



RX

____/____/____
Date to Lab

ACCOUNT INFORMATION

New Account

Account Name _____

Address _____

City _____ State _____ ZIP _____

Acct.# _____ ← VERY IMPORTANT

SUPPLIES

Boxes

Priority Mail

Courier

Repair Forms

Order Forms

Mailing Labels:

Priority Mail

Courier

PATIENT DATA

Last _____ First _____

Name _____

Occupation _____

Age _____ Sex _____ Height _____ Weight _____ ← VERY IMPORTANT

PAYMENT METHOD

Bill Account Check Enclosed

Bill To Credit Card:

MC Visa Discover Amex

Card# _____ Apply CC info to future orders automatically

Name On Card _____

Expiration Date (Month/Year) _____

DIAGNOSIS

SHOE DATA

Size: _____ Width: _____

Heel Height: _____

Shoe Style: _____

Fit Orthotic To Enclosed Shoes

Identify shoes with Doctor and Patient Name. Send one shoe only. Shoes are not covered by lab against damage or loss.

CHIEF COMPLAINT

CASTING INSTRUCTIONS:

- Positioning of Ankle: 90° Whenever Possible
- Cast Height: To Mid Calf
- Use Bermuda Sock or Plaster Bandage
- Reduce Forefoot to Vertical

•PLEASE MARK MEDIAL AND LATERAL MALLEOLI ON NEGATIVE CAST!

CASTING INSTRUCTIONS

MEASUREMENTS & CAST MODIFICATION

Cast enclosed for Left Right B/L

Correct Ankle To 90°: AP ML Both None (as casted)

Forefoot: Correct to 90° As Casted

Circumference at Top of AFO _____

Circumference Above Ankle _____

Circumference at Met Heads _____

CLINICAL INFORMATION

STANCE EVALUATION	CALCANEUS ALIGNMENT TO LEG			LEG ALIGNMENT TO FLOOR		
	Inverted	Everted	Vertical	Varum	Valgum	Rectus
RIGHT	o	o	o			
LEFT				o	o	o

VERTIBRACE GAUNTLET SPECIFICATIONS

Height: 5" 7" 9" **Plastic Reinforcement:** None ^(L1904 omit other codes) Flexible Semi-flexible Semi-rigid Rigid

Heel: Reinforced (Solid Plastic Shell) Not Reinforced (Leather Covered Heel / No Plastic) Open

Closure: Laces Velcro Combination Top Velcro Bottom Laces Other _____

Lining: Leather Plastazote **Collar:** Custom Padded Collar Leather Collar

Colors: Black White Brown Beige Other _____

Length: Met Heads Sulcus Full Length As Marked On Cast

STANDARD FEATURES

ALL VERTIBRACE PIVOT ACTION AND AFO'S HAVE THE FOLLOWING STANDARD FEATURES:

- ◆ Top Cover - Implus®
- ◆ Cover Length - Mets
- ◆ Limb Uprights Supports - Aligned Perpendicular to Foot Plate
- ◆ Color - Black Swirl
- ◆ Intrinsic Forefoot Orthotic Foot Plate
- ◆ Low Bulk Heel Post - Included
- ◆ Heel Cup - 35mm
- ◆ Free Contralateral Foot Orthotic

BRACE

Color Options: Translucent White Beige Black (Standard)

Length: to Mets (Standard) to Sulcus to Toes Add Poron Cushion to Extension

Top Cover: Implus (Standard) Spenco EVA Diabetic (Plastazote/Poron)

Accommodative Padding: Met Pad _____ " (L3400) Firm Soft 1/8 3/16 1/4 Morton's Extension Reverse Rigid Extend Distally Sweet Spot (L3480) (Please Mark on Cast)

CAST & ORTHOTIC MODIFICATIONS ALL BRACES

Anterior Tibial Shell (L2320)

Heel Lift _____ (inch) (L3300)

Add Medial Arch Flange

Add Lateral Clip

Orthotic Plate Accommodation (L3840) (Please Mark on Cast)

Navicular Medial Fascia Band

Styloid 5th Met

Zotch Notch (1st ray groove) Other: _____

Heel Cup Depth: _____ mm 10 mm 14 mm 18 mm 35 mm (Standard)

Medial Heel Skive: For severe pronation control 2mm 4mm 6mm

1st Met Cut Out

1st Ray Cut Out

Note: Not recommended for rearfoot as this will tilt entire brace to exact degree of posting

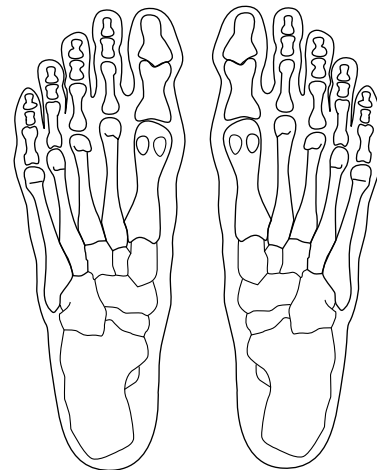
FOREFOOT POSTED TO CAST	LEFT FOOT			RIGHT FOOT		
	Varus	Vertical	Valgus	Varus	Vertical	Valgus
REARFOOT	○		○	○		○
FOREFOOT	○		○	○		○

SPECIAL INSTRUCTIONS

SPECIAL INSTRUCTIONS:

CONTRALATERAL FOOT ORTHOTIC CAST ENCLOSED (no charge)

Mark negative cast and diagram below:



R

PLANTAR ASPECT

L

DISPERSION DENSITY

Firm (lab std) Soft

DISPERSION TYPE

U Cut Out (lab std) Negative Hole Channel

DISPERSION THICKNESS

1/16 1/8 3/16 1/4

AFO



Vertibrace AFO (Posterior leaf spring pictured)

Indications: Mild to severe dropfoot with stable knee, ankle stability, charcot arthropathy.

Functional Data: Traditional above-calf posterior leaf spring, polypropylene shell-trimmed posterior to malleoli, (see A diagram) balanced functional orthotic footplate. *Cast must be mid-calf.*

Select Trim Line:

- (A) Posterior Leaf Spring AFO (L1940, L2820)
- (B) Solid Ankle AFO (SAFO) (L1960, L2820)

GAUNTLET



FPO Fall Prevention Orthosis

Indications: Fall risk, stroke drop foot, ankle instability, diabetic-peripheral neuropathy, arthritic ankle, muscle weakness. B/L recommended. (L1940, L2820)

Functional Data: Polypropylene shell-trimmed posterior to malleoli, balanced functional orthotic footplate, entire device wrapped in polyester, plastazote interface with padded tongue, increased arch support, intrinsic heel posting. Foot plate anchors forefoot for extra stability. *Cast must be mid-calf.*

FPO



Vertibrace Supra Maleolar Orthosis

(pictured with plastic rearfoot post)

Indications: Flexible or rigid supination or pronation, mild ankle instability. (L1907, L2820)

Functional Data: Limits ankle motion, allows smooth contact phase of gait, superior forefoot and rearfoot control, polypropylene shell trimline superior to ankle. *Cast can be ankle-high.*

- Rearfoot post: Plastic Rubber
- Increase height: Medial wall Lateral wall
- Cut out malleoli: Medial Lateral B/L

SMO



Vertibrace Gauntlet

(inset: open heel gauntlet)

Indications: Mild to severe drop foot with stable knee and ankle stability, charcot arthropathy. (L1960, L2320, L2820, L2275)

Functional Data: Polypropylene shell-trimmed posterior to malleoli, balanced functional orthotic footplate wrapped in top-hide glove leather, soft padded interface. *Cast can be ankle-high*) Vertibrace gauntlet specifications must be filled out on last page.



Vertibrace Crow Bivalve AFO

Indications: Charcot fractures, severe sprains, diabetic foot, post-op and ankle immobilization, bunion surgery, edema. (L1960, L2232, L2330, L2820, L2275)

*Additional modifications L2350, prosthetic type, PTB molded to patient model (cast must be over condyles). Call lab to discuss options.

Functional Data: Solid polypropylene ankle boot, mid-calf height, pretibial shell, soft interface, rocker bottom, balanced functional orthotic footplate. *Cast must be mid-calf.*

- Open toe Closed toe
 - Perforated airtation holes
- Interface: Plastazote Aliplast

CROW WALKER



Vertibrace Dynamic AFO

(pictured with rubber rearfoot post)

Indications: Excessive plantar flexion, toe walking, hyperextension at the knee, mild to severe ankle instability, mild to severe drop foot. (L1960, L2820)

Functional Data: Superior ankle motion control, polypropylene shell, trimline to mid-calf. Ankle motion availability same as all vertibrace pivot action. *Cast must be mid-calf.*

- AFO design: Trimmed posterior to malleoli
 Trimmed to mid-malleoli

Substitute articulating ankle joint:

- Free motion (L1970, L2820)
- Restricted motion (L1970, L2820)
- Dorsi assist (L1970, L2820, L2210 x 2)
- Tamarack variable ROM (L1970, L2820, L2210 x 2)

Standard Configurations Are Shown Below -- Customize Vertibrace On Last Page

VERTIBRACE PIVOT ACTION



Free Motion

Indications: Mild ankle instability, posterior tibial tendon dysfunction. (L1970, L2820, L2275)

Functional Data: Full flexion ankle hinge pivot, polypropylene uprights, balanced orthotic plate with rearfoot post.

Custom one piece upright with calf cuff* (standard)
Cast must be mid-calf
 Adjust for tibial Varum Valgum (see measurements on front page)



Restricted Motion

Indications: Ankle DJD & STJ, tarsal coalition, mild charcot, lateral ankle instability, peroneal tendinopathy, drop foot. (L1970, L2820, L2275)

Functional data: Limits ankle motion, allows smooth contact phase of gait. Polypropylene uprights and balanced orthotic plate with rearfoot post.

Standard fixed at 90° upright to footplate relationship:

Dorsiflexion ___ ° Plantarflexion ___ °

Custom one piece upright with calf cuff* (standard)
Cast must be mid-calf
 Adjust for tibial Varum Valgum (see measurements on front page)



Dorsi Assist

Indications: Drop foot with ankle dorsi flexion to at least 90° to leg, stable knee. (L1970, L2820, L2275, L2210 x 2)

Functional Data: Full flexion silicone pivot hinges with 17° foot-to-leg relationship, polypropylene uprights, balanced orthotic plate with rearfoot post.

Custom one piece upright with calf cuff* (standard)
Cast must be mid-calf
 Adjust for tibial Varum Valgum (see measurements on front page)



Limited Motion (pictured with calf cuff)

Indications: Ankle DJD & STJ, tarsal coalition, mild charcot, ankle instability, peroneal tendinopathy. (L1970, L2820, L2275, L2210 x 2)

Functional Data: Limited flexion silicone pivot hinges with 90° foot-to-leg relationship, polypropylene uprights, balanced orthotic plate with rearfoot post.

Limited motion lap joint:

Dorsiflexion ___ ° Plantarflexion ___ °

Custom one piece upright with calf cuff* (standard)
Cast must be mid-calf
 Adjust for tibial Varum Valgum (see measurements on front page)



Tamarak ROM (pictured in white)

Indications: Ankle DJD & STJ, tarsal coalition, mild charcot, lateral ankle instability, peroneal tendinopathy. Can provide flexion / extension knee stability. (L1970, L2820, L2275, L2210 x 2)

Functional Data: Adjustable dorsiflexion and plantarflexion, adjustable dial-in setting (Allen key supplied), polypropylene uprights, balanced orthotic plate with rearfoot post.

Custom one piece upright with calf cuff* (standard)
Cast must be mid-calf
 Adjust for tibial Varum Valgum (see measurements on front page)



Calf Cuff* (please select brace style)

Indications: Stabilizes medial and lateral uprights, integrated one piece calf design provides intimate fit for greater control in transverse plane.

Functional Data: One piece custom vacuum formed upright. Increases medial and lateral stability of the ankle joint, reduces pressure on the skin.

Standard on all articulated braces except vertibrace free motion. *Custom upright to patient model only. Cast must be mid-calf.*

- *SUBSTITUTE CALF CUFF ON UPRIGHT
- *SELECT BRACE STYLE