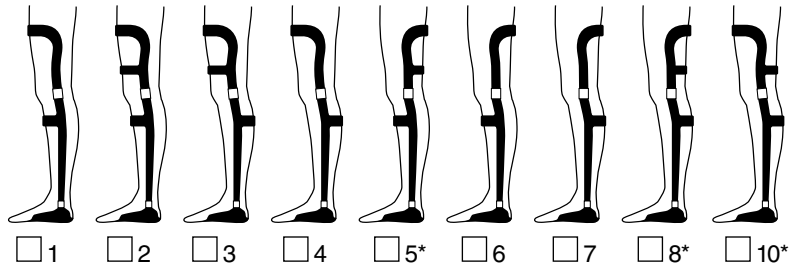
ROVIDE HEIGHT MEASUREMENTS



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)**
- Set Ankle at...
- At ___degrees dorsi flexion
 - At ___degrees plantar flexion

*When ordering anterior stop ankle joints for floor reaction control, we recommend a posterior distal band above the ankle joint (mark box, next page).
 **KAFOs with solid laminated ankles are only offered with a shorter foot plate (heel cup or proximal to the Metatarsal heads).



- 1
 - 2
 - 3
 - 4
 - 5*
 - 6
 - 7
 - 8*
 - 10*
- 1) Varus/Valgus deformities for lightweight, less active patients
 - 2) Varus/Valgus deformities for heavier or active patients
 - 3) Hyperextension control for active patients
 - 4) Hyperextension control for lightweight or less active patients
 - 5) Flexion control for heavier or active patients*
 - 6) Flexion control for lightweight or less active patients
 - 7) Traditional style KAFO for lightweight and less active patients
 - 8) Traditional style KAFO for heavier or active patients*
 - 10) Maximum genu recurvatum control (see information, below)*

* For KAFO models 5, 8 & 10 the top band must be at least NINE INCHES above knee center. For model #10, the patient must be able to step through the proximal anterior and distal posterior thigh bands. There is an additional charge for shell option 10.

- Add Strap: ___ inches from KC
- Add Band: ___ inches from KC
- Add posterior distal band for anterior stop ankle joints

KNEE JOINTS (SELECT ONE)

Free Knee Joint Options:

- 5 Bar Free Knee (heavy duty with Townsend Motion)
- 5 Bar Free Knee with Extension Assist Bands/Posts
- 5 Bar Free Knee Extension Stop Kit*

TM5+ (not designed for patients with significant hyperextension)

- TM5+ (lighter/less active patients; has ext./flex. stops)
- TM5+ Stainless Steel (additional charge)
- TM5+ Titanium* (additional charge)
- Loadshifter Medial Lateral

Trigger Lock Joint Options:

- Single Pivot (lowest profile - no free motion)
- 5 Bar Trigger Locks (Townsend Motion)
- 5 Bar Trigger & Free Motion Release*
- Install Cable Mechanism**
- Twist Propeller Release Push Down Lever (no free motion)
- Check this box if you want EXTENSION ASSIST BANDS/POSTS

KNEE HINGE SET UP (CRITICAL)

Set knee hinges at...

- Casted position At 0 (zero) degrees
- At ___degrees flexion At ___degrees hyperextension

BRACE COLOR (SELECT ONE)

- 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

View colors on our web site.

Custom High Gloss Paint Finish (Additional Charge)

- Provide Custom Paint # _____

CONDYLAR PADS (Not available on single pivot joints)

- None Medial and Lateral
- Medial Only Lateral Only

EXTRA SHELL LINERS

- 1 Extra Set of Liners 2 Extra Sets of Liners

Cast Tape (select type, quality and tape width)

- FAB SERIES (hybrid polyester) or FG SERIES (fiber glass)
- Quantity: 2 Rolls 4 Rolls 6 Rolls
- Width: 2" 3" 4" 5"

THIGH BAND HEIGHT (PROXIMAL EDGE)

From knee center, indicate desired height of the TOP of the thigh band (medial & lateral sides can be up to 2 inches different)

Thigh Band Height Lateral

- 13 Inches
- 12 inches
- 11 inches
- 10 inches
- 9 inches
- 8 inches
- 7 inches*
- Other _____



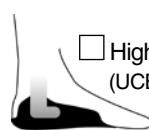
Thigh Band Height Medial

- 13 Inches
- 12 inches
- 11 inches
- 10 inches
- 9 inches
- 8 inches
- 7 inches*
- Other _____

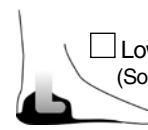
7 inch height only available for KAFO Models #1, 4, 6 & 7

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)



High Sides (UCB Type)



Low Side (Sole Plate)*

* 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)

Casting Instructions For Townsend Design KAFOs

For optimum patient outcomes, please follow these casting instructions.

Each cast is individually filled, and the positive model is hand modified by a Townsend Design orthotist. Accordingly, any variation to this casting protocol may compromise the fit and/or effectiveness of your patient's orthosis.

1. Stockinette from the groin to the foot. The cast length must exceed the length of the thigh shell you are ordering and wide enough for the thigh to avoid any "sausaging" of the leg. If need be, use a separate piece of larger stockinette for the thigh only.

2. Surgical tubing under the stockinette. Insert a cutting tube beneath the stockinette down the anterolateral aspect of the leg from the proximal thigh to the dorsum of the foot. Be certain the tube does not go directly over the tibial crest or the fibular head.

3. Landmarks. On the stockinette, use an indelible blue pencil to outline any applicable bony prominences including the tibial crest, fibular head, knee center, patella, ankle, met heads, etc.

4. Weight bearing cast and posting. The foot and ankle complex must be cast weight bearing so that the foot spreads and the subtalar joint assumes its proper weight bearing attitude. If a heel or forefoot post is desired, the leg must be cast with the appropriate post attached to the cast. This procedure ensures the orthosis is made with the correct subtalar angulation and proper foot width.

5. SYNTHETIC CASTING MATERIAL ONLY. The cast should be wrapped at least three layers thick. Two or three rolls of 5 inch wide synthetic casting tape should be sufficient for most legs.

6. Hash marks. Make horizontal hash marks at two inch intervals along the surgical tube. This will enable us to match the cut edges when sealing the cast.

7. Removing cast. Carefully spread the cast and remove it from the patient's limb without distorting the shape. Remove the stockinette from inside the cast, and tape or staple the cast closed.

8. Patient's name and office phone number on the cast. Please write this basic information on the cast. This way, if the order form gets separated from the cast, or lost entirely, we will be able to contact you for fabrication instructions.

9. KAFO 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 allow our staff to customize the fabrication process to ensure the brace fits and functions properly.

QUESTIONS? Please call 800.432.3466 and ask to speak with Greg Huckert, CPO, or Fabrication Manager Sean Bonas.

Fabrication And Warranty Information

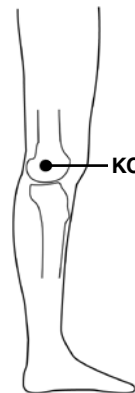
Fabrication Schedule: 4-5 business days; rush service is available for an additional charge; custom paint finish increases production time.

Warranty Information

Free remolding or product replacement related to initial fitting issues within 30 days of the date of purchase (NOTE: Additional charges may apply if the customer requests modifications to the original structure, configuration or joints, or if the customer fails to initially provide a quality cast and/or accurate measurements). Replacement of parts including straps, chafes, hinges, hinge plates and padding that have material defects, breakage or unusual wear within the first six months from the date of purchase. Repair or replacement of a brace that has any failure or compromise to the graphite shells, foot plate or hinges for one year from the date of purchase.

Townsend's Definition of Knee Center

Femoral Epicondyle (Apex of the Lateral Condyle)



Please palpate the condyle and make a mark on the cast to indicate knee center. All M.L. and A.P. measurements should be made at the appropriate position on the leg as it relates to your knee center mark. In terms of fabrication, the hinge and band heights will be based on TOWNSEND'S definition of knee center.

Townsend Design

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