Pedorthic Patient Assessment and Formulation of Treatment Plan

Pedorthic Assessment

Pedorthic Assessment and Treatment Plan

- What?
- So what?
- Now what?

Review Prescription

- Prescriptions may be quite specific or rather vague.
- If the physician knows precisely what she wants and has written the prescription in a detailed and clear manner, your task is made appreciably easier.
- You may receive orders that read simply, “Foot orthotics” or “Eval and Treat”. These prescriptions can be a challenge for inexperienced pedorthists.
- Contact the referring physician for clarification if you are unclear about anything the prescription does or does not include.

Review Physician's Notes

- If you have them available to you, it is advisable to review relevant physician's office notes before formulating treatment plan.
- Patients may bring notes with them, especially if they've been dealing with a chronic foot issue.
- In other cases, such as providing shoes for Medicare beneficiaries with diabetes, your clerical team may have already procured the physician's notes prior to the patient's pedorthic evaluation appointment.

Patient History

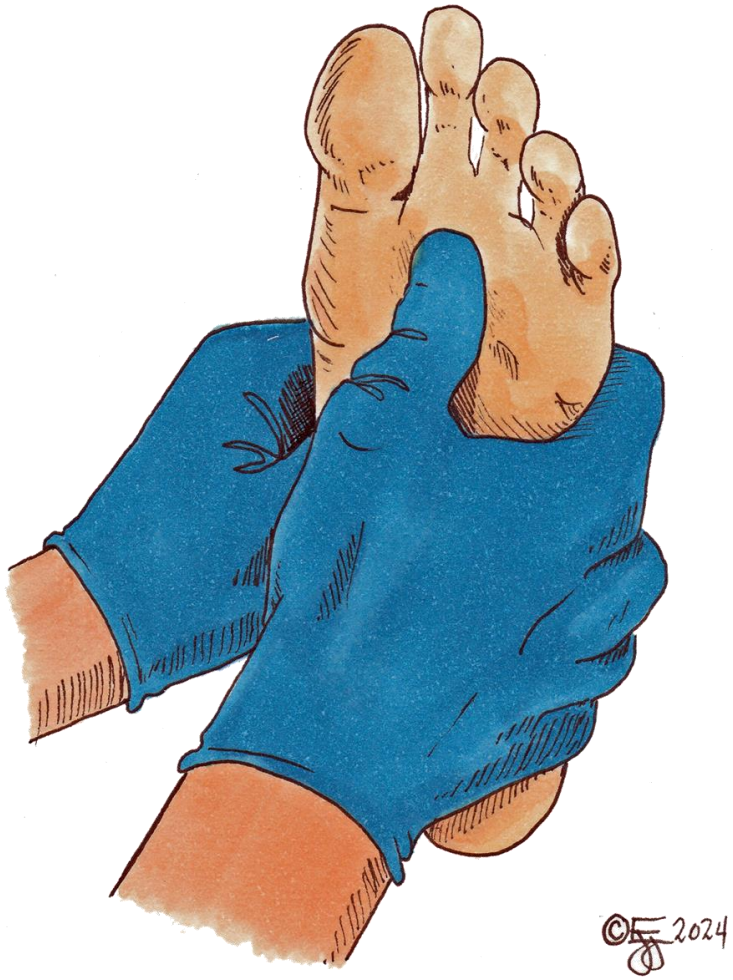
- Age – Needs and physical abilities vary greatly according to age.
- Weight – Heavier patients will require stronger, more durable and supportive materials in their pedorthic devices than lighter patients will.
- Gender – Sizing is different for men's and women's shoes. There are unisex shoe options available, as well.
- Occupation and leisure activities – Patient may need sport-specific shoes or may have occupational requirements like a safety toe, non-slip outsole or a specific color.
- Social/living arrangements and dependency – Is the patient able to don and doff the pedorthic devices independently or do they need assistance? Is assistance readily available if necessary?
- Mobility – Is patient able to ambulate safely and independently or do they require assistive devices? This may influence or limit what devices you decide to use.

Foot Health History

- History of current complaint
  - Presentation, location, onset, duration
  - Aggravating/exacerbating factors and relieving factors
  - Is it reproducible?
- Overall foot health history
  - Past surgeries, injuries, etc.
  - History of ulcers, Charcot or amputations
- Relevant medical history
  - Systemic concerns such as diabetes, rheumatoid arthritis, CMT, etc.
- Orthotic history
  - What's worked and what's failed
  - Compare and contrast with prescribed items (and/or what you're considering for the patient if Rx is open-ended)
- Preferred/required footwear

Location of Pain

- Locate/palpate and notate spot(s) of most pain.
- If you are unable to reproduce pain, ask patient if they are able to do so.
- In regard to *pain relief*, it is accurate to say that pedorthic devices are most effective when treating mechanical pain – that is, musculoskeletal pain like overload, excessive stresses on joints, high pressure areas, arthritis, inflammation, tendinitis, etc.
- The efficacy of pedorthic devices to resolve pain due to nerve issues or conditions like fibromyalgia that are not well understood is much less predictable.



Gait Analysis

- If patient is able and it is safe to do so.
- Ideally, gait analysis is done shod and again barefoot.
- The pedorthist should observe patient walking toward and away from them.
- Although the feet are the specific focus, mechanics of the while body should be taken into account to observe conditions such as a limb length discrepancy.
- Consider using a “Pedograph” or Harris Mat floor reaction imprinter to gauge what is happening pressure-wise on the plantar surface of the foot during gait.

Gait Analysis

- A note on gait analysis…
- Performing a truly objective gait analysis is an elusive accomplishment. When people know they are being observed in gait, it is common for them to either attempt to hide or minimize their condition or do just the opposite – which is to say that they may exaggerate their gait issue (genuine or perceived, as it may be).
- Your best opportunity – albeit brief - to observe them without the above-mentioned influence may be as you follow them as they are walking from your waiting room to the exam room.

Gait Analysis

- Pelvis/Hips – The pelvis should rise and fall symmetrically. An unusual rise in one over the other can be indicative of a leg length discrepancy (a similar observation in the shoulders can also be a sign of LLD). This can also be an indicator of anterior tibial muscle weakness. In the case of foot drop, you will observe the patient hiking up the knee and hip on the affected side in order to clear the foot during swing phase.
- Knees – Knee should be observed for excessive varus motion or positioning (*genu varum*), excessive valgus motion or positioning (*genu valgum*) or hyperextension (*genu recurvatum*).
  - Genu varum places additional stress on the peroneal tendons and the lateral border of the foot.
  - Genu valgum stresses the posterior tibial tendon and creates pressure on the medial aspect pf the foot and ankle.
  - Genu recurvatum is a sign of weak quadriceps and can make it difficult for the patient to climb hills or ascend stairs and may influence your treatment plan.

Gait Analysis

- Ankle:

  Ankle moves from plantarflexion during loading and pre-swing into dorsiflexion during mid- and terminal stance. The ability of the ankle to allow the heel to rise during terminal stance is critical to forward advancement of the body. The inability to perform these motions may require intervention in the form of rocker soles or bracing.

- Foot:

  In normal gait mechanics, the heel moves from a varus position into valgus upon heel strike. This varus-to-valgus motion should end at midstance. The subtalar joint, which has allowed this motion to occur, begins to reverse itself into inversion through the terminal stance phase of gait. In the midfoot area, mild subluxation should occur following forefoot contact, and contraction should occur with heel rise

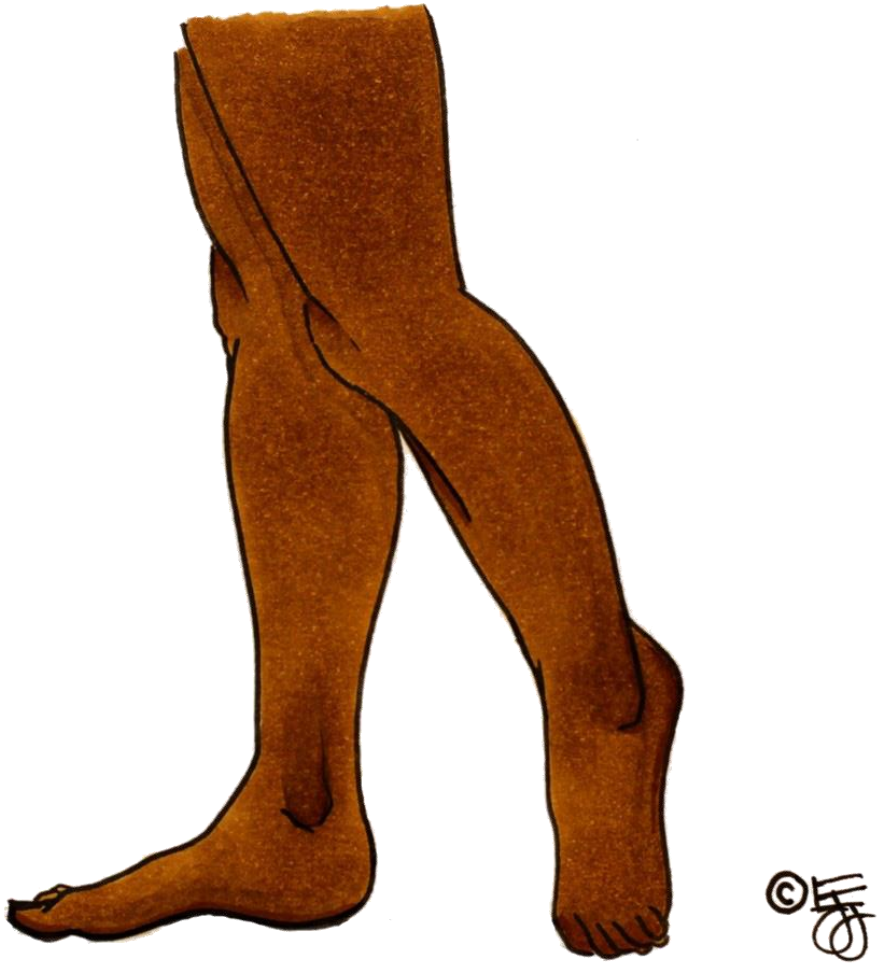
  Forefoot movement takes place during the midstance period of the gait cycle. Most people contact the ground with the fifth metatarsal, with subsequent movement of force across the metatarsal heads to the first metatarsal. The toes are dorsiflexed before forefoot contact. After forefoot contact, the toes move into a neutral position during midstance. They remain in this position before push-off, while the metatarsal shafts move to a superior position during toe-off. As the foot enters the swing phase of gait, the toes move into a slightly dorsiflexed alignment with the metatarsal shafts. This positioning continues through mid-swing phase. Just before heel contact, the dorsiflexion angle is increased again.

  During the swing phase of gait. which begins at toe-off, the foot is in a plantarflexed position. As the tibia advances, the foot begins to move into dorsiflexion to a point slightly below neutral at mid swing. Since the toe extensors are active at this point, the toes are dorsiflexed. As the foot enters the last part of the swing phase, it moves to a neutral position in anticipation of heel strike. There is also movement in the transverse plane through the subtalar joint, midtarsal joints, and forefoot region during the swing phase. In the transverse plane, the calcaneus moves to a neutral position until it reaches the last 20% of the swing phase - when it moves into an inverted position.

  Midtarsal motion has been noted but not measured in this plane. In this plane, the forefoot is in a neutral position until terminal swing when the forefoot moves into slight supination.

Gait Analysis

- Common (and easily observable) gait deviations
  - Steppage gait
    - Patient hikes leg up to clear foot during swing phase
    - Common after a stroke or head injury
    - Peroneal nerve injury
    - Charcot-Marie-Tooth disease
  - Shuffling gait
    - Balance or proprioception issues
  - Limb length discrepancy
    - One hip and shoulder will dip down with each cycle
  - Antalgic/avoidance gait
    - Patient alters gait to avoid painful motion or pressure; “limping”
  - Ankle instability
    - Ankle wants to roll – usually laterally
  - Excessive pronation or supination
  - Use of walking aid like a cane or walker



Worn Shoe Inspection

- *Why* are they wearing their current shoe style?
  - Comfort
  - Stability
  - Safety
  - Functional features like ability to accommodate AFO
  - Style
- Inspect shoes inside and out
  - Pull out inlays – check for adequate length, pressure spots
  - Check for tears in lining
  - Broken eyelets
  - Broken down counter
  - Deformation of upper
  - Excessive compression of midsole
  - Abnormal wear pattern on outsole
    - Normal wear pattern pictured to right

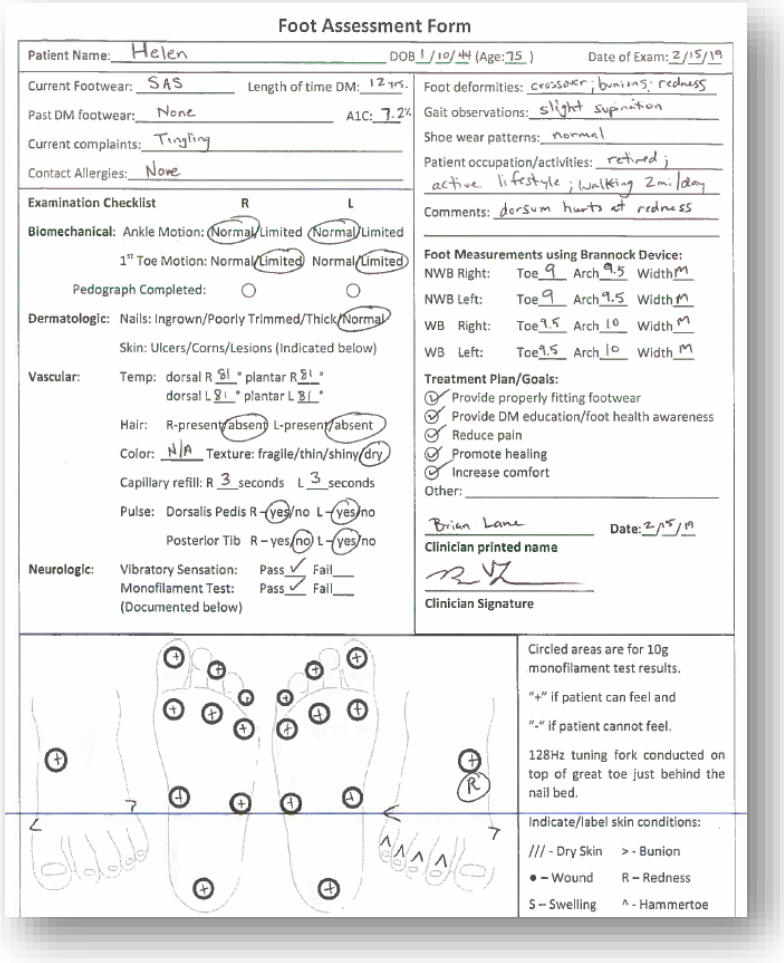
Physical Exam of the Foot and Ankle

- Visual inspection
- Protective sensation
- Circulation
- Biomechanical Exam

Foot Inspection

Inspecting the foot to check and note any abnormalities.

- Deformities
- Edema
- Redness
- Blisters, calluses or ulcers
- Fungal nails
- Surgical scars



Foot Assessment Form

Patient Name: Helen DOB 1/10/44 (Age: 75) Date of Exam: 2/15/19

Current Footwear: SAS Length of time DM: 12 yrs.

Past DM footwear: None A1C: 7.2%

Current complaints: Tingling

Contact Allergies: None

Examination Checklist R L

Biomechanical: Ankle Motion: (Normal)/Limited (Normal)/Limited

1st Toe Motion: Normal/(Limited) Normal/(Limited)

Pedograph Completed: ○ ○

Dermatologic: Nails: Ingrown/Poorly Trimmed/Thick/(Normal)

Skin: Ulcers/Corns/Lesions (Indicated below)

Vascular: Temp: dorsal R 81° plantar R 81°
dorsal L 81° plantar L 81°

Hair: R-present/(absent) L-present/(absent)

Color: N/A Texture: fragile/thin/shiny/(dry)

Capillary refill: R 3 seconds L 3 seconds

Pulse: Dorsalis Pedis R – (yes)/no L – (yes)/no

Posterior Tib R – yes/(no) L – (yes)/no

Neurologic: Vibratory Sensation: Pass ✓ Fail ___
Monofilament Test: Pass ✓ Fail ___
(Documented below)

Foot deformities: crossover; bunions; redness

Gait observations: slight supination

Shoe wear patterns: normal

Patient occupation/activities: retired; active lifestyle; walking 2mi/day

Comments: dorsum hurts at redness

Foot Measurements using Brannock Device:

NWB Right: Toe 9 Arch 9.5 Width M

NWB Left: Toe 9 Arch 9.5 Width M

WB Right: Toe 9.5 Arch 10 Width M

WB Left: Toe 9.5 Arch 10 Width M

Treatment Plan/Goals:

- ✓ Provide properly fitting footwear
- ✓ Provide DM education/foot health awareness
- ✓ Reduce pain
- ✓ Promote healing
- ✓ Increase comfort

Other: ___

Brian Lane Date: 2/15/19

Clinician printed name

Clinician Signature

Circled areas are for 10g monofilament test results.

"+" if patient can feel and

"-" if patient cannot feel.

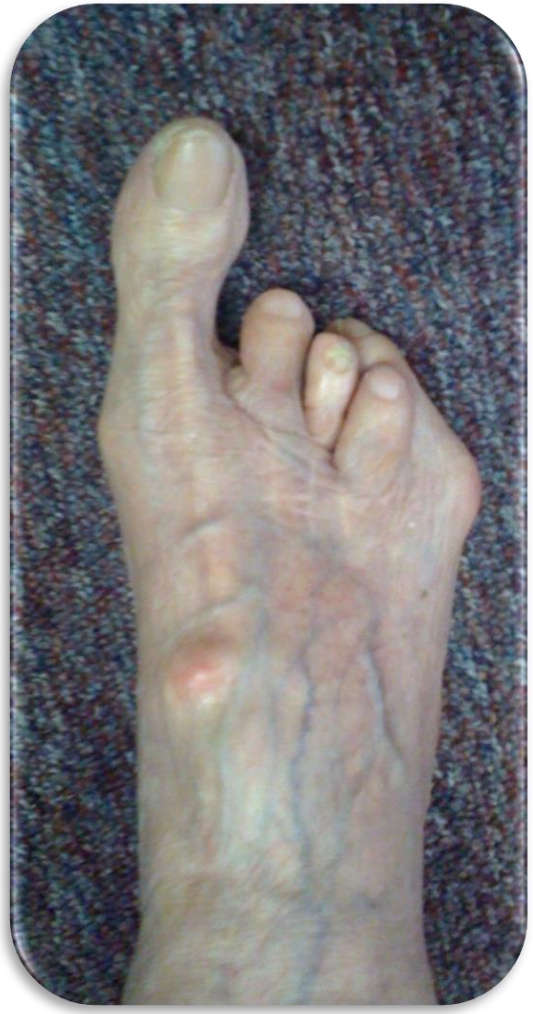
128Hz tuning fork conducted on top of great toe just behind the nail bed.

Indicate/label skin conditions:

/// - Dry Skin > - Bunion

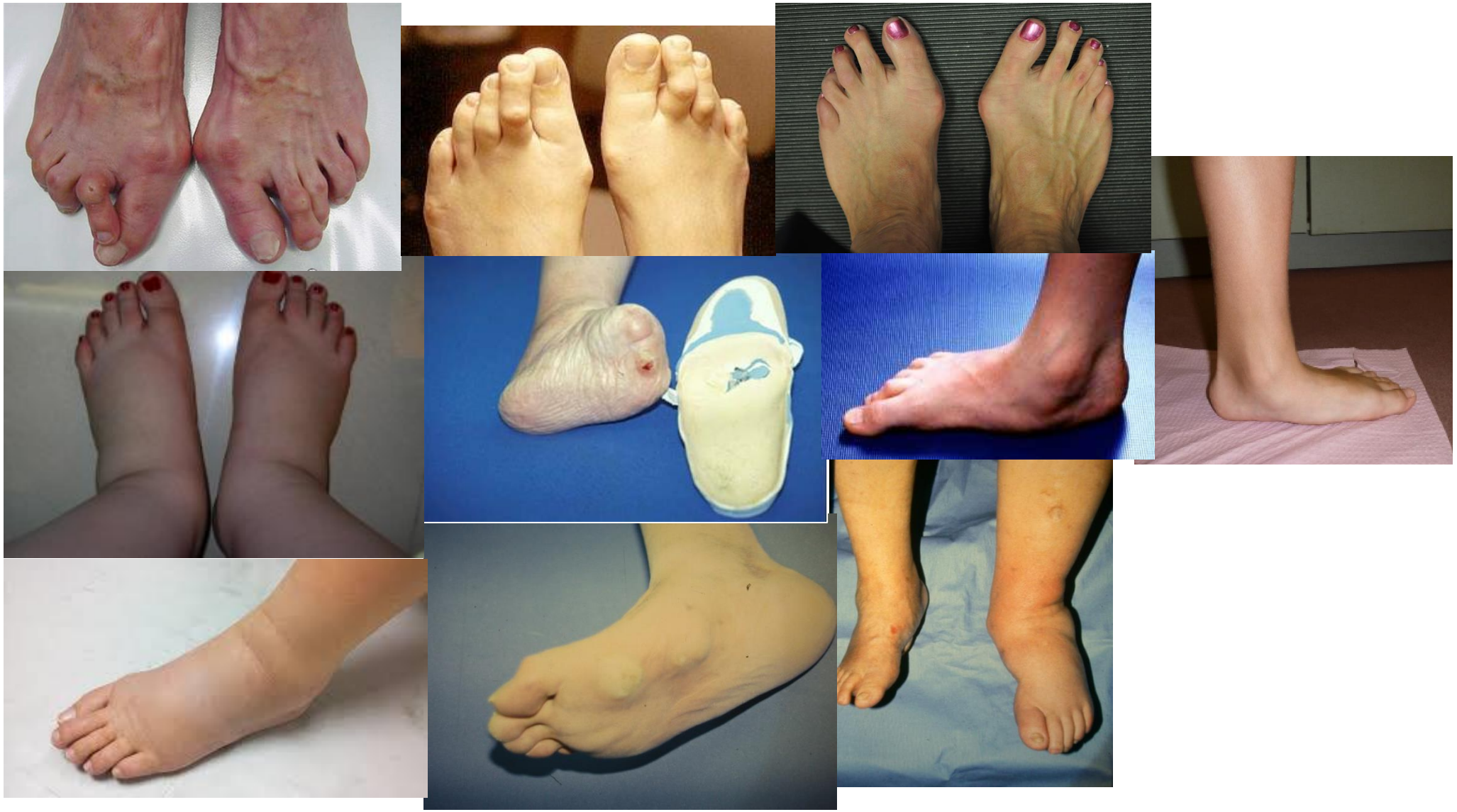
● – Wound R – Redness

S – Swelling ^ - Hammertoe



Photographs (optional)

Capture image of patient's foot to document abnormalities.

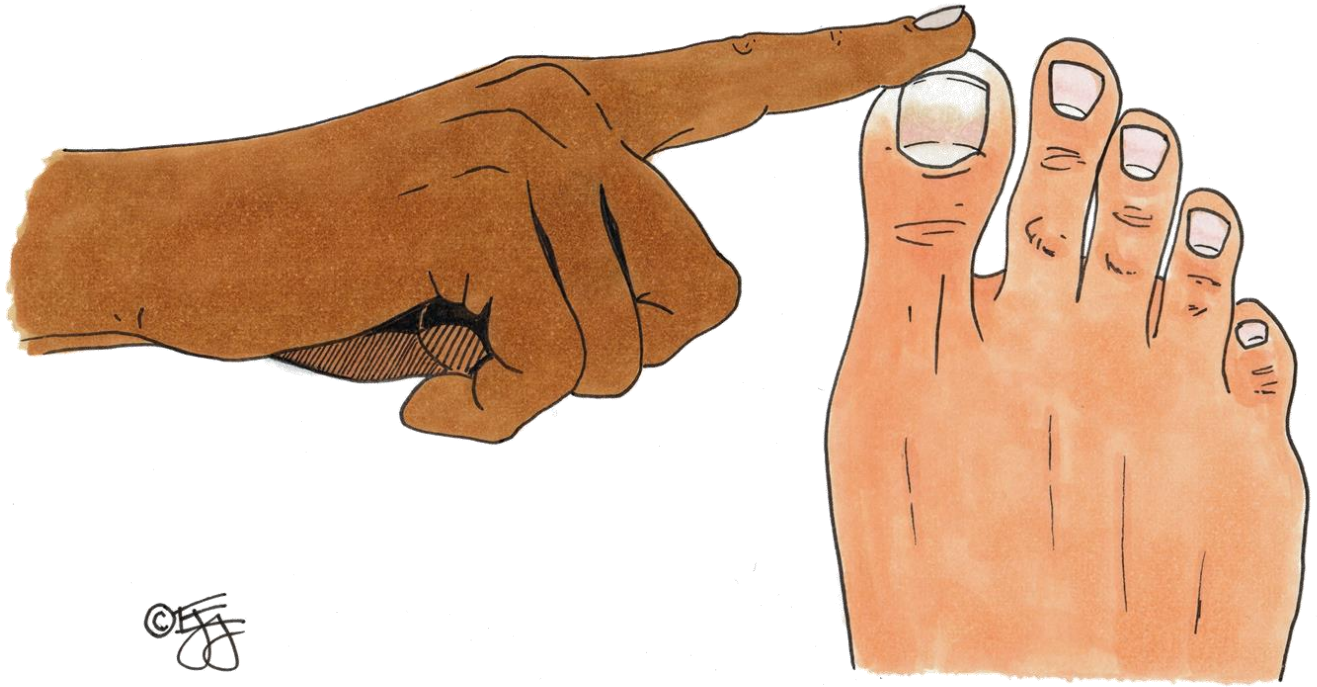


Vascular Assessments

Pedal pulses
Digital hair growth
Capillary refill test
Temperature
Color and texture

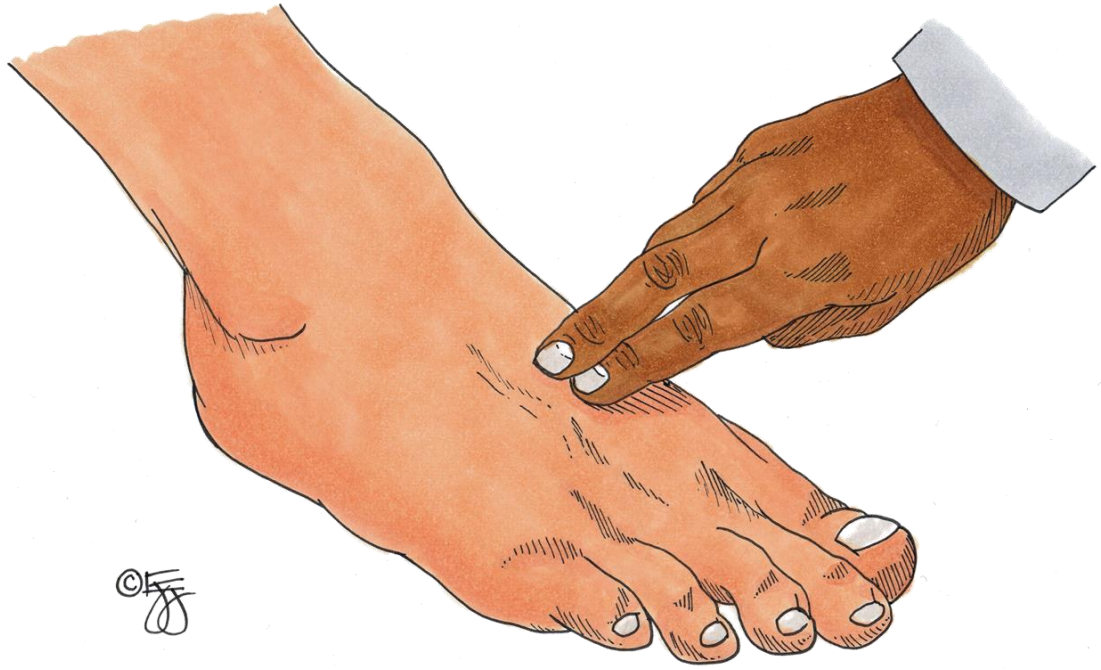
Capillary Refill Test

Capillary refill is the rate at which blood refills empty capillaries. The test is taken by pressing on the distal tip of the toe and noting how long it takes the color to return once released. Normal return is 2-3 seconds.



Pedal Pulses

The **dorsalis pedis artery** can be found halfway down the dorsum of the foot on the bony area in the line between the first and second toes. The bones you can feel are the dorsal aspect of the navicular and the intermediate cuneiform bones. The pulse is palpated where the artery passes over this area.

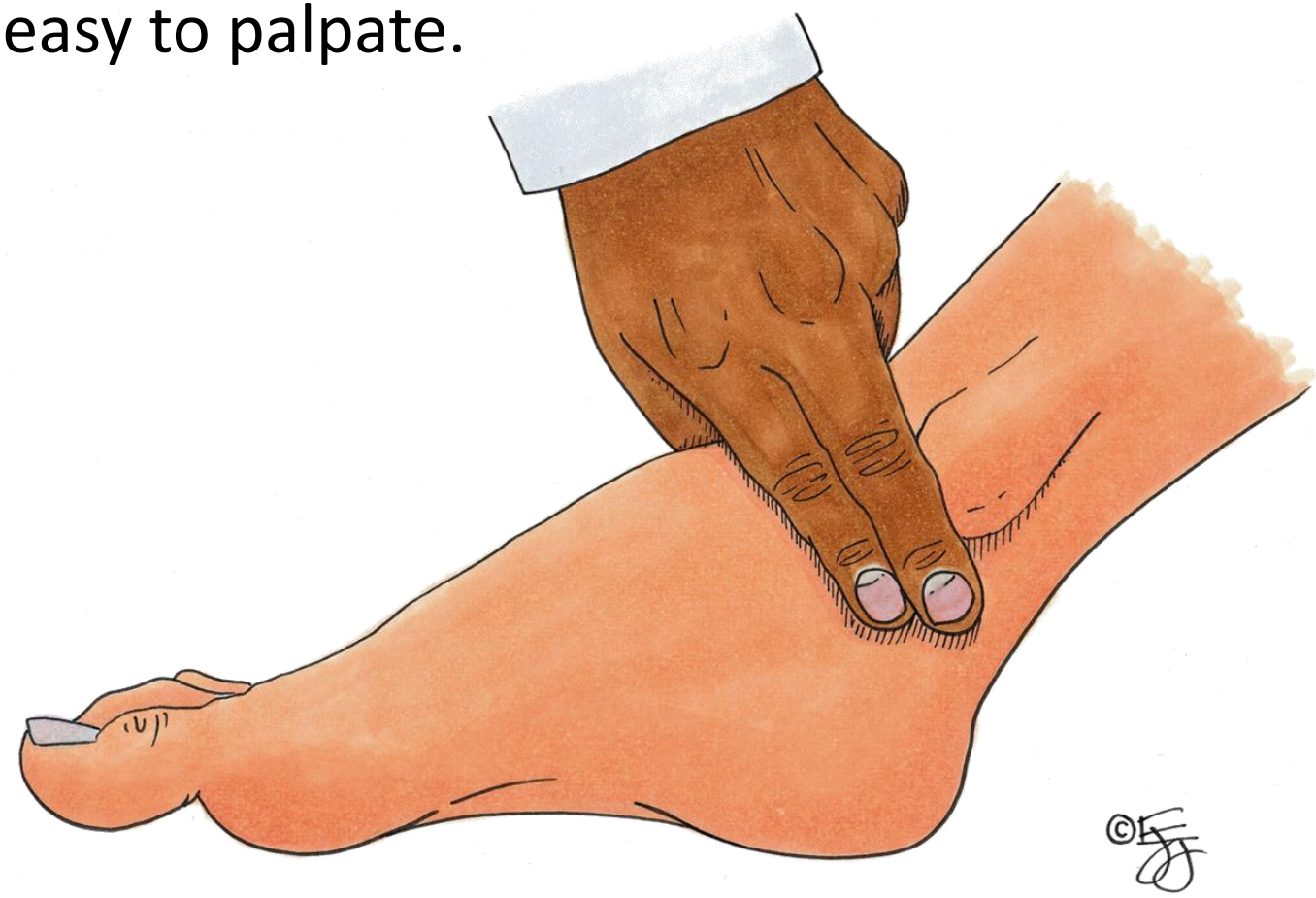


Presence or absence of pulse should be noted.

Pedal Pulses

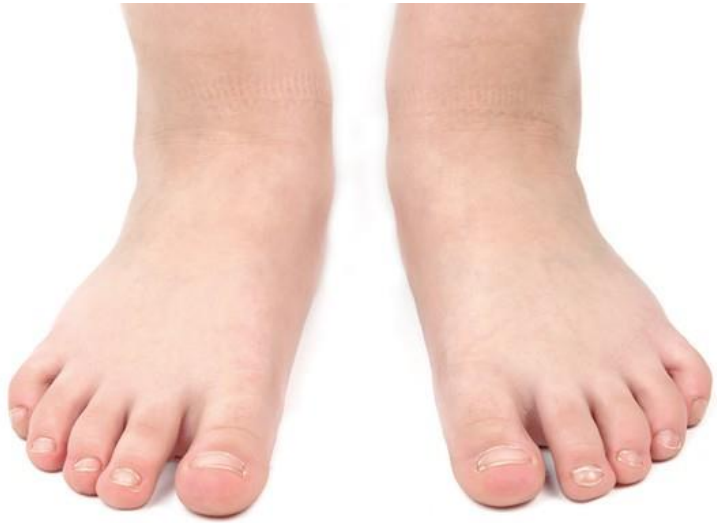
Located 2-3 cm below the medial malleolus, the **posterior tibial artery** can be palpated. This artery lies slightly deeper than the dorsalis pedis and therefore may not be as easy to palpate.

Presence or absence of pulse should be noted.



Digital Hair Growth

Lack of digital hair growth may indicate loss or lack of circulation.



Take Temperature

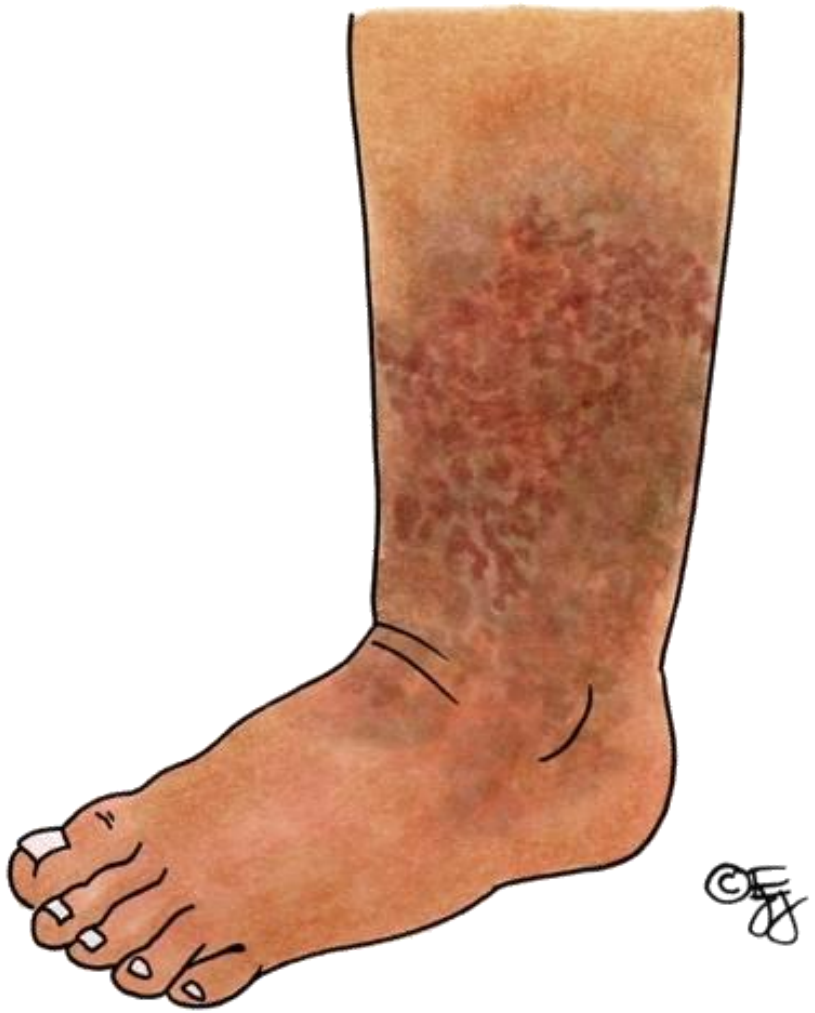
Take the temperature on both the plantar and dorsum of the foot.

A pre-ulcerative temperature may be increased by 4°-5°, so note significant differences in the 2 feet. A neuropathic patient may have temperatures above 86° Fahrenheit.

Increased temperature also may indicate a fracture, infection, or Charcot.

Color and Texture

Observing the color and texture of the patients' feet may also indicate vascular concerns.



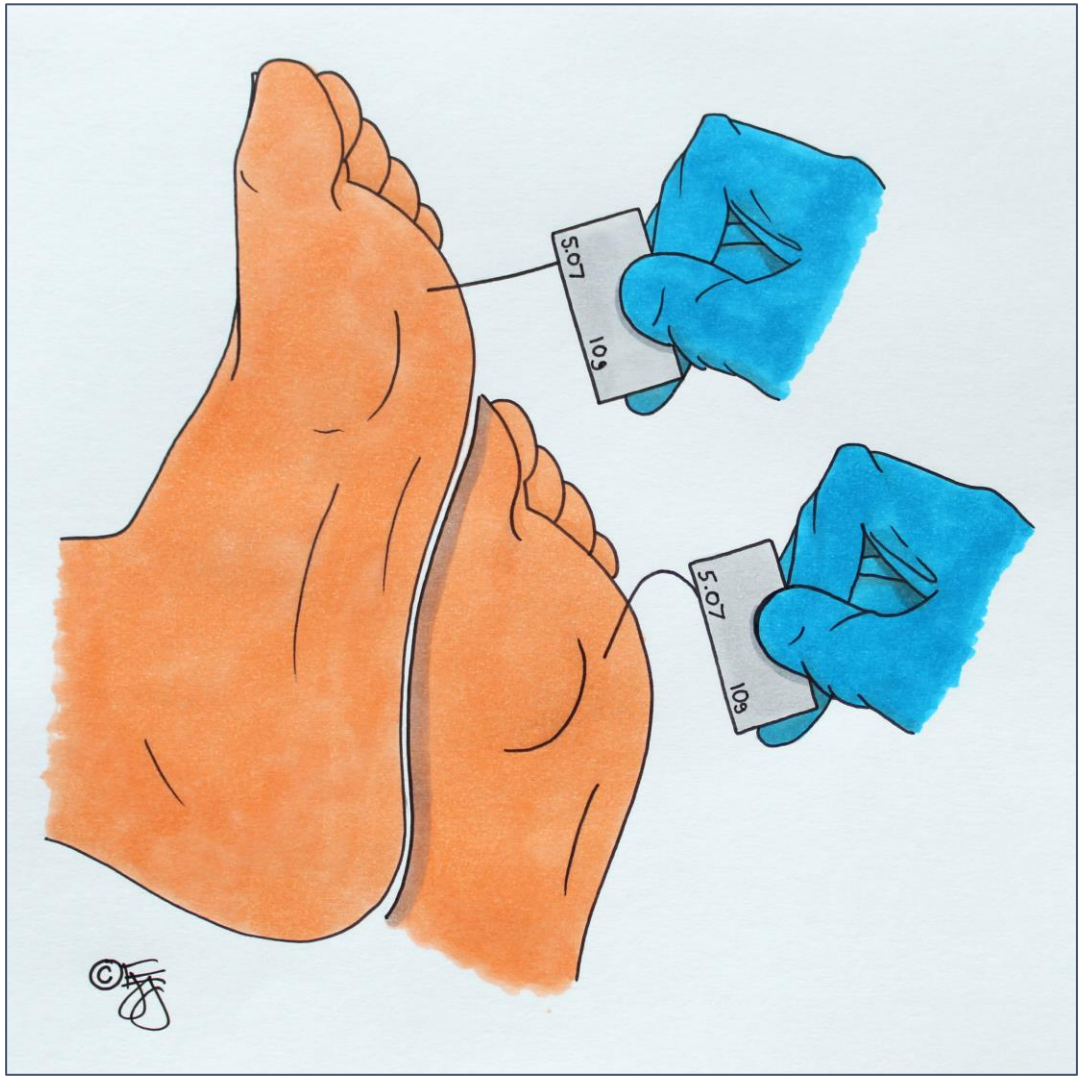
Neurologic Assessments

Vibratory Sensation
Monofilament

Semmes Weinstein Monofilament

The monofilament produces 10 grams of force when bowed into a “C” as pictured.

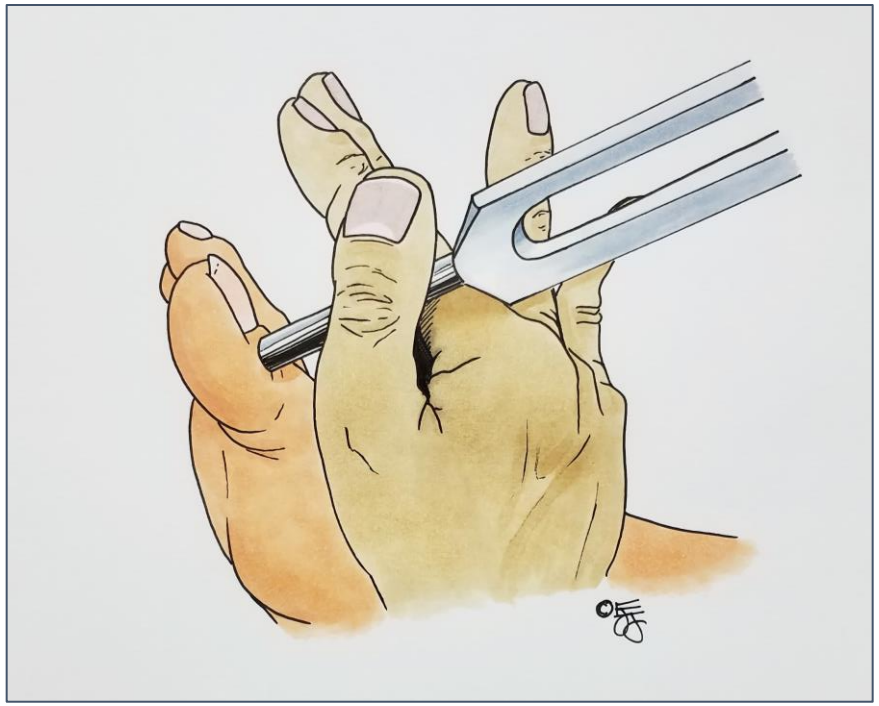
If the patient cannot detect this pressure, they are considered to have a loss of protective sensation (LOPS).



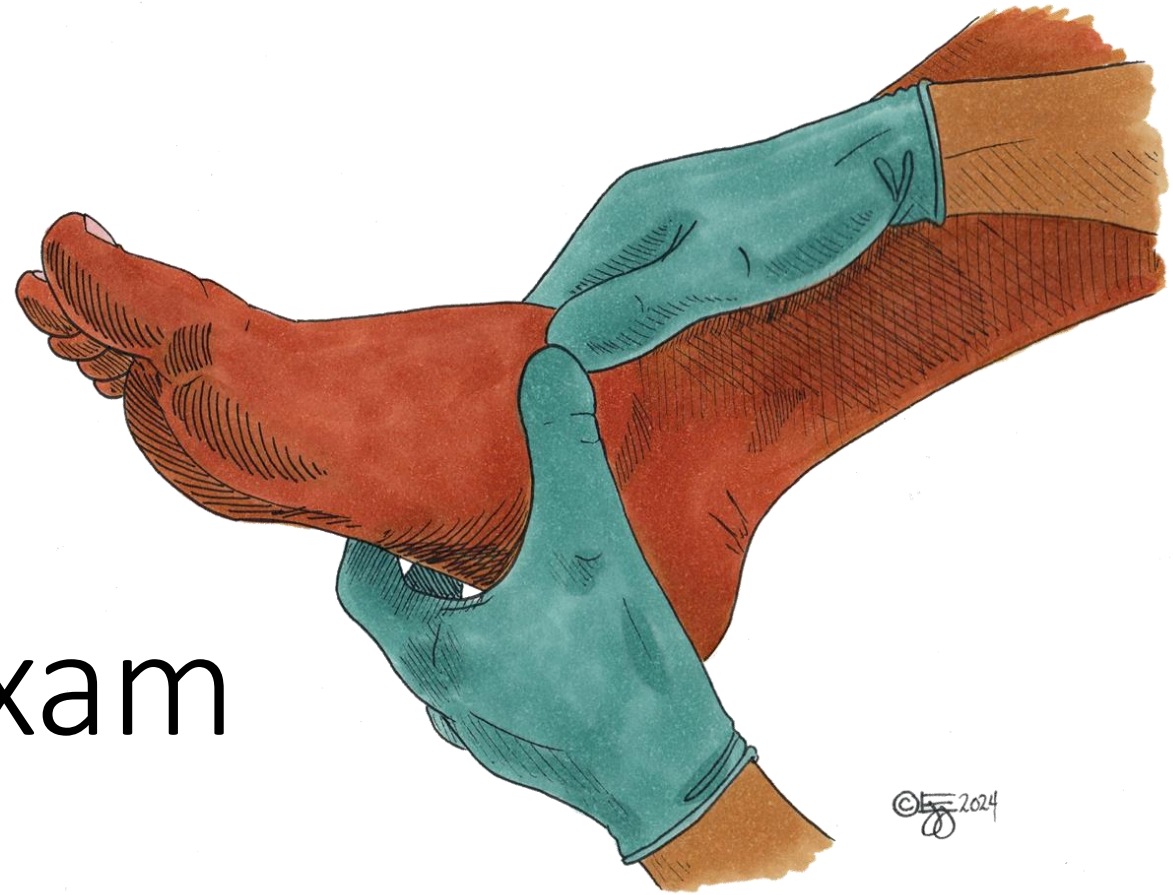
Tuning Fork

Using the 128-Hz tuning fork, gripping by the stem (not the prongs), strike the fixed weights against a firm surface and test at the dorsum of the great toe proximal to the nail bed.

Presence or absence of patient's ability to sense vibration should be noted.



Biomechanical Exam



Terminology

- **Neutral Foot** - Time sequences of shock absorption, adaptation, stance, and propulsion take place at the correct time. All around good foot type.
- **Forefoot Varus** - This foot spends too much time in the shock-absorbing phase and converts to propulsion late. Symptoms include superficial knee pain, shin pains, Achilles tendonitis, iliotibial band pain, plantar fasciitis, low back pain, etc. **Orthotic treatments include orthotics that essentially bring the ground up to the forefoot via forefoot posting.**
- **Rearfoot Varus** - This foot functions the same as Forefoot Varus when found with a Forefoot Varus. However, it functions like a Valgus foot when found with a Valgus Foot. **Orthotic treatment is with an orthotic with rearfoot control.**
- **Rigid Forefoot Valgus** - This foot prematurely converts to propulsion at a time when it should still be absorbing shock. Symptoms include a tendency to ankle sprains, an unsure gait, every foot pain imaginable, leg muscle problems, stress fractures, etc. **Orthotic treatment includes an orthotic that uses a wedge (posting) to bring the ground up to the foot**. Very rare foot type.
- **Flexible or Plantar Flexed First Metatarsal** - This is the hardest foot type to classify. It is capable of functioning like a Forefoot Varus, Rearfoot Varus, and in some cases, like a Rigid Valgus, but not as severe. Symptoms include everything…including sciatica. **Orthotic treatment is with orthotics to put the forefoot in neutral.**
- **Equinus** - Equinus foot has the inability to place the foot 10 degrees closer to the shin as the center of gravity passes over the ankle. Symptoms are a foot that spends too much time in the shock-absorbing phase and little or no conversion to propulsion. Uncompensated, it is the worst running imbalance to treat. Stretching and heel lifts help most people but not all. (Sagittal plane disorder)

(Adapted from physio-pedia.com)

Subtalar Joint Neutral

- STJN is the position in which the foot is neither pronated nor supinated. It acts as a reference point for STJ passive range of motion and for lower extremity measurements. It is also the position which is widely referenced for orthosis fabrication and casting.
- STJN is not an exact science, and despite great importance placed on the concept as it relates to foot function, is has never been well-defined.
- To find STJN, the talus is palpated between the thumb and index finger, and the forefoot is moved gently into supination-pronation to the point where the medial and lateral aspect of the talar head are palpated equally on both sides – neither is more prominent than the other. The foot is then moved into slight dorsiflexion until a soft end-feel. This is STJN position

Navicular Drop Test

- The navicular drop test is a measure to evaluate the function of the medial longitudinal arch, which is important for the examination of patients with overuse injuries.
- Studies show report conflicting results with regard to differences in navicular drop between healthy and injured participants, though.
- Normal values have not yet been established as foot length, age, gender, and BMI may influence the navicular drop. In fact, Langley et al[1] report that it is not an acceptable measure for characterizing the foot.

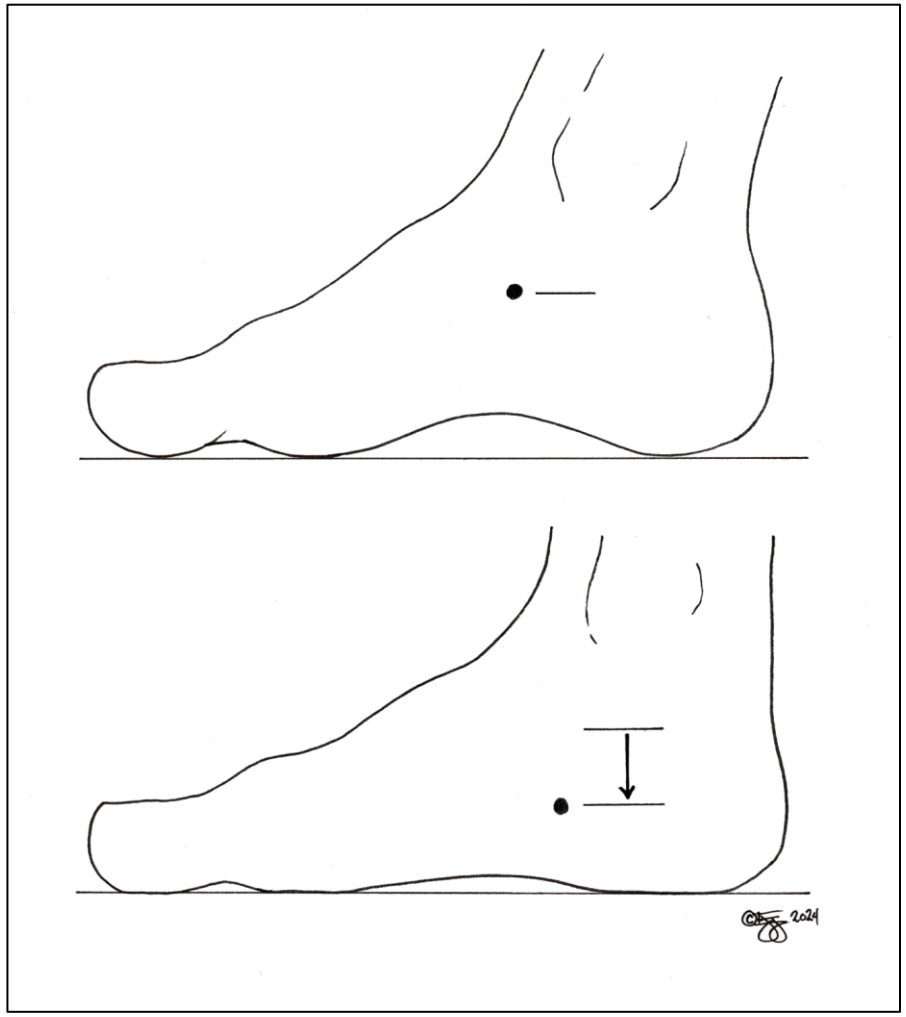
1. Langley B, Cramp M, Morrison SC. Clinical measures of static foot posture do not agree. Journal of Foot and Ankle Research. 2016 Dec 1;9(1):45.

Navicular Drop Test

- A navicular drop (displacement) of approximately 6mm is considered normal.
  - Supinated foot = < 5mm ND
  - Neutral foot = 5-9mm ND
  - Pronated foot = >9mm ND
- In has been theorized that the navicular drop test could help identify individuals who would benefit from use of foot orthoses.
- It should also be noted that despite its relatively widespread use (being simple and quick clinical measure), it lacks normative data from a large cohort of healthy individuals and conflicting opinions have been expressed on the reliability of the measure. As with any clinical test, the results should be interpreted with caution and informed clinical decisions should be made considering the error associated with each technique. The NDT is only one component of an overall lower extremity evaluation and should be used in conjunction with other techniques.
- Of some interest is the fact that the navicular drops approximately 6mm in a normal foot is why so-called “functional” foot orthoses nearly always show an appreciable gap between the medial longitudinal arch of the foot and the orthosis when it is held up to the plantar surface of the foot.

Navicular Drop Test

- With the patient seated, palpate and mark the most prominent part of the navicular tuberosity.
- Have the patient stand and ask them to allow you to position their foot so that it is in the “neutral weightbearing” position, that is the position in which the head of the talus is prominent on neither the medial or lateral side of the anterior ankle. With a rigid ruler, measure the distance from the mark to the floor.
- Ask the patient to then relax their foot into their typical standing foot posture and measure the distance again.
- The difference in measurements is the amount on navicular drop.

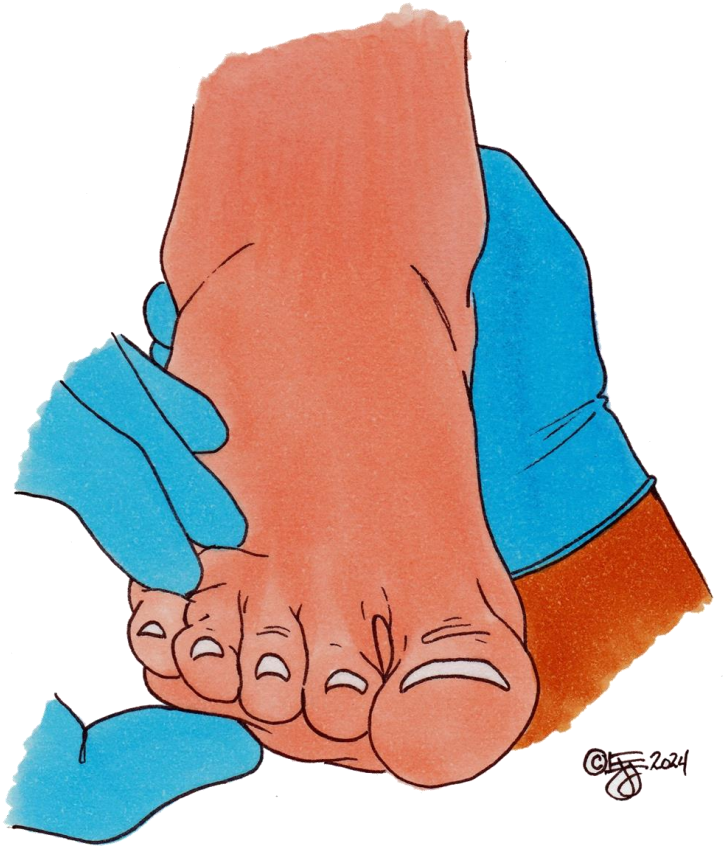


Frontal Plane Mechanics

- Frontal plane foot mechanics are probably best assessed with the patient lying prone with the feet extending past the end of the exam table. External rotation of the leg being examined is eliminated by placing the medial malleolus of the opposite leg over the popliteal space. This tilts the pelvis, thereby internally rotating the extended leg.
  - Root ML, Orien WP, Weed JH, Hughes RJ: Biomechanical Examination of the Foot, Vol 1. Clinical Biomechanics Corporation, Los Angeles, 1971.
- As a practical matter, getting a patient into this position and having them maintain it for the duration of the exam is a) time-consuming, b) difficult for many patients, and c) impossible and/or unsafe for other patients.
- Furthermore, several studies in recent years have raised doubts as to the validity of the Root paradigm.
- Therefore, we will discuss a seated exam. Perhaps not as thorough and considered less than ideal by dedicated disciples of the Root paradigm, it will tell you what you need to know to properly design a foot orthotic for the overwhelming majority of your patients.

Frontal Plane Mechanics - Seated

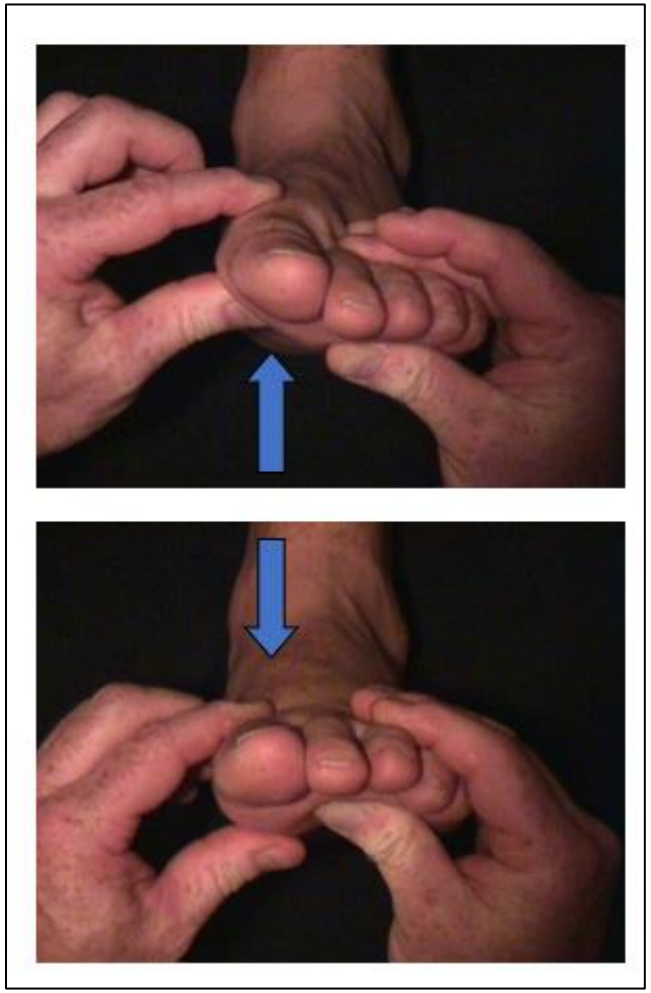
- The foot is placed into a subtalar neutral position – the head of the talus is prominent on neither side – and the pedorthist “locks” this position into place by wrapping one hand around the sides and posterior aspect of the heel and holding it firmly in place.
- With the other hand, the forefoot is gently dorsiflexed by grasping the 5th metatarsal head between the thumb and forefinger. Forefoot frontal plane position can now be visually assessed relative to the axis of the tibia.



- When they’re fixed (rigid), frontal plane alignment deviations often cause secondary compensatory abnormalities in the positioning of the uninvolved section of the foot.
- The most commonly observed patterns are:
  - Fixed forefoot valgus with associated flexible hindfoot varus; presenting as a cavus foot
  - Fixed hindfoot valgus with compensatory forefoot varus; presenting as a planus foot.
- There is a high likelihood of compensatory deformities becoming fixed.

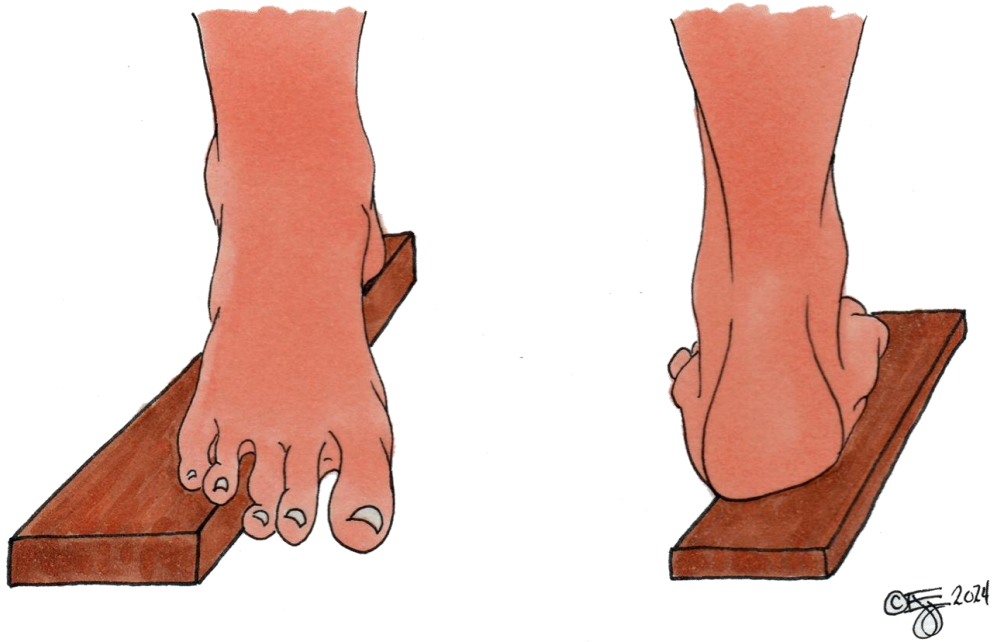
First Ray Exam

- Check for:
  - Positioning
  - Mobility
    - 1st ray hypermobility is considered to be a contributing factor in the development of hallux valgus. Its presence may also influence which corrective surgical procedure should be considered.
  - Length
    - (Morton's toe is actually a short 1st MT, not a long second toe)



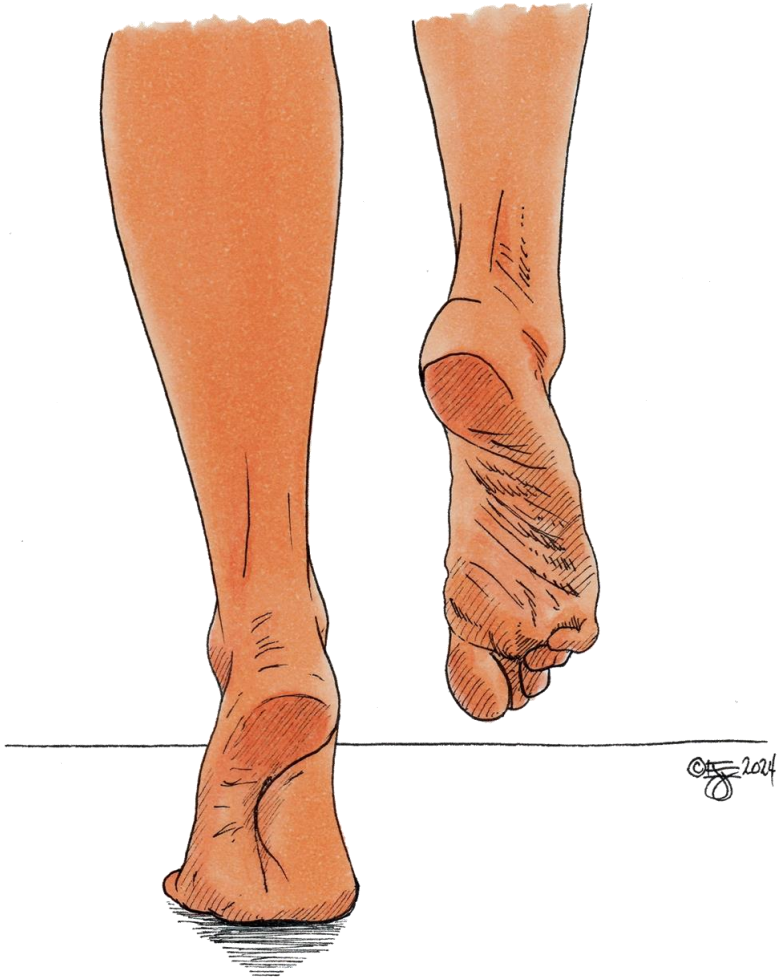
Coleman Block Test

- First described by Coleman and Chestnut in 1977, the Coleman block test is used on patients with a cavovarus foot deformity to determine whether the hindfoot varus deformity is fixed or flexible.
- It helps determine what type of foot orthosis or surgical management is required.
- Technique:
  - The foot is placed on a block high enough to avoid touching the ground when placing the plantarflexed first metatarsal over the block's edge. The medial metatarsals are put off the edge while the rest of the foot remains on the block. This way, the plantarflexed first metatarsal cannot tilt the foot into the varus.
  - If the heel deformity corrects to neutral while weightbearing during this maneuver, the deformity is flexible. *A foot orthosis with aggressive lateral forefoot posting/wedge should be effective.*
  - If the heel deformity does not correct, there is a fixed hindfoot deformity. *The pedorthic approach will be more accommodative, such as a lateral heel flare added to the shoe.*



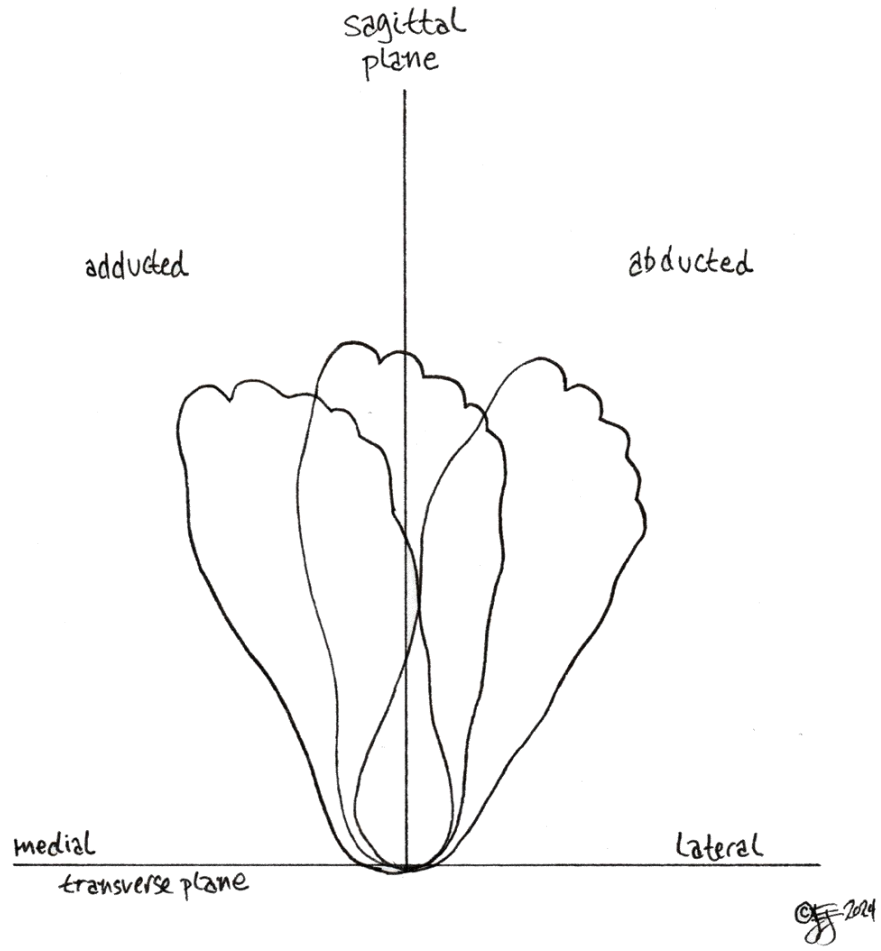
Single Limb Heel Raise Test

- A single-leg heel raise test is used to determine whether the posterior tibial tendon is intact or has become dysfunctional.
- If the patient can stand on one foot and raise the heel up off the ground 3-5 times, this suggests that the posterior tibial tendon is intact and functioning. You should also be able to observe the heel being pulled into inversion as it rises off the ground.
- If the patient is not able to do this – or do it without significant pain - the posterior tibial tendon is likely dysfunctional.



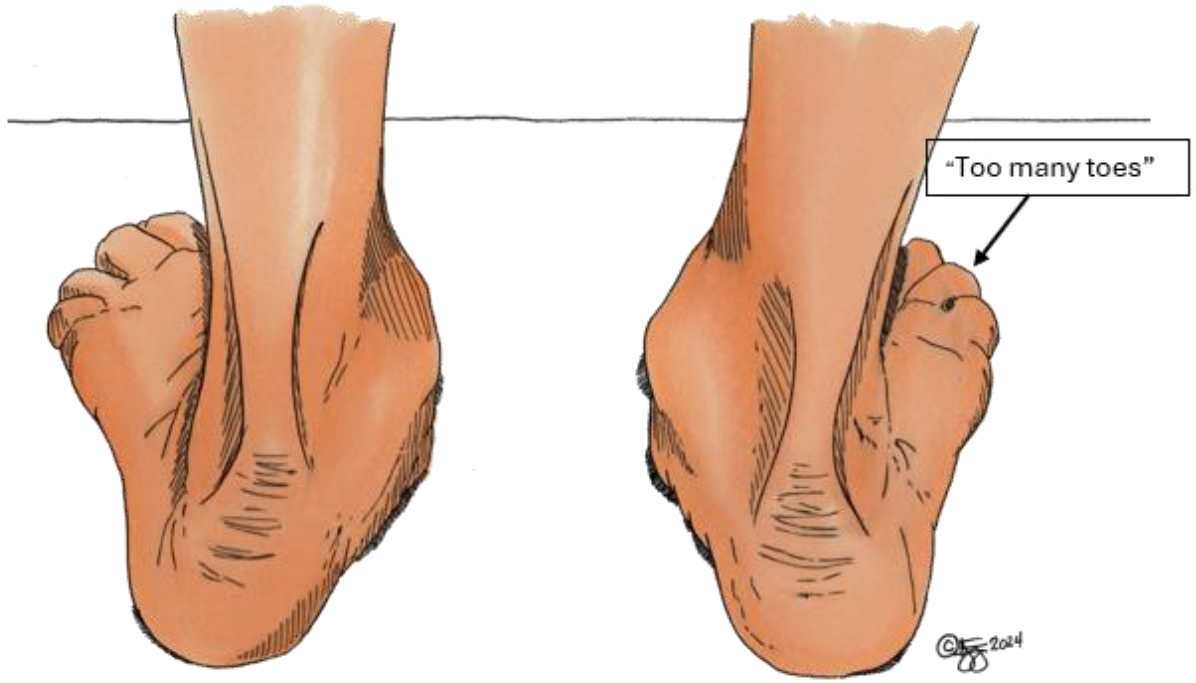
Transverse Plane Disorders

- Abductus: In the transverse plane, the foot, especially noticeable in the forefoot, is positioned away from the centerline of the body. Associated with a pronated – or pes planus – foot position.
- Adductus: In the transverse plane, the foot has turned toward the centerline of the body. Associated with a supinated – or cavovarus - foot position.
- Pedorthic management ranges from correction to accommodation depending on passive correctability. However, this is difficult to correct/control using strictly pedorthic modalities.



“Too Many Toes” Sign

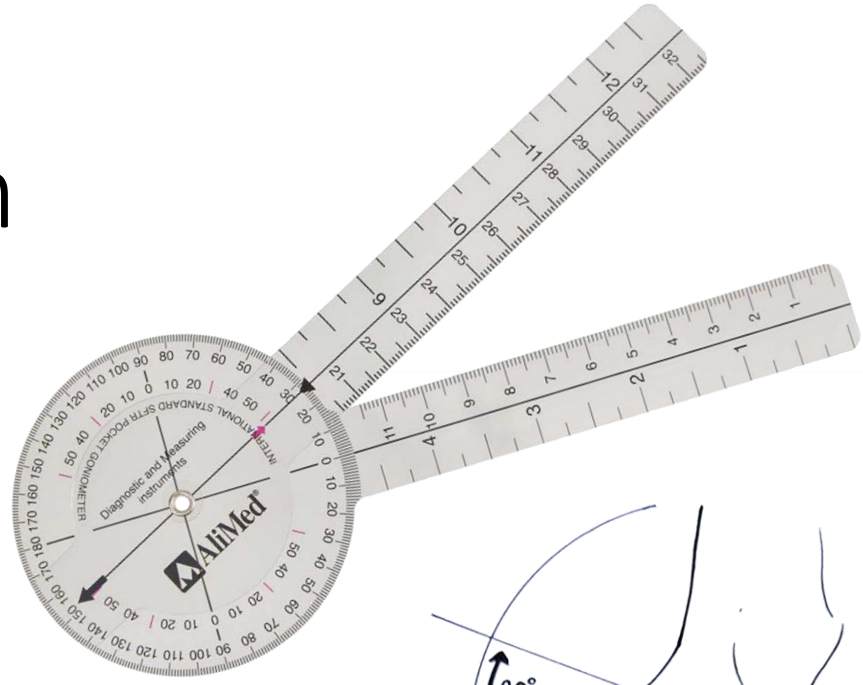
- If, when observing from directly behind you patient, you can see more than two and a half toes on lateral side, this is the “too many toes” sign.
- It indicates that there is forefoot abduction, typically associated with posterior tibial tendon dysfunction (stage II, at least).

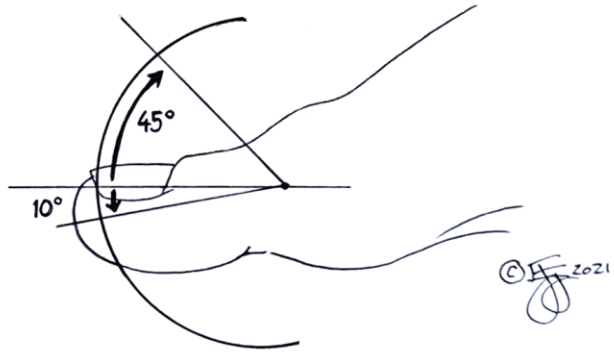


Checking Ranges of Motion

- Ankle joint (normal: DF 20˚/PF 45˚)
  - Loss of ankle motion, especially DF, increases stress through midfoot structures and increases pressure under the ball of the foot. It also has a markedly negative effect on gait.
  - Restricted ankle ROM may necessitate shoe modifications like rocker soles to replace lost motion.

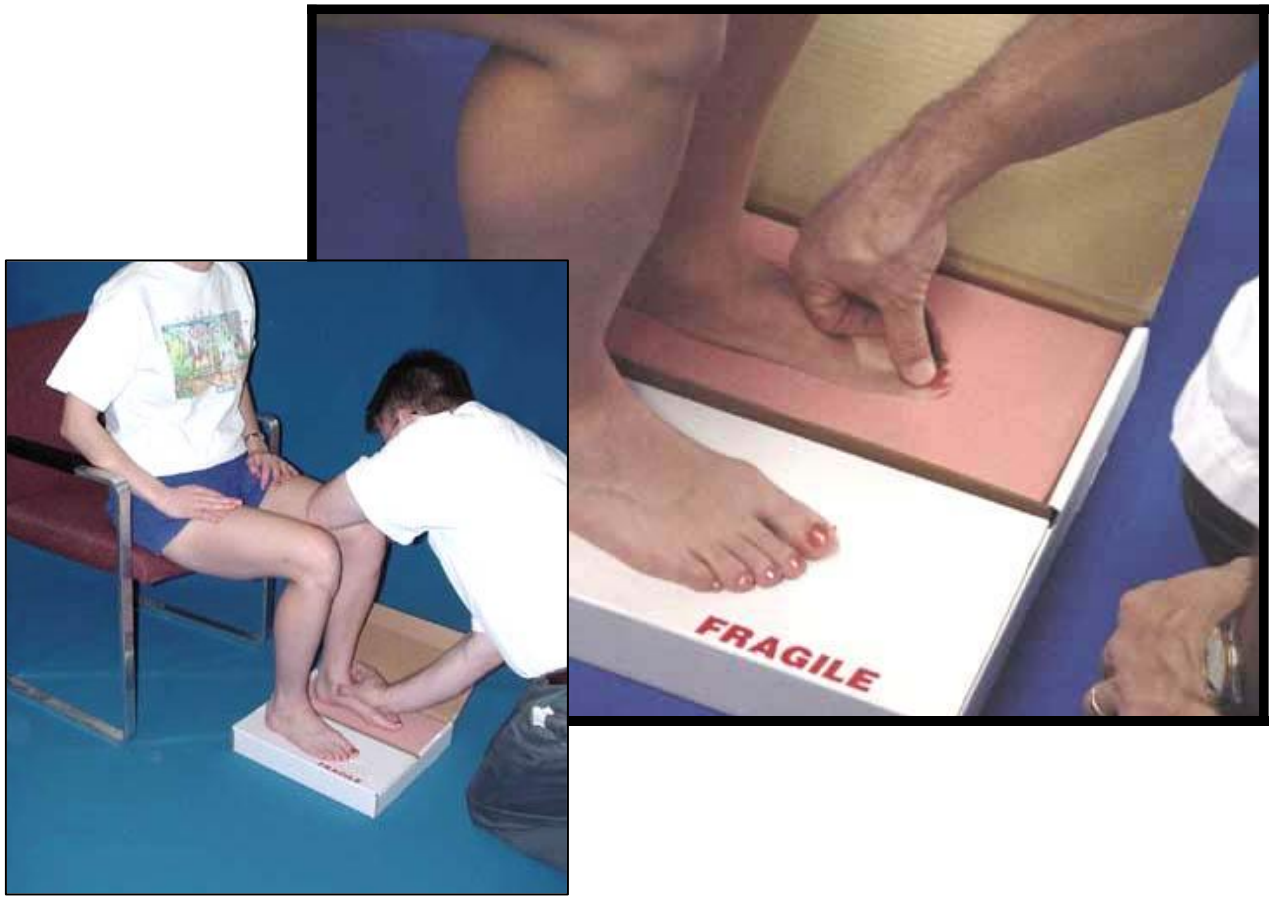
- First metatarsophalangeal joint (normal: DF 45˚-50˚/PF 10˚)
  - Decreased ROM is called hallux limitus. Pain in joint.
  - No ROM (hallux rigidus) is not painful in the joint, but at the tip of the toe and perhaps at the TMT joint. Has a great effect on gait mechanics in the foot.





Foot Capture

- Foot orthoses
  - Foam box
  - Plaster slipper cast
  - 3-D scan
- SCFO
  - Fiberglass wrap
  - STS® casting sock
  - Plaster wrap
  - 3-D scan



Foot Capture

CASTING METHOD	ADVANTAGES	DISADVANTAGES
Computer generated	Exactness in applying corrective posting to the rearfoot and forefoot, storage of images on a floppy or zip disk rather than storing positive plaster models, possible to get exactly the same positive models or orthoses every time, very clean and fast, works very well in a retail situation or a large orthotic lab with high volume, patient confidence	Still must go to the plaster room with challenging feet, expensive to purchase, requires high volume to justify the system, software, and hardware maintenance and upgrades may be frequent with advancing technology
Direct molding	Fast and economical, no time spent on plaster negatives and positives, very little clean-up during the casting and modification stages, no need for vacuum forming equipment, less expensive for the patient and practitioner	Many of the orthotic materials used tend to bottom out quickly and the protection is lost, less accurate when applying exact posting
Impression foam	Ease of use, cleanliness of the process, produces an adequate impression, easy to clean the positive model, clean-up of the patient and the facility is simple, one of the best methods for accommodative orthoses	Foam can only be used to make a semi-weight bearing, and weight bearing negative, inconsistent reflection of forefoot deformities with any degree of accuracy
Plaster bandage	Exact negative of the foot in a subtalar neutral position, forefoot deformities are exactly captured, Non-weight bearing negative provides a cast with the fat pad tissue in the correct location, ease of producing a positive model to apply intrinsic posting, plaster bandage is economical and easy to work	Requires more clean-up of patient and facility, poor quality orthosis if the negative reflects an improper foot position, more labor intensive and time consuming, finding subtalar neutral requires practice
Wax and sand	Compress the soft tissue on the bottom of the foot so that any prominent bony areas could be unloaded, yields a positive that is extremely clean, requires very little if any adjustment, produces a truly accommodative foot orthosis, no clean-up on the patient	Can be time consuming, requires storage of the sand box and materials, clean-up of sand that is spilled out of the sand box, more difficult to produce an aggressive functional device from the positive

Measure for Shoes

Manufacturer-specific Brannock® device

Both feet

With socks or stockings on

While standing

Feet shoulder width apart

Foot all the way back to the heel cup

At the end of the day if possible

Length, arch length, and width

Examples of Assessment Forms

Assessment forms can be helpful for you to take notes during your exam and can be used to build your evaluation note once the appointment has concluded. However, the form in and of itself does *not* constitute an acceptable note.

LOWER EXTREMITY EXAM

Patient: _____ Physician _____ C.Ped. _____ Date: _____

Age: _____ Height _____ Weight _____ Dx _____

Rx _____

SYSTEMIC CONDITIONS

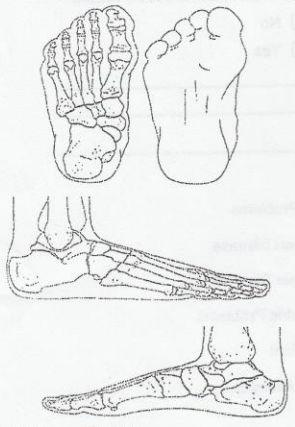
☐ Diabetes	☐ Arthritis	☐ R\Arthritis	☐ MS	☐
☐ C.P.	☐ Post Polio	☐ O\Arthritis	☐ M.Dystropy	☐
☐ Gout	☐ Lupus	☐ CVA	☐ Raynaud's	☐

Occupation _____ Work Surface: _____ % sitting _____ % standing / walking _____

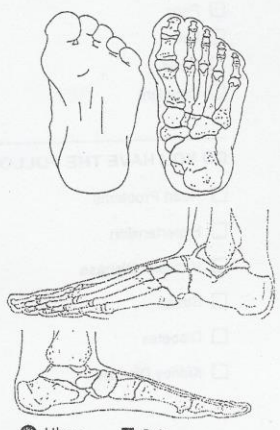
Previous FO's YES ☐ NO ☐ TYPE OF FO: _____

Previous AFO YES ☐ NO ☐ TYPE OF AFO: _____

FOOT EXAM



RIGHT		LEFT
☐	Pes Cavus	☐
☐	Normal Arch	☐
☐	Pes Planus	☐
☐	Hindfoot Valgus	☐
☐	Hindfoot Neutral	☐
☐	Hindfoot Varus	☐
☐	Forefoot Valgus	☐
☐	Forefoot Varus	☐
☐	Forefoot Neutral	☐
☐	Hallux Valgus	☐
☐	Hammer Toes	☐
☐	Claw Toes	☐
☐	Knee Valgum	☐
☐	Knee Neutral	☐
☐	Knee Varum	☐
☐	Leg Length Discrepancy	☐
☐	Sensation	☐
☐	Edema	☐
☐	Skin	☐



● Ulcer ■ Pain
○ Callous

● Ulcer ■ Pain
○ Callous

Ambulation
- ☐ non-am
- ☐ wheel chair
- ☐ assisted
- ☐ normal
- ☐ active

Gait
- ☐ normal
- ☐ vaulting (steppage)
- ☐ stiff ankle
- ☐ antalgic
- ☐ toe in/out

ROM
A= Adequate, L = Limited, E= Excessive

_____	Ankle dorsiflexion	_____
_____	Anke Plantar Flexion	_____
_____	Subtalor	_____
_____	1st MTP	_____
_____	1st Ray	_____

Footwear Type
- ☐ Depth
- ☐ Sport
- ☐ Oxford
- ☐ Heels
- ☐ Flat

Activities
- ☐ walk
- ☐ Run
- ☐ Sport
- ☐ Low

Pain
- ☐ constant
- ☐ occasional
- ☐ with activity
- ☐ intensity (1-10)

Foot Measurement

_____	WB toe	_____
_____	WB arch	_____
_____	NWB toe	_____
_____	NWB arch	_____

Wear Pattern

Heel	Sole
☐ med	☐ med
☐ normal	☐ normal
☐ lateral	☐ lateral

NOTES:

Lower Extremity Exam

Patient _____ **Physician** _____ **C.Ped** _____ **Date** _____

Age _____ **Height** _____ **Weight** _____ **DX** _____

Rx _____

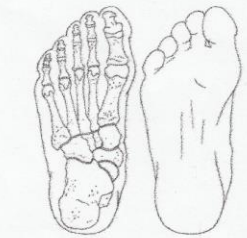
Systemic Conditions

☐ Diabetes	☐ Arthritis	☐ R\arthritis	☐ MS	☐ M. dystrophy
☐ C.P.	☐ Post polio	☐ O\arthritis	☐ Trauma	☐ Raynaud's
☐ Gout	☐ Lupus	☐ DJD	☐ CVA	☐

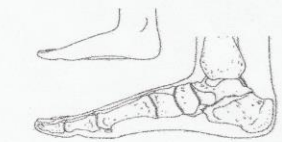
Occupation _____ **Work surface** _____ **% sitting** _____

Previous FO's **Yes** ☐ **No** ☐ **Type of FO:** _____ **% standing/walking** _____

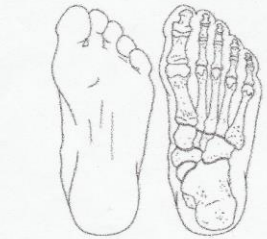
Foot Exam



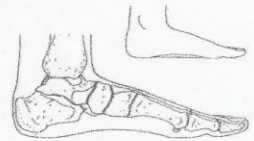
● Ulcer ■ Pain
○ Callous



Right		Left
☐	Pes Cavus	☐
☐	Normal Arch	☐
☐	Pes Planus	☐
☐	Hindfoot Valgus	☐
☐	Hindfoot Neutral	☐
☐	Hindfoot varus	☐
☐	Forefoot valgus	☐
☐	Forefoot neutral	☐
☐	Forefoot varus	☐
☐	Hammer toes	☐
☐	Claw toes	☐
☐	Knee Valgum	☐
☐	Knee Neutral	☐
☐	Knee Varum	☐
☐	Toe Deformities	☐
☐	Sensation	☐
☐	Circulation	☐
☐	Skin	☐
☐	Nails	☐



● Ulcer ■ Pain
○ Callous



Ambulation
- ☐ non-am
- ☐ wheel chair
- ☐ assisted
- ☐ normal
- ☐ active

Gait
- ☐ normal
- ☐ painful
- ☐ stiff ankle
- ☐ equinus
- ☐ calcaneus

ROM
- ☐ Ankle dorsiflexion
- ☐ Ankle plantar flexion
- ☐ Subtalor
- ☐ Hallux
- ☐ muscle tone
- ☐ LLD

Footwear type
- ☐ depth
- ☐ sport
- ☐ oxford
- ☐ slip on
- ☐ heel
- ☐ flat

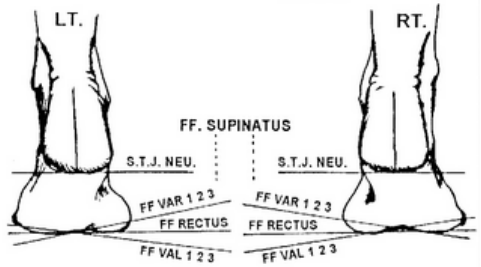
Activities
- ☐ walk
- ☐ run
- ☐ sport
- ☐ low

Pain
- ☐ constant
- ☐ occasional
- ☐ with activity
- ☐ intensity

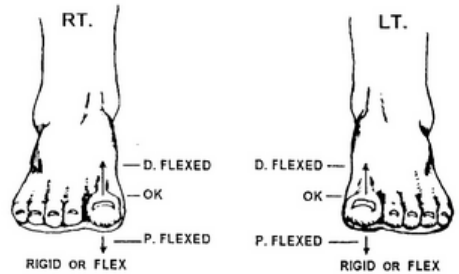
Foot Measurement
- ☐ WB toe
- ☐ WB arch
- ☐ NWB toe
- ☐ NWB arch

Wear pattern
- ☐ med
- ☐ normal
- ☐ lateral
- ☐ recc. Changes

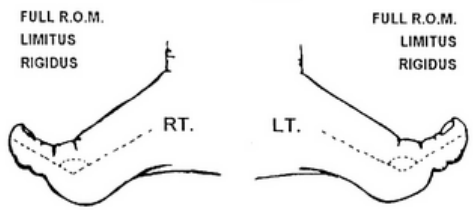
MID-TARSAL JOINT
FOREFOOT TO REARFOOT



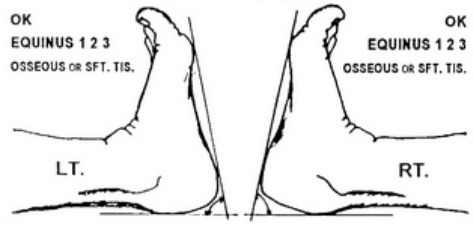
FIRST RAY



HALLUX

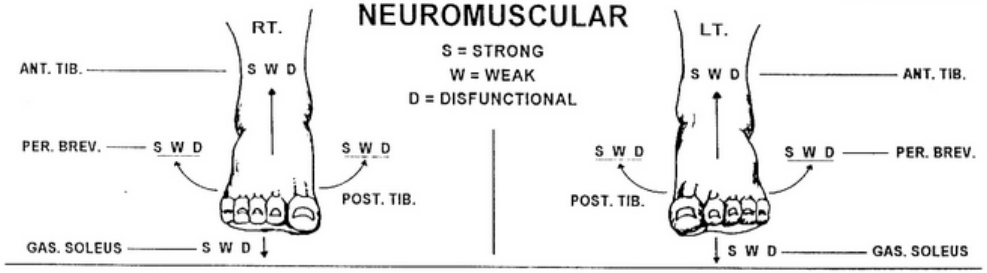


ANKLE JOINT

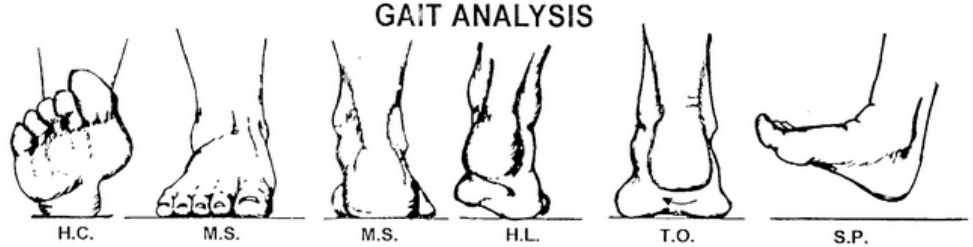


NEUROMUSCULAR

S = STRONG
W = WEAK
D = DISFUNCTIONAL



GAIT ANALYSIS

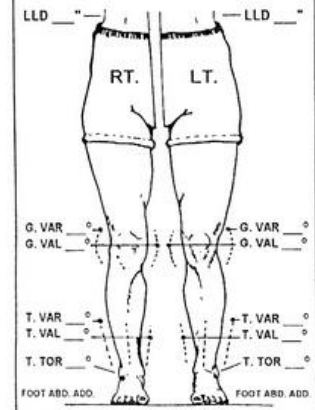


	(RT.)					(LT.)				
HEEL CONTACT:	INV.	EV.	ABD.	ADD.	Excessive Shock	INV.	EV.	ABD.	ADD.	Excessive Shock
MIDSTANCE:	PRO.	SUP.	ABD.	ADD.	Early Heel Lift	PRO.	SUP.	ABD.	ADD.	Early Heel Lift
HEEL LIFT:	PRO.	SUP.	ABD.	ADD.	ABD. Twist	PRO.	SUP.	ABD.	ADD.	ABD. Twist
TOE OFF:	PRO.	SUP.	ABD.	ADD.	A-Propulsive	PRO.	SUP.	ABD.	ADD.	A-Propulsive
SWING PHASE:	Extensor Substitution				Drop Foot	Extensor Substitution				Drop Foot

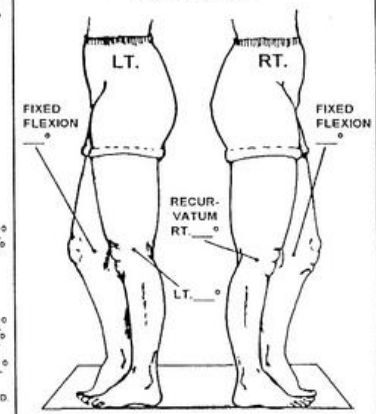
DESIGNED BY ARNIE DAVIS C.PED

BIOMECHANICAL EXAMINATION

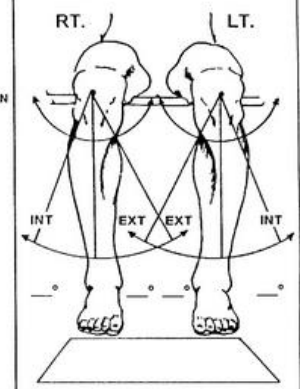
LEGS
FRONTAL & TRANSVERSE PLANES



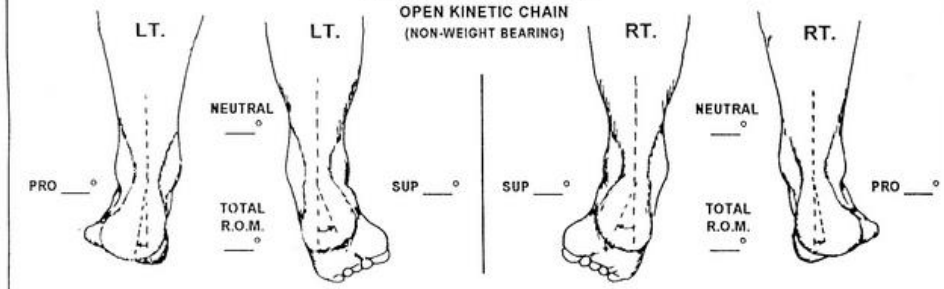
KNEES
SAGITAL PLANE



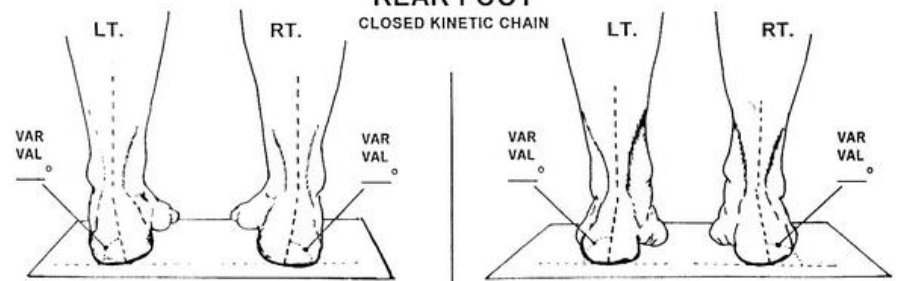
HIP ROTATION
TRANSVERSE PLANE



SUBTALAR JOINT
OPEN KINETIC CHAIN
(NON-WEIGHT BEARING)



REAR FOOT
CLOSED KINETIC CHAIN



John Doe Chiropractic & Wellness Center
Dr. John Doe
1010 Any Street, Suite 100
Any Town, HT 12345

FUNCTIONAL FOOT EXAMINATION

Patient's Name _____ Doctor's Name _____ Date of Examination: _____

FOOT EXAMINATION(S) PERFORMED

☐ Inspection ☐ Palpation ☐ Alignment Weight Bearing ☐ Range of Motion ☐ Neurology ☐ Gait Analysis
☐ Digital Foot Evaluation ☐ Bilateral Foot Cast

NOTES/COMMENTS:

OBJECTIVE FINDINGS

INSPECTION: PRESENT OR ABSENT | RIGHT OR LEFT

☐ *Abnormal Shoe Wear [P/A] [R/L] ☐ Limp [P/A] [R/L] ☐ Brace (Ace, Tape, Splint, Cast, Boot) [P/A] [R/L] ☐ Ambulatory Aid (Crutches, Cane, Walker) [P/A] [R/L]
☐ Plantar Warts [P/A] [R/L] ☐ Edema (Unilateral / Bilateral) [P/A] [R/L] ☐ Ecchymoses [P/A] [R/L] ☐ Toes ☐ Excessive Callus Formation [P/A] [R/L]

PALPATION: +/- | RIGHT OR LEFT

☐ Pes Planus [Flexible +/- | R/L] [Rigid +/- | R/L] ☐ Pain _____ [R/L] ☐ Pitting Edema [+/- | R/L] ☐ Joint Fixation _____ [R/L]

ALIGNMENT WEIGHT BEARING: PRESENT OR ABSENT | RIGHT OR LEFT

☐ Pronation [P/A] [R/L] ☐ Supination [P/A] [R/L] ☐ Pes Planus [P/A] [R/L] ☐ Pes Cavus [P/A] [R/L] ☐ Forefoot Varus [P/A] [R/L]
☐ Forefoot Valgus [P/A] [R/L] ☐ Calcaneal Valgus [P/A] [R/L] ☐ Calcaneal Varus [P/A] [R/L] ☐ Genu Varus [P/A] [R/L]
☐ *Genu Valgum (Inward Knee Rotation) [P/A] [R/L] ☐ Leg Length Inequality [P/A] [R/L] ☐ *Foot Flare [P/A] [R/L]

RANGE OF MOTION: MEASURED IN DEGREES | SENSORY: NORMAL, UP, DOWN

☐ Ankle Dorsiflexion _____ ☐ Ankle Plantar Flexion _____ ☐ Ankle Inversion _____ ☐ Ankle Eversion _____

NEUROLOGY: GREATER NUMBER IS BEST

☐ Heel Walking 1 | 2 | 3 | 4 | 5 ☐ Toe Walking 1 | 2 | 3 | 4 | 5 ☐ Ankle Inversion & Dorsiflexion 1 | 2 | 3 | 4 | 5 ☐ Great Toe Extension 1 | 2 | 3 | 4 | 5
☐ Toe Flexion 1 | 2 | 3 | 4 | 5 ☐ Sensory L4 [N INCREASED DECREASED] ☐ Sensory L5 [N INCREASED DECREASED] ☐ Sensory S1 [N INCREASED DECREASED]
☐ Reflex Achilles 1 | 2 | 3 | 4 | 5 ☐ Reflex Babinski's [P/A]

☐ *Helbing's Sign (Bowed Achilles Tendon) [P/A] [R/L] ☐ *Navicular Drop (Low Medial Arch) [P/A] [R/L] _____ mm ☐ Anterior Drawer Test [+/- | R/L]
☐ Posterior Drawer Test [+/- | R/L] ☐ Valgus Stress Test [+/- | R/L] ☐ Varus Stress Test [+/- | R/L] ☐ Thompson's Test [+/- | R/L] ☐ Morton's Test [+/- | R/L]
☐ Mosses Test [+/- | R/L] ☐ Tinne's Test [+/- | R/L]

NOTES/COMMENTS:

* Indicates Signs of Excessive Pronation

PROFESSIONAL CARE AND PATIENT CARE

PROFESSIONAL CARE - What has been prescribed by previous physician(s)?

☐ Brace/Splint _____ ☐ Rx _____
☐ Therapeutic Exercise _____ ☐ Cortisone Injection _____
☐ Surgery _____

PATIENT CARE - What has the patient tried on their own?

☐ Massage _____ ☐ Soaking the Feet (Foot Bath) _____
☐ Icing _____ ☐ Padding _____
☐ Accommodating Foot Wear _____ ☐ NSAIDS _____
☐ OTC Orthotics _____

NOTES/COMMENTS:

Signature of Provider _____ Date _____

FUNCTIONAL FOOT EXAMINATION

Formulation of Treatment Plan

Factors in Formulation of Plan

- Prescription
  - Obviously, this is the primary determinant and the foundation for your treatment plan.
  - Contact physician if:
    - You are unclear about the prescription, the diagnosis or the intended function/goal of the device(s).
    - Your findings contradict the prescription.
    - There has been a change in the patient's condition since they've seen the physician.
    - You feel there could be a better outcome by deviating from the original prescription (E.g. patient has forefoot ulcer and Rx is for FOs, but you'd like to provide rocker soles, as well.) In this case, you should also request an updated prescription/order.
- Diagnosis
  - The design of your device will be influenced by the pathology and the desired outcome for the condition. (E.g. you would fabricate a foot orthosis with a metatarsal pad for an interdigital neuroma, but the same met pad would not be particularly useful to treat central heel pain.)
- Prognosis/length of need
  - This may or may not influence the material choices you make for your device.
  - Could also be a factor in deciding between custom device and prefabricated

Factors in Formulation of Plan

- Findings of pedorthic exam
  - Will necessarily influence choice of device, materials and modifications/design.
- Foot health history
  - Has surgery or injury altered foot mechanics?
  - Has patient experienced this problem in the past?
  - What worked and what didn’t?
  - Has patient experienced other foot problems (related or not)?
  - Don’t repeat past failures.
  - Don’t reinvent the wheel.

Factors in Formulation of Plan

- Treatment goals
  - Yours and the physician's
  - The patient's
- Required Vs. desired footwear
  - The orthotic device will only ever be as good as the shoe into which it is placed.
  - Footwear is always part of the pedorthic treatment plan. It can't not be.
  - Does shoe have the necessary features to work with or compliment your treatment plan?
    - Enough depth to accommodate device
    - Appropriate length and width for foot
    - Modifiable (if applicable)
    - Design doesn't work to counteract your goals (E.g. trying to help a patient with lateral ankle instability and using a motion control (anti-pronation) type shoe)
- Age
  - An older patient may need a lighter weight shoe or one with a wider base if there is a concern for falls prevention
  - A child may outgrow custom foot orthoses at a rate that is untenable or impossible for the parents to afford; a customized prefabricated device may be a more logical choice.

Factors in Formulation of Plan

- Occupation
  - Is the patient on their feet all day? This would influence shoe selection
  - Do they need job-specific footwear (waterproof, slip-resistant, safety toe, etc.)
- Activities
  - What is the patient's activity level?
  - Will they need your device(s) for recreational activities or sports?
  - More than set of devices may be necessary, especially when it comes to shoe modifications
- Cost/coverage
  - As frustrating as it may be, there will be times when the cost of device and insurance coverage – or lack thereof – may necessarily need to be taken into account when formulating the treatment plan.

Pedorthic Treatment Plan

- Footwear: _____
- Foot Orthoses: _____
- Subtalar Control Foot Orthosis/Ankle Foot Orthosis: _____
- Shoe Modifications: _____
- Hosiery: _____
- Other: _____
- Goals of Treatment: _____
- Anticipated Length of Need: _____

- Next steps…

K.I.S.S.

- Just because you can, doesn’t mean you should.
- Only go as proximally as necessary.
- The more intrusive, bulky, conspicuous, and un-user-friendly your devices are, the less likely the patient will be to adhere to the treatment plan.
- A Certified Pedorthist is an Allied Health Professional. It is unethical to recommend a more expensive device when a less expensive one will perform equally as well or better.

Quick tips

- ✓Rigid deformity = flexible orthosis
- ✓Flexible deformity = rigid orthosis
- ✓You can unload a spot, but the pressure must go somewhere.
- ✓Arthritic joints hurt when they move. Stop the motion, stop the pain.
- ✓If you want to control a joint, you need to span the joint.
- ✓What you do distally can affect things (positively or negatively) proximally.
- ✓Make sure your patient will actually be able to use your device (adequate ROM, ability to don, doff and use correctly, etc.).
- ✓The orthosis is only ever as good as the shoe in which it will be used.
- ✓All LE orthoses start with the foot orthosis – AFO, KAFO, HKAFO

Creating the Lab Order

The Lab Order

- Regardless of whether you'll have the orthotic device(s) made in-house or send them out for fabrication communication is the key to receiving the exact device you envision for your patient.
- The lab needs clear, concise, accurate and easy-to-understand instructions from you.
- When you're completing the lab order, *complete* the lab order. Missing information is the #1 reason for both delays and fabrication errors.
- Use the order forms provided by the lab you're using.
- Keep a copy in the patient's chart.

- Note: It is still a good idea to create and use a lab order if even you are fabricating the device(s) yourself. This will help you track the workflow and remind you what you were thinking when you saw evaluate the patient. It is also useful to keep on hand for future reference.

Next Steps

Now what?

- Discuss treatment plan with patient.
  - The plan
  - The goals of the plan
  - Realistic expectations
  - What success looks like
  - Length of use
  - Options and alternatives
  - Confirm that patient understands
- Document your findings and your plan (SOAP or PAP format)
- VOB
- Place order(s)

Examples of Lab Order Forms

NATIONAL PEDORTHIC SERVICES, INC – FABRICATION ORDER FORM

Internal Use Only
Rec'd on __/__/__ By:____

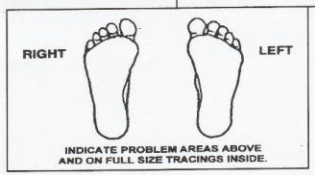
Date Ordered: __/__/__ Office: **CREVE COEUR**

Patient: _____

Age: ___ Sex: ___ Ht: ___ Wt: ___

Diagnosis: _____ Practitioner: _____

_____ Shoe Size: _____



INDICATE PROBLEM AREAS ABOVE AND ON FULL SIZE TRACINGS INSIDE.

Foot Orthoses

Length: Full __ Sulcus __ Ball __ | Profile: Deep Cup__ Medium __ Dress: __ | Return Casts: __Y __N

__3/16" EVA/1/2" Cork
__1/4"EVA/1/2" Cork
__Functional Shell
__UCBL (__Lined:_____)
__1/8"EVA/1/16"PPT/1/2" Cork
__Soft/Firm EVA/1/2" EVA
__Soft/Firm EVA/1/2" Cork
__#1 Plastazote Trilam/1/2" EVA
__#1 Plastazote Trilam/1/2" Cork
__#2 Plastazote Trilam/1/2" Cork
__EVA Trilam/1/2" Cork
__Other:_____

Partial Foot Filler

__L 1 2 3 4 5
__R 1 2 3 4 5

Add-Ons

__1/32" Thermoplastic Reinforcement __L __R __B
__EFM Reinforcement __L __R __B
__Sulcus Post
__Viscoelastic Polymer (Mark Spot)
__Viscoelastic Polymer MTH __L __R __B
__Viscoelastic Polymer Heel __L __R __B

TSD – Diabetic FO
Pink Plastazote/EVA
Right Left
1 2 3

Shoe Modifications

Make: Model: Size: Color:

__Heel Elevation (Amt:____) __L __R __B
__Full Sole Elevation (Amt:____) __L __R __B
__Heel Flare (Amt:____) __M __L __L __R __B
__Full Flare (Amt:____) __M __L __L __R __B
__Heel Wedge (Amt:____) __M __L __L __R __B
__ Full Wedge (Amt:____) __M __L __L __R __B
__Relast __M __L (include cast/tracing) __L __R __B
__Extended Steel Shank __L __R __B
__SACH Heel __L __R __B
__Mild Rocker __L __R __B
__Heel-to-Toe Rocker __L __R __B
__Toe-only Rocker __L __R __B
__Severe Angle Rocker __L __R __B
__Double Rocker __L __R __B
__Negative Heel Rocker __L __R __B
__Brace Prep __L __R __B
__Fiberglass Counter __M __L __L __R __B
__Stabilizer __M __L __L __R __B

Outsole: __MUST use original outsole
__Use original outsole if possible
__Standard __Heavy Duty __Vibram Lugs
__Other: _____

__Velcro® ¾ piece __L __R __B
__Velcro® Straps __L __R __B
__Lace-to-Toe __L __R __B
__Deerskin Bubble Patch – Please mark on shoe(s)
__Repair _Full Soles __L __R __B
__Repair – Heels __L __R __B

Molded Ankle-Foot Orthoses

__L __R __B

__Solid Ankle AFO
__Solid Ankle AFO w/ short ant. Shell
__Solid Ankle AFO w/ long ant. Shell
__Solid Ankle AFO w/ calf lacer
__Semi-solid AFO
__Posterior Foot Drop AFO
__Short Articulated AFO
__Posterior Shell Articulated AFO
__Supramalleolar Orthosis

Color:
__ White
__ Black

Plastic:
__Copoly
__Polypro
__ 1/8"
__3/16"

Joints:
__Oklahoma
__Tamarack
__Dorsi-Assist
__Camber Axis
__ Other:
_____

Add-Ons:
__Extra Padding:_____
__Additional Straps:_____
__Aliplast Lining:_____
__90° Posterior Stop
__Carbon Fiber Reinforcement
__Footbed:_____

Footplate:
__Full __Sulcus __Ball

NPSCG

__L __R __B

Height:
__Standard __Tall __As marked on cast

Footplate:
__Full __Sulcus __Ball __ As marked

Color: __Black __Tan __ Other:_____

Closure: __Laces __Velcro® __Combo
__Speedlacers
__Removable Footbed
(Material:_____)

Special Instructions:

_____
_____
_____
_____

National Pedorthic Services
7283 W. Appleton Avenue
Milwaukee, WI 53216
(414) 438-1211 Fax (414) 438-1051

LAB ORDER FOR T.C.O'S

OFFICE: _____

DATE: _____ PEDORTHIST: _____ REFERRING DOCTOR: _____

PATIENT'S NAME: _____

KEY: O- ULCER
X - CALLOUS
_ - SCAR

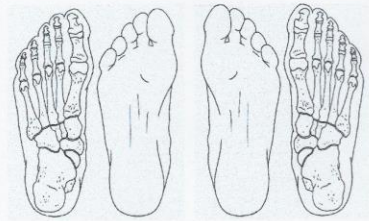
MALE or FEMALE

SIZE _____

HEIGHT
HIGH PROFLE
MED PROFILE
LOW PROFILE

LENGTH
TOE
SULCUS
BALL

RIGHT LEFT



PEDORTHIC NOTES:

STANDARD ORTHOSIS SELECTION:
____ 1/8 EVA / CORK
____ 1/8 EVA / EVA
____ 3/16 EVA / CORK
____ SOFT/FIRM-EVA DUAL/ CORK
____ SOFT/FIRM-EVA DUAL / EVA
____ EVA / PPT DUAL / CORK
____ EVA TRI / CORK
____ BLUE PLAST TRI / CORK
____ BLUE PLAST TRI / EVA
____ WHITE PLAST TRI / CORK
____ X-STATIC TRI / CORK
____ OTHER _____

DRESS ORTHOSIS SELECTION:
____ 1/8 EVA / THERMOFLUX / EFM
____ EVA / PPT DUAL / THERMOFLUX / EFM
____ EVA / ¼ CORK
____ OTHER _____

PLASTIC ORTHOSIS SELECTION:
____ FUNCTIONAL SHELL
____ OTHER _____

□ **DO NOT SEND CASTS**

ADDITIONAL NOTES:

FOR PEDS USE ONLY

_____
_____
_____

SPECIAL INSTRUCTIONS

REINFORCEMENT
____ THERMOFLUX
____ EFM

TOE FILLER
RT – 1 2 3 4 5
LT – 1 2 3 4 5

SULCUS POST ____

PQ – RT ____ LT ____
_____
_____

Revised: 5-15-2008

STRIDE, Inc.

Physical Therapy and Pedorthic Services
530 Middlebury Road • Suite 102 • Middlebury, CT 06762
TEL.: (203) 598-0070 • FAX: (203) 598-0075

BIOMECHANICAL FOOT EVALUATION

Patient: _____ Phone: _____

Address: _____

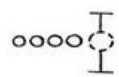
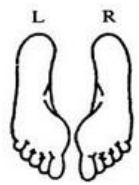
Age: _____ Height: _____ Weight: _____ Shoe size: _____ Shoe Style: _____

Occupation: _____ Activity level: _____ Sports: _____

Referring Practitioner: _____ Date of Evaluation: _____

Diagnosis: _____

I. NON-WEIGHTBEARING EVALUATION

	Left	Right
Rearfoot:		
STN position	_____ varus	_____ varus
calcaneal inversion	_____ degrees	_____ degrees
calcaneal eversion	_____ degrees	_____ degrees
rearfoot dorsiflexion	_____ degrees	_____ degrees
Forefoot:		
STN position	_____ varus/valgus	_____ varus/valgus
locking mechanism	poor — fair — normal — rigid	poor — fair — normal — rigid
MTJ dorsiflexion	_____ degrees	_____ degrees
First Ray:		
STN position and mobility		
hallux dorsiflexion	_____ degrees	_____ degrees
Arch Position:	low — med — high	low — med — high
Toe Position/Deformities:	_____	_____
Lesions/Shoe Wear:	 R L	 L R
Calluses:	 L R	

KevinRoot MEDICAL

Custom Patient Specific Functional Orthoses **Order Form**

www.kevinrootmedical.com
hello@kevinrootmedical.com
Tel: 1 800 496 0987
Fax: 1 866 919 9268

Date mm/dd/yyyy
Rush production
3 days 4 days

Clinician

Account Name/Number
Location
PO Number
Clinician
Contact me before processing

Side

Design Functional Orthoses

(Defaults in **bold**)

Performance (P) for athletic/comfort shoes default 3mm prolite top cover to toes, suede bottom cover, ext rearfoot post	POLYPRO	
	EVA	
	XT CARBON	
	TL CARBON	
Dress (D) for dress/fashion shoes default protex top cover to sulcus suede bottom cover, intrinsic rearfoot post	POLYPRO	
	XT CARBON	
	TL CARBON	
Control (C) for athletic/therapeutic shoes default 3mm prolite top cover to toes, suede bottom cover, extrinsic rearfoot post	POLYPRO	
	EVA	
	XT CARBON	
	TL CARBON	
UCBL fit (U) for athletic/therapeutic shoes default protex top cover to mets, suede bottom cover, extrinsic rearfoot post	POLYPRO	
	EVA	

Quantity of pairs to order

Rigidity (per weight)

- Semi flexible (Recommended for pes cavus)
- **Semi rigid** (Recommended for normal structure)
- Rigid (Recommended for pes planus structure)
- Very rigid (Recommended for severe pes planus)

OR

Specialty Model (See page 3 - 4 for reference)

Top cover length (optional - for changing defaults)

- Mets
- Sulcus
- **Toes**

Top cover material (optional - for changing defaults)

- **Prolite** mm
- Neoprene mm
- Protex
- Glove leather
- Suede
- Plastazote mm

Bottom cover material (optional - for changing defaults)

- **Vegan Suede**
- Grip: Grip Heel plate / Smooth Heel plate
- Suede bottom wrap
- Myolite mm

Patient

First Name
Last Name
Gender: M F DOB mm/dd/yyyy
Height Weight Shoe size
Dx
Ship to Patient
Street Address
City
State Zip

Congruency (optional - for changing defaults)

Foot captured in desired position
OR
90° Balance forefoot to rearfoot (Root style)
Lower arch height (mm)
Raise arch height (mm)
Asymmetrical feet

Rearfoot posting (optional - for changing defaults)

	R	L
Extrinsic		
or Intrinsic	R ☐ "	L ☐ "
Heel skive	R "	L "
	R mm	L mm
Heel lift (mm)	R	L

Forefoot posting (optional - for changing defaults)

	R	L
Extrinsic		
or Intrinsic	R "	L "
or Met wedge		

Extensions to sulcus (optional - for changing defaults) More options on 2nd page

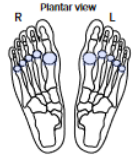
	R THICKNESS (mm)	L
Morton's		
Reverse morton's		

Pads (optional - for changing defaults) More options on 2nd page

	R	L
Metatarsal pad		
Heel pad		
Myolite layer		
	METATARSAL HEAD	
Met balance pad (select all that apply)		

Indicate as needed

Plantar view



Special instructions

Frame modifications (optional - for changing defaults)

	RIGHT	LEFT
Heel Cup Depth	(mm)	(mm)
Frame Filler	Myolite	Myolite
Filler Skive		
1st Ray Cut Out		
5th Ray Cut Out		
Navicular B. Out	(mm)	(mm)
5th Button Out	(mm)	(mm)
Fascia Groove		
Heel Aperture		
Wide Arch Profile		
Medial Flange		
Lateral Flange		
Valgus Frame Filler	Myolite	Myolite
Device Undercut		
Width of Frame		

Post modification (optional - for changing defaults)

Grip Heel Plate		
Proximal Grind off		
Heel Lift Tapered	(mm)	(mm)
Heel Elevator	(mm)	(mm)
Varus Motion Post		

Pads & Cushions (optional - for changing defaults)

Plastazote Layer	(mm)	(mm)
Met Punch ☑ ☑		
Medial Flap		
Scaphoid Pad	(mm)	(mm)
Slot Accomodation		
Met Bar 1-5	(mm)	(mm)
Dancer's Pad	(mm)	(mm)
Toe Crest		
Neuroma Pad	Interspace	Interspace
Cuboid Offload	(mm)	(mm)
Heel spur pad	(mm)	(mm)
Carlton Saddle	(mm)	(mm)
Valgus Onlay Pad		

Forefoot extensions (optional - for changing defaults)

Sulcus extension

Sulcus Extension	Myolite (mm)	Myolite (mm)
Foot Cookie Ext.	Myolite (mm)	Myolite (mm)

To toe extension

Morton's Ext.		
Rev. Morton's Ext.		
Toe Extension	Myolite (mm)	Myolite (mm)
Dynamic Wedge	(mm)	(mm)
Varus Extension	(mm)	(mm)
Valgus Extension	(mm)	(mm)
Toe Filler		
Detached Carbon Foot Plate to Toes		

SPECIALTY MODELS

Dress

- L1 Fashion
- L2 Princess
- L3 Ultra Slim
- L4 Subo-Flex LP
- L5 Supporter LP
- L6 Perseus
- L7 Cobra
- L8 DAS LP
- L9 Coleman LP

Active

- A1 Pro Sport
- A2 Carbon Sport
- A3 Classic Sport
- A4 Subo-Flex
- A5 Supporter
- A6 Cork & Leather
- A7 Pro EVA
- A8 DAS
- A9 Coleman
- A10 Easy Flex
- A11 Cushion Plus
- A12 Unit

UCBL

- T4 UCBL
- T5 Modified UCBL
- T6 Pediatric UCBL
- T9 EVA UCBL

Therapeutic

- T1 Care Soft
- T2 Care Firm
- T3 Premium Diabetic
- T7 Diabetic Inserts

Military

- M1 Field
- M2 Garrison
- M3 Leisure

Root

- Blake (inv. options: 25° 35° 45°)
- Cushion-Flex™
- Cushion-Flex-Control™
- Diaba-Flex™
- Diaba-Flex-Control™

Pathology

- P1 Achilles Tendinitis
- P2 Adult Acquired Flatfoot
- P3 Lateral Ankle Instability
- P4 Hallux Limitus
- P5 Hallux Rigidus
- P6 Heel Spur
- P7 Intoeing Gait
- P8 Metatarsalgia
- P9 Neuroma
- P10 Pediatric Flatfoot
- P11 Pes Cavus
- P12 Pes Planus
- P13 Plantar Fasciitis
- P14 Sesamoiditis

Sports

- S1 Ski
- S2 Ski Pro
- S3 Snowboard
- S4 Basketball
- S4.5 Equipe Basketball
- S5 Football
- S5.5 Lineman
- S6 Baseball
- S7 Soccer
- S8 Jogging
- S9 Marathoner
- S10 Volleyball
- S11 Tennis
- S12 Water
- S13 Skateboard
- S14 Track & Field
- S15 Golf
- S16 Road Cycling
- S17 Mountain Biking
- S18 Trail Running
- S19 Figure Skating
- S20 Ice/Roller Hockey
- S21 Hunting & Fishing
- S22 Hiker
- S23 Ultralite Runner

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Custom Patient Specific Functional Orthoses **Order Form**

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hello@kevinrootmedical.com
Tel: 1 800 496 0987
Fax: 1 866 919 9268

Date MM...../DD...../YYYY.....
Rush production
3 days 4 days

Clinician

Account Name/Number
Location
PO Number
Clinician
Contact me before processing

Side

Design Functional Orthoses

(Defaults in **bold**)

Performance (P) for athletic/comfort shoes default 3mm prolite top cover to toes, suede bottom cover, ext rearfoot post
POLYPRO
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Quantity of pairs to order

Rigidity (per weight)

Semi flexible (Recommended for pes cavus)
Semi rigid (Recommended for normal structure)
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OR

Specialty Model (See page 3 - 4 for reference)

Top cover length (optional - for changing defaults)

Mets
Sulcus
Toes

Top cover material (optional - for changing defaults)

Prolite mm
Neoprene mm
Protex
Glove leather
Suede
Plastazote mm

Bottom cover material (optional - for changing defaults)

Vegan Suede
Grip: Grip Heel plate Smooth Heel plate
Suede bottom wrap
Myolite mm

Patient

First Name
Last Name
Gender: M F **DOB** MM...../DD...../YYYY.....
Height **Weight** **Shoe size**
Dx
Ship to Patient
Street Address
City
State Zip

Congruency (optional - for changing defaults)

Foot captured in desired position
OR
Balance forefoot to rearfoot (Root style)
Lower arch height (mm)
Raise arch height (mm)
Asymmetrical feet

Rearfoot posting (optional - for changing defaults)

	R	L
Extrinsic or Intrinsic	R "	L "
Heel skive	R mm	L mm
Heel lift (mm)	R	L

Forefoot posting (optional - for changing defaults)

	R	L
Extrinsic	R "	L "
or Intrinsic	R "	L "
or Met wedge		

Extensions to sulcus (optional - for changing defaults) More options on 2nd page

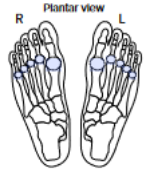
	THICKNESS (mm) R	L
Morton's		
Reverse morton's		

Pads (optional - for changing defaults) More options on 2nd page

	R	L
Metatarsal pad		
Heel pad		
Myolite layer		
	METATARSAL HEAD	
Met balance pad (select all that apply)	R	L

Indicate as needed

Plantar view



Special Instructions

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	RIGHT	LEFT
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Heel Aperture		
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Medial Flange		
Lateral Flange		
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Post modification (optional - for changing defaults)

Grip Heel Plate		
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Dancer's Pad	(mm)	(mm)
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- S9 Marathoner
- S10 Volleyball
- S11 Tennis
- S12 Water
- S13 Skateboard
- S14 Track & Field
- S15 Golf
- S16 Road Cycling
- S17 Mountain Biking
- S18 Trail Running
- S19 Figure Skating
- S20 Ice/Roller Hockey
- S21 Hunting & Fishing
- S22 Hiker
- S23 Ultralite Runner

BUILD YOUR OWN – LAB ORDER FORM

Customer # _____ Practitioner: _____ Phone: _____

Patient Name: _____ Age: _____ Age: _____ ☐ Male / ☐ Female Date: _____

Ship to: _____

Shoe Size: _____ Shoe Style: _____ Weight: _____ Height: _____

Patient sex and shoe size is required to assist our designers to fabricate the correct dimensions

BASE MATERIAL (select only one) See Materials Response Guide for characteristics and properties

PLASTICS

☐ **Polypropylene** ☐ **High Density Polyethylene (HDPE)** ☐ **Copolymer**

☐ 2 ☐ 3 ☐ 4 ☐ 5 (mm) or ☐ 1/8 ☐ 5/32 ☐ 3/16 ☐ 1/4 (inches)

Exos Carbon Composite (additional charges apply) ☐ Flexible ☐ Semi-Flexible ☐ Semi-Rigid ☐ Rigid

FOAMS

Ethylene Vinyl Acetate (EVA) ☐ 45 Durometer ☐ 55 Durometer ☐ Semi-Rigid ☐ Rigid **Cork** ☐ EVA-Cork

CORRECTIONS & MODIFICATIONS ☐ As needed / per lab discretion

Rearfoot ☐ Balance to Vertical
☐ L ____° ☐ R ____° Inverted
☐ L ____° ☐ R ____° Everted
☐ Intrinsic ☐ Extrinsic

Forefoot ☐ Balance to Cast
☐ L ____° ☐ R ____° Inverted
☐ L ____° ☐ R ____° Everted
☐ Intrinsic ☐ Extrinsic

Cast Modifications (mm)
L _____mm R _____mm Plantar Fascial Accommodation
L _____mm R _____mm Lateral Heel Expansion
L _____mm R _____mm Medial Heel Skive

Arch Height ☐ Increase ☐ Standard ☐ Decrease ☐ To Cast

DEVICE SPECIFICATIONS ☐ All Standard

Heel Cup Height
☐ L ☐ R Shallow (12mm)
☐ L ☐ R Standard (14mm)
☐ L ☐ R Increased (16mm)
☐ L ☐ R Deep (20mm)

Forefoot
☐ L ☐ R Narrow Width
☐ L ☐ R Standard Width
☐ L ☐ R Wide Width
☐ L ☐ R First Ray Cut Out

☐ Clip (Heel only)
☐ Clip+Flange (Extend distal)
Medial ☐ L ☐ R
Lateral ☐ L ☐ R

OPTIONS (extrinsic)

Rearfoot Post
☐ No Post ☐ Medial Only
☐ Crepe ☐ Dual Density
☐ Shell Material (mil)

Rearfoot Motion
☐ L ☐ R Standard 4°
☐ L ☐ R No Motion 0°
Other ☐ L ____° ☐ R ____°

Posting Elevator
☐ L ☐ R 4mm
☐ L ☐ R 8mm
Specify ☐ L ____ ☐ R ____

Heel Lift
☐ L ____ ☐ R ____mm
☐ L ____ ☐ R ____inches
☐ Heel only ☐ Full Length

Forefoot Post
☐ No Post ☐ Full Width
☐ Crepe ☐ Valgus Onlay
☐ Shell Material (mil)

Rearfoot Post Options
☐ L ☐ R Medial Flair ☐ L ☐ R Lateral Flair
☐ L ☐ R Medial Longer ☐ L ☐ R Lateral Longer
☐ L ☐ R Long Post ☐ L ☐ R Short Post

Additions/Accommodations
☐ Morton's Extension ☐ Reverse Morton's
☐ Metatarsal Pad ☐ Heel Pad ☐ Horseshoe Pad
☐ Neuroma Pad ☐ Cuboid Pad ☐ PoroCell Arch Fill

TOP COVER ☐ None

Top Cover Material ☐ Vinyl/Porocell ☐ Suede/Porocell ☐ Leather/Porocell ☐ Neoprene ☐ Bi-Lam (PlastaCell/PoroCell)

Top Cover Length ☐ Orthosis Shell Only ☐ Sulcus Length ☐ Full Length

Forefoot Extensions
☐ PoroCell ☐ EVA ☐ Cork
☐ Sulcus ☐ Full Length

Comments:

@drcomfort | drcomfort.com | Dr.Comfort

10300 North Enterprise Drive, Mequon, WI 53092

FUNCTIONAL ORTHOSES ORDER FORM

ORDER INFO

Patient Name _____ Company Name _____

PO _____ Billing Address _____ Shipping Address _____

Order Date _____

Customer # _____ Phone # _____ Phone # _____

Age _____ Sex _____ Wt _____ Fax _____ Fax _____

DX _____ Email _____ Contact Name _____

Shoe Size: _____ Width: _____ Template Included: ☐ Yes ☐ No DRC Style _____ Color _____

Is this a REORDER? ☐ Yes, ☐ No. ☐ Order 1 pair of shoes with this order.

Customer Reminder: In support of federal requirements, you must submit a new foot scan, casting or impression for any reorders for custom inserts (A5513).

CAST CORRECTIONS

	Arch Fill		Forefoot		Rearfoot	
R	Normal	L	Neutral	L	Neutral	L
R	Increased	L	1-2-3-4-5 Invert - Degrees	1-2-3-4-5	1-2-3-4-5 Invert - Degrees	1-2-3-4-5
R	No Fill	L	1-2-3-4-5 Evert - Degrees	1-2-3-4-5	1-2-3-4-5 Evert - Degrees	1-2-3-4-5

REQUIRED DETAILS

Side: Right Left Bilateral **Heel Post:** Yes No **Heel Cup Height:** 10mm 14mm 16mm

STANDARD SELECTIONS - comes with a pseudo suede bottom cover Shell Thickness: 2mm 3mm 4mm

Casual
Poly pro shell - ball length
1/8" EVA top cover – full length

Dress
Poly pro shell - ball length
1/16" cushion forefoot ext - sulcus length
Leather top cover - sulcus length

Sport
Poly pro shell - ball length
1/8" fabric / neoprene top - full length

Comfort
45 durometer EVA - full length
1/16" cushion midlayer - full length
Psuedo top cover - full length

EXOS SELECTIONS - comes with a pseudo suede bottom cover Tolerance: Flexible Semi-flexible Semi-rigid Rigid

Casual
EXOS shell - ball length
1/8" EVA top cover - full length

Sport
EXOS shell - ball length
1/8" fabric / neoprene top - full length

Dress
EXOS shell - ball length
1/16" cushion forefoot ext - sulcus length
Leather top cover - sulcus length

SPECIALTY SELECTIONS - comes with a pseudo suede bottom cover

Marathoner **Trilam Embedded Shell**
Field Sport **Cobra**

STANDARD MODIFICATIONS

R	Met Pad	L	R	Medial heel skive	L
R	1st Ray cut out	L	R	Lateral heel skive	L

COMMENTS

@drcomfort | drcomfort.com | Dr.Comfort

10300 North Enterprise Drive, Mequon, WI 53092

MOLDED TCO ORDER FORM

ORDER INFO

Patient Name _____ Company Name _____

PO _____ Billing Address _____ Shipping Address _____

Order Date _____

Customer # _____ Phone # _____ Phone # _____

Age _____ Sex _____ Wt _____ Fax _____ Fax _____

DX _____ Email _____ Contact Name _____

Shoe Size:_____ Width:_____ Template Included: ☐ Yes ☐ No DRC Style _____ Color _____

Is this a REORDER? ☐ Yes, ☐ No. ☐ Order 1 pair of shoes with this order.

Customer Reminder: In support of federal requirements, you must submit a new foot scan, casting or impression for any reorders for custom inserts (A5513).

CUSTOM MOLDED

Length: Full Sulcus Ball **R L B**

Heel Cup Height
Deep | Medium | Shallow

TCO ORTHOSES SELECTIONS

EVA with Cork Post
EVA with EVA Post
Sport Trilam with Cork Post
Soft Trilam with Cork Post
Sport Trilam with EVA Post
Soft Trilam with EVA Post

REINFORCEMENT OPTIONS

1/8" EFM
3/32" Thermoplastic

STANDARD MODIFICATIONS

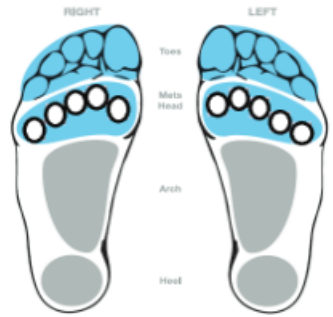
R		L
R	Met Pad	L
R	Offloading	L

Please indicate offloading on foot picture

SPECIAL MODIFICATIONS

R		L
R	Medial Heel Wedge	L
R	Lateral Heel Wedge	L
R	Met Bar	L
R	Heel Pad	L
R	Heel Lift	L

Amount _____



R		L
R	Charcot	L
R	Amputations	L

Please indicate amputations on foot picture

COMMENTS

_____

@drcomfort | drcomfort.com | Dr.Comfort

TOTAL CONTACT ORTHOSES ORDER FORM

ORDER INFO

Patient Name _____ Company Name _____

PO _____ Billing Address _____ Shipping Address _____

Order Date _____

Customer # _____ Phone # _____ Phone # _____

Age _____ Sex _____ Wt _____ Fax _____ Fax _____

DX _____ Email _____ Contact Name _____

Shoe Size:_____ Width:_____ Template Included: ☐ Yes ☐ No DRC Style _____ Color _____

Is this a REORDER? ☐ Yes, ☐ No. ☐ Order 1 pair of shoes with this order.

Customer Reminder: In support of federal requirements, you must submit a new foot scan, casting or impression for any reorders for custom inserts (A5513).

SEMI-RIGID STANDARD

Length: Full Sulcus Ball **R L B**

Heel Cup Height
Medium | Shallow

TCO ORTHOSES DETAILS

Base Layer choose 1

EVA
Cork

Top Layer choose 1

Sport EVA
Soft EVA
Sport Bi-Lam
Soft Bi-Lam

STANDARD MODIFICATIONS

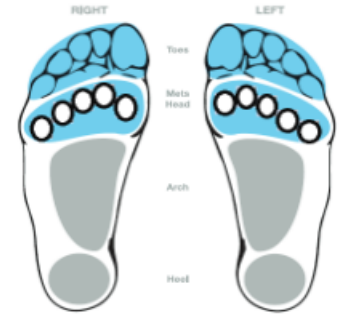
R		L
R	Met Pad	L
R	Offloading	L

Please indicate offloading on foot picture

SPECIAL MODIFICATIONS

R		L
R	Medial Heel Wedge	L
R	Lateral Heel Wedge	L
R	Met Bar	L
R	Heel Pad	L
R	Heel Lift	L

Amount _____



R		L
R	Charcot	L
R	Amputations	L

Please indicate amputations on foot picture

COMMENTS

_____

_____

@drcomfort | drcomfort.com | Dr.Comfort

SOLO LABORATORIES, INC.

PREMIER

PLACE ACCOUNT LABEL HERE

P.O. Number

PATIENT INFORMATION

Name

Shoe Size* ☐ **Male** ☐ **Female** (for shoe sizing)

Date of Birth **Weight** (required)

☐ Shoes/ Insoles Enclosed

Previous Rx # Date

Order Options **ADDITIONAL CHARGES WILL APPLY**

- ☐ US Mail Labels (Qty 5)
- ☐ UPS Labels (Qty 5)
- ☐ **RUSH** - Next Business Day
- ☐ **3 Day RUSH** - 3 Business Days
- ☐ **OVERNIGHT SHIPPING** (RUSH CHARGES DO NOT INCLUDE OVERNIGHT SHIPPING)
- ☐ **Mail-to-Patient** INCLUDE SHIPPING ADDRESS (TO THE RIGHT)

SHIPPING INFORMATION IF SHIP TO PATIENT OR LOCATION OTHER THAN BAR CODE

Street Address

City State & ZIP

Physician's Signature

☐ Barcodes ☐ Order Forms

☐ **FUNCTIONAL**
Shell by patient weight, extrinsic rear foot post, standard heel depth, and orthotic width, Leatherette top cover to mets

☐ **STANDARD DRESS**
Shell by patient weight, intrinsic rear foot post, low heel depth and hourglass width, Leatherette top cover to mets

☐ Cobra ☐ Shadow

Shell Rigidity

☐ Flexible ☐ Semi-Flexible ☐ Semi-Rigid ☐ Rigid OR Specify thickness in the box

ACCOMMODATIVE

- ☐ Cork — Shell to toes, standard heel depth, molded P-Cell top cover to toes
- ☐ EVA Shell
- ☐ Leather Shell — Shell to mets, leather top cover to toes
- ☐ Firm Plastizote Shell

Heel Depth

☐ X-Deep, 18mm ☐ Deep, 15mm ☐ Standard, 12mm ☐ Low, 8mm ☐ X-Low, 5mm

Shell Width

☐ Wide ☐ Standard ☐ Narrow ☐ Hourglass

Medial Flange/Platform ☐ L ☐ R

☐ Low ☐ Medium ☐ High ☐ Mini Platform ☐ Standard Platform

Lateral Flange ☐ L ☐ R

Lateral Clip ☐ L ☐ R

1st Met Cut Out ☐ L ☐ R

K Wedge ☐ L ☐ R

Morton's Ext. in shell ☐ L ☐ R

Full Length Shell ☐ L ☐ R

POSTING

Forefoot ☐ Intrinsic ☐ Extrinsic ☐ Tip Posts ☐ To Casts L ____° Varus / Valgus R ____° Varus / Valgus

Runner's Wedge L ____° Varus / Valgus R ____° Varus / Valgus

Rearfoot ☐ Intrinsic ☐ Extrinsic ☐ To Vertical L ____° Varus / Valgus R ____° Varus/ Valgus

Heel Lift L ____ inches / mm R ____ inches / mm ☐ In Increments

Heel Pad ☐ L ☐ R

Horseshoe Pad ☐ L ☐ R

Scaphoid Pad ☐ L ☐ R

Met Bar ☐ L ☐ R

Met Pad ☐ L ☐ R ☐ 1/16" ☐ 1/8" ☐ 3/16"

Top Cover to Mets

- ☐ Leatherette, Vintage Burgundy
- ☐ Leatherette, Onyx Black
- ☐ Leatherette, Smoke Gray
- ☐ P-Cell
- ☐ Bamboo 1/8"
- ☐ Neoprene 1/16"
- ☐ Neoprene 1/8"
- ☐ EVA 1/16"
- ☐ EVA 1/8"
- ☐ Leather
- ☐ No Cover
- ☐ Private Label Top Cover (call SOLO to set up for your practice)

To Mets

OPTIONAL UPGRADES ADDITIONAL CHARGES WILL APPLY - SEE PRICE LIST

A UPGRADED PLATE

Performance Rx Engineered Nylon	Carboplast II Graphite	DBX Graphite
☐ RX-A	☐ 2 mm	☐ 1.25 mm
☐ RX-B	☐ 2.5 mm	
☐ RX-C	☐ 2.9 mm	

B ARCH REINFORCEMENT ☐ Standard ☐ Reduced Bulk

INTRINSIC HEEL PAD ☐ L ☐ R

C ADDITIONAL ACCOMMODATIONS

Padding ☐ L ☐ R ☐ Soft ☐ Firm ☐ 1/16" ☐ 1/8" ☐ 3/16"

☐ Mets ☐ Sulcus ☐ Toes ☐ Distal to Sulcus ☐ Distal to Toes

Cut Out ☐ L ☐ R ☐ 1/16" ☐ 1/8" ☐ 3/16"

Channel ☐ L ☐ R ☐ 1/16" ☐ 1/8" ☐ 3/16"

Padded Flange ☐ L ☐ R

Balance Pad ☐ L ☐ R ☐ Soft ☐ Firm ☐ 1/16" ☐ 1/8" ☐ 3/16"

Dancer's Pad ☐ L ☐ R ☐ Soft ☐ Firm ☐ 1/16" ☐ 1/8" ☐ 3/16"

Morton's Ext Pad ☐ L ☐ R ☐ Soft ☐ Firm ☐ 1/16" ☐ 1/8" ☐ 3/16"

D TOE FILLER ☐ L ☐ R

E UPGRADED TOP COVER LENGTH

☐ To Sulcus ☐ To Toes

NOTES

Lab Standards apply when order form is incomplete.
* If shoe size is not supplied, any repair charges needed will be applied
Default shell material is 3D Nylon

415 South Laurel Street, Kutztown, PA 19530 · 800-765-6522 · Fax 610-683-6427 · www.sololabs.com

APIS CUSTOM ORTHOTIC ORDER FORM

Apis Footwear, 2239 Tyler Ave, S. El Monte, CA 91733 1-888-937-2747

Account No.: _____ **Business Name:** _____

P. O. No.: _____ **Ship Address:** _____

Contact: _____

Phone: _____

Email: _____ City: _____ State: ____ Zip: _____

Patient Name: _____ Country: _____

Gender: ☐ Male ☐ Female Weight: _____ Height _____ Ship Via: ☐ Ground ☐ Next Day Air ☐ 2nd Day Air

CUSTOM ORTHOTIC TYPE AND QUANTITY

A5513: ____ pairs or L ____ R ____

A5514: ____ pairs or L ____ R ____

TOE FILLERS: ____ pairs or L ____ R ____

FUNCTIONAL: ____ pairs or L ____ R ____

ORDER WITH SHOES: ☐ Yes ☐ No

Shoe Style: _____ Color: _____ Size: _____

ORTHOTIC SPECIFICATIONS

Tri-lam: ☐ Plastazote + PPT + EVA

Top Cover: ☐ Plastazote ☐ Spenco ☐ Leather ☐ Vinyl ☐ Other: _____

Base: ☐ EVA ☐ Thermocork ☐ Cork ☐ Other: _____

Base Density: ☐ Soft ☐ Medium ☐ Hard

Heel Cup: ☐ Flat ☐ Medium ☐ Deep

Met Pad: ☐ L ☐ R

Met Bar: ☐ L ☐ R

Arch Pad: ☐ L ☐ R

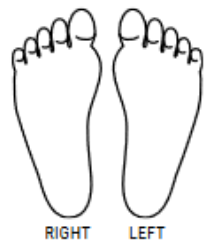
Heel Pad: ☐ L ☐ R

Lateral Flange: ☐ L ☐ R

Medial Flange: ☐ L ☐ R

Offload: ☐ L ☐ R

Mark areas for offloading



RIGHT LEFT

(Plantar View)

Select digits for toe-fillers:

Left: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ TMA

Right: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ TMA

DIAGNOSIS

	☐ Diabetes		☐ Neuropathy	
Ulcer:	☐ L	☐ R	Metatarsalgia:	☐ L ☐ R
Charcot:	☐ L	☐ R	Amputated Toes:	☐ L ☐ R
Heel Spur:	☐ L	☐ R	Hammer Toes:	☐ L ☐ R

FUNCTIONAL SPECIFIC OPTIONS

Shell: ☐ 3mm Polypro ☐ 4.5mm Polypro ☐ Cork ☐ Soft EVA ☐ Medium EVA ☐ Firm EVA ☐ Carbon Fiber ☐ Other: _____

Top Cover Length: ☐ Full ☐ Sulcus ☐ Shell

PPT Padding: ☐ 3mm ☐ 1.5mm ☐ None

Cast Modifications

Lower Arch: ☐ L ☐ R

Raise Arch: ☐ L ☐ R

Fascia Groove: ☐ L ☐ R

Medial Skive: L ____ R ____

Lateral Skive: L ____ R ____

Shell Modifications

UCBL Type: ☐ L ☐ R

1st Ray Cutout: ☐ L ☐ R

Heel Hole Punch: ☐ L ☐ R

Arch Fill: ☐ Soft ☐ Regular

Morton Ext. (mm): L ____ R ____

Heel Posting

☐ Neutral ☐ No Posting

Varus Post L ____ ° R ____ °

Valgus Post L ____ ° R ____ °

Forefoot Posting

☐ Neutral ☐ No Posting

Varus Post R ____ ° L ____ °

Valgus Post R ____ ° L ____ °

ADDITIONAL INSTRUCTIONS _____

*In compliance with federal guidelines, for any custom insert re-orders, please submit new foot impressions, casts, or scans.

*Custom products are not refundable but we will remake at no additional charge.

Rev. 2023.11

PROLAB ORTHOTICS

CUSTOM ORTHOTIC PRESCRIPTION

TEL: (800) 477-6622
FAX: (707) 257-4420
cs@prolab-usa.com
www.prolaborthotics.com

Date: _____ PO#: _____ Account #: _____

For PROLAB office use only

Doctor: _____

Address: _____

City: _____ State / Zip: _____ Phone: _____

PATIENT NAME: _____ Med Rec #: _____

Dx: _____ Dr. Email: _____

Asymmetric Feet? ☐ Yes ☐ No | ☐ Male ☐ Female | Age: _____ | Weight (required): _____ | Shoe Size: _____ | Shoe ☐ Enclosed

Select ONLY ONE device in Part A *(descriptions on back)* **—OR— Complete Part B**

A PATHOLOGY SPECIFIC ORTHOSES™

- ☐ Achilles Tendinitis
- ☐ Calcaneal Apophysitis
- ☐ Hallux Limitus/HAV
- ☐ Intoeing Gait (gait plate)
- ☐ Lateral Ankle Instability/Peroneal Tendinitis
- ☐ Metatarsalgia
- ☐ Neuroma
- ☐ Pediatric Flatfoot
- ☐ Pes Cavus with Rigid Forefoot
- ☐ Plantar Fasciitis due to Everted Rearfoot
- ☐ Plantar Fasciitis due to Forefoot Valgus
- ☐ Posterior Tibialis Dysfunction
  Navicular sweet spot (mark on cast) ☐ R ☐ L
- ☐ Sesamoiditis
- ☐ Sinus Tarsi Syndrome
- ☐ Tarsal Tunnel Syndrome

SPECIALTY ORTHOSES

- ☐ ProAerobic ☐ Med ☐ Firm
- ☐ Cobra
- ☐ Featherweight ☐ Med ☐ Firm
- ☐ Graphite Dress
- ☐ Graphite Functional
- ☐ Holethotic
- ☐ Plastazote Functional ☐ Med ☐ Firm
- ☐ UCBL

DIABETIC ACCOMMODATIVE*
(Foam Box Required)
Milled EVA Shell
☐ Med ☐ **Firm**
*Includes diabetic topcover (leather / P-cell / Poron)

B POLYPROPYLENE SHELL

Choose ONE manufacturing method below

- ☐ Vacuum-Formed (VAC) — Black
- ☐ Vacuum-Formed (VAC) — White

—OR—

- ☐ Milled *(white only; includes poly post)*
  ☐ *No Post*

SHELL RIGIDITY

Choose Poly Thickness —OR— **Choose Shell Rigidity**

- ☐ 2mm *(milled only)*
- ☐ 3mm
- ☐ 4mm
- ☐ 5mm
- ☐ 6mm

Patient Weight (required): _____

- ☐ Flexible
- ☐ **Semirigid**
- ☐ Rigid

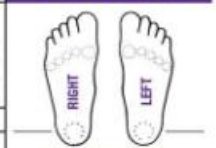
SIZE & CASTWORK *(defaults in bold)*

HEEL CUP DEPTH	WIDTH	CAST FILL	MEDIAL HEEL SKIVE	INVERT
☐ Shallow (10mm)	☐ Narrow	Minimum ☐R ☐L	2mm ☐R ☐L	____° R
☐ **Standard (14mm)**	☐ **Standard**	**Standard** ☐R ☐L	4mm ☐R ☐L	____° L
☐ Deep (18mm)	☐ Wide	Maximum ☐R ☐L	6mm ☐R ☐L	
☐ _____ mm				

SHELL ACCOMMODATIONS

- Medial Flange ☐R ☐L
- PF Groove ☐R ☐L
- Sweet Spot (w/ Poron) ☐R ☐L
- 1st Ray Cut-out ☐R ☐L

PLANTAR VIEW



Note WB heel width and mark all accommodations

SPECIAL ADDITIONS

- Arch Pad ☐R ☐L
- EVA Arch Fill ☐R ☐L
  ☐ *Medium* ☐ *Firm*
- Heel Lift _____mm R _____mm L
  ☐ *Taper lift to mets (requires EVA fill)*
- Heel Pad ☐R ☐L
- Horseshoe Pad ☐R ☐L
- Metatarsal Pad ☐R ☐L
- Metatarsal Bar ☐R ☐L
- Neuroma Pad ☐R ☐L
  ☐ _____ Interspace
- Toe Filler *(must send shoes)* ☐R ☐L

REARFOOT POST

TYPE
- ☐ **Standard**
- ☐ Spot Grind
- ☐ Strip
- ☐ Hole

MOTION
- ☐ **0/0**
- ☐ 4/4

MATERIAL
- ☐ **EVA**
- ☐ Polypropylene

BEVEL
(Do not bevel post…)
Medially ☐R ☐L
Laterally ☐R ☐L

TOPCOVER OPTIONS

LENGTH
- ☐ **Toes**
- ☐ Sulcus
- ☐ Mets

GLUING
- ☐ **Glue All**
- ☐ Glue Posterior Half
- ☐ Glue Heel Only

MATERIAL
- ☐ 3mm Soft EVA (bicolor)
- ☐ **3mm Soft EVA (black)**
- ☐ 3mm Firm EVA (black)
- ☐ Diabetic (leather / P-cell / Poron)
- ☐ Leather (black)
- ☐ Nylene ☐ 1.5mm ☐ 3mm
- ☐ Sport
- ☐ Vinyl
- ☐ Add Poron under topcover ☐ 1.5mm ☐ 3mm
- ☐ Bottom Cover (vinyl)

FOREFOOT EXTENSIONS

LENGTH ☐R ☐L
- ☐ Toes
- ☐ **Sulcus**
- ☐ Beveled on Device

MATERIAL
- ☐ **Poron**
- ☐ Korex
- ☐ EVA ☐ Soft ☐ Firm

THICKNESS
- ☐ 1.5mm ☐ **3mm** ☐ 5mm ☐ 6mm

ADD *Unweight met heads #:*
- ☐ **Slot** *(mark on diagram)* _____ R _____ L
- ☐ Punch *(mark on diagram)*
- ☐ Valgus Extension _____° R _____° L
- ☐ Varus Extension _____° R _____° L
- ☐ Rev. Morton's Extension ☐R ☐L
- ☐ Morton's Extension ☐R ☐L

SPECIAL INSTRUCTIONS — *Extra charges may apply*

- ☐ Adjust *(within 90 days of original order)*
- ☐ Refurbish as before
- ☐ Refurbish as prescribed above
- ☐ Ship to Patient (include address)

Doctor's Signature *(required)* _____

ORDER PROCESSING *(Rush items ship overnight)*
- ☐ RUSH — 1 day in lab
- ☐ RUSH — 3 days in lab

SHIPPING
- ☐ Overnight
- ☐ 2-Day
- ☐ Ground

REORDERS

(Fax reorders to 707-257-4420)
- ☐ Exactly as before
- ☐ As prescribed above

Image # _____
(Reference number from bottom of orthotics)

Rev2022

The predefined orthotic prescriptions below (found in Part A on reverse side) incorporate evidence-based research to address specific pathomechanics. To make changes to any defaults, mark in Part B.

Please Note: Foam boxes are not accepted for functional orthoses.

PATHOLOGY SPECIFIC ORTHOSES™ DESCRIPTIONS

Achilles Tendinitis – Milled, 14mm heel cup, wide, standard cast fill, 4mm medial heel skive, 0/0 poly rearfoot post, EVA cover to toes, 3mm heel lift
Calcaneal Apophysitis – Milled, 20mm heel cup, wide, minimum cast fill, 0/0 poly rearfoot post, EVA cover to toes, Poron heel pad, 3mm heel lift
Hallux Limitus / HAV – Milled (no bevel distal end), 14mm heel cup, wide, minimum cast fill, 4mm medial heel skive, 2° inversion, 0/0 poly rearfoot post, EVA cover to toes, reverse Morton's extension
Intoeing Gait (gait plate) – VAC (black), with shell extended past 4th and 5th met heads, 14mm heel cup, wide, standard fill, 0/0 firm EVA rearfoot post
Lateral Ankle Instability / Peroneal Tendinitis – Milled, 14mm heel cup, wide, standard cast fill, 0/0 poly rearfoot post no lateral bevel, EVA cover to toes, 3° valgus extension
Metatarsalgia – Milled (no bevel distal end), 14mm heel cup, wide, minimum cast fill, 2° inversion, 0/0 poly rearfoot post, EVA cover to toes, 3mm Poron forefoot extension, Poron metatarsal bar
Neuroma – Milled, 14mm heel cup, wide, minimum cast fill, 2° inversion, 0/0 poly rearfoot post, EVA cover to toes glued posterior half only, 1.5mm Poron forefoot extension, neuroma pad (3rd interspace)
Pediatric Flatfoot – Milled, 18mm heel cup, wide with medial flange, minimum cast fill, 4mm medial heel skive, 4° inversion, 0/0 extra-long poly rearfoot post
Pes Cavus with Rigid Forefoot– VAC (black), 14mm heel cup, wide, very minimum cast fill, 0/0 firm EVA rearfoot post no lateral bevel, EVA cover to toes, 3° valgus extension, 3mm heel lift
Plantar Fasciitis due to Everted Rearfoot – Milled, 18mm heel cup, wide, minimum cast fill, 4mm medial heel skive, 0/0 poly rearfoot post, EVA cover to toes
Plantar Fasciitis due to Forefoot Valgus – Milled, 14mm heel cup, wide, standard cast fill, 0/0 poly rearfoot post, EVA cover to toes, 3° valgus extension
Posterior Tibialis Dysfunction – VAC (black), 20mm heel cup, wide with medial flange, standard cast fill, 4mm medial heel skive, 0/0 firm EVA rearfoot post, EVA cover to toes
Sesamoiditis – Milled (no bevel distal end), 14mm heel cup, wide, minimum cast fill, 2mm medial heel skive, 3° inversion, 0/0 poly rearfoot post, EVA cover to toes, reverse Morton's extension
Sinus Tarsi Syndrome – Milled, 18mm heel cup, wide, minimum cast fill, 4mm medial heel skive, 0/0 poly rearfoot post, EVA cover to toes
Tarsal Tunnel Syndrome – VAC (black), 18mm heel cup, wide, minimum cast fill, 4mm medial heel skive, 2° inversion, 0/0 firm EVA rearfoot post, EVA cover to toes, 3mm heel lift

SPECIALTY ORTHOSES

FUNCTIONAL

ProAerobic – 3mm VAC (black), 14mm heel cup, standard width, standard cast fill, medium EVA arch fill, 0/0 firm EVA rearfoot post, sport cover to toes, EVA bottom cover
Cobra – 3mm VAC (black), 8mm heel cup, narrow with cobra cutout, standard cast fill, extended medium EVA arch fill, 1.5mm nylene cover to sulcus
Featherweight – 3mm VAC (black), 14 mm heel cup, standard width, standard cast fill, extended medium EVA arch fill, 3mm nylene cover to toes
Graphite Dress – Graphite, 8mm heel cup, narrow, standard cast fill, vinyl cover to sulcus
Graphite Functional – Graphite, 14mm heel cup, standard width, standard cast fill, vinyl cover to sulcus
Holethotic – VAC (black), 8mm heel cup, narrow, standard cast fill, ground through at heel (hole), vinyl cover to sulcus
Plastazote Functional – Plastazote shell, 14mm heel cup, standard width, standard cast fill, 3mm nylene cover to toes
UCBL – VAC (black), 30mm heel cup, standard width with medial and lateral flanges, standard cast fill, 0/0 firm EVA rearfoot post

ACCOMMODATIVE DIABETIC (Foam Box REQUIRED) – Milled, full length EVA shell, 14mm heel cup, wide, Diabetic cover (leather / P-cell / Poron to toes)

POLYPROPYLENE SHELL RIGIDITY GUIDELINES*

POLY THICKNESS	PATIENT WEIGHT				
	<100 lb	100-150 lb	151-200 lb	201-250 lb	>250 lb
2mm (milled only)	Flexible	Very Flexible			
3mm	Semirigid	Flexible	Very Flexible		
4mm	Rigid	Semirigid	Flexible	Very Flexible	
5mm	Very Rigid	Rigid	Semirigid	Flexible	Very Flexible
6mm		Very Rigid	Rigid	Semirigid	Flexible

*The above rigidity chart is provided as a guideline only. Shell flexibility will vary with foot shape, foot size, prescription options, and manufacturing methods.

SoundOrthotics
Designed for you.

SOUND ORTHOTICS INC
8 MURRAY PT RD
MCDOUGALL • ONTARIO •
P2A 2W9

T. 705 342-7728
F. 705 342-7729

ID# _____
Due Date DAY / MTH / YEAR

PLEASE PRINT

PRESCRIBER
Date _____
Name/R_x: _____
Address _____
_____
_____

PATIENT INFORMATION ❑ REPEAT
Name _____
Sex _____ Weight _____ lbs. D.O.B. _____ Age ___
Shoe Size _____ Shoe Type _____
Diagnosis _____
_____

ORTHOTIC TYPE & SHELLS

- ❑ FUNCTIONAL – Standard / Low / Full
- ❑ SPORT – Impact / SOS / Golf
- ❑ ACCOMMODATIVE – Gentle
- ❑ DIABETIC
- ❑ DRESS
  - ❑ Women's ❑ Flat Cup
  - ❑ With heel hole ❑ Tres Chic
  - ❑ Men's
- ❑ Roberts Whitman ❑ met ❑ full
- ❑ UCBL ❑ met ❑ full
- ❑ Children's gait plate

❑ ***Custom Shell***
- ❑ Direct Milled CAD
  - ❑ Polypro _____ mm*
    * *2 – 6 mm in .5 mm increments*
- ❑ Vacuum Pressed over positive mold
  - ❑ White polypro 2mm
  - ❑ Black polypro
    - ❑ 3mm ❑ 4mm ❑ 4.5mm
  - ❑ EVA Black
    - ❑ 35 w Rubberflex ❑ 55 w Rhenoflex
  - ❑ Rhenoflex Shell

CAST DRESSING

o min o med o max o _____

SHELL MODIFICATIONS

- ❑ heel cup depth (mm) *circle*
  0 – 5 – 10 – 12 – 14 – 16 – 18 – 20 – 26
  other: _____ L / R
- o Shell width ❑ wide ❑ narrow L / R
- ❑ Flange ❑ medial ❑ lateral ❑ soft L / R
- ❑ Fascial accommodation L / R
- ❑ Navicular/cuneiform sweet spot L / R
- ❑ 1st ray cut-out L / R

ARCH FILL MATERIALS

- ❑ ReKoil ❑ Poron
- ❑ Nyplex ❑ P-Cell
- ❑ Birko Cork
- ❑ EVA ❑ 35 ❑ 55

ADDITIONS

- ❑ Heel plugs *poron* ❑ 3mm ❑ 6 mm L / R
  ❑ with hole
- ❑ Met pads ❑ sm ❑ med ❑ lrg L / R
  ❑ Poron *circle* 3 4 5 7 10 mm
- ❑ Met bar L / R
- ❑ Hallux Rigidus Splint polypro Ext. L / R
- ❑ Morton's extension 3mm EVA L / R
- ❑ Reverse Morton's Extension L / R
- ❑ 2-5 bar 3mm EVA L / R
- ❑ Cuboid pad L / R
- ❑ Kinetic wedge L / R
- ❑ Heel lift _____mm L / R
- ❑ Lateral arch fill L / R
- ❑ Horseshoe spur L / R
- ❑ Scaphoid Pad L / R
- ❑ Neuroma pad Web space _____ L _____ R
- ❑ Met cutouts o fill with poron
  1 2 3 4 5 L 1 2 3 4 5 R

POSTING

- ❑ Neutral shell only *(default)*
- ❑ post to these measurements *(please indicate type)*
  Rearfoot L ___° varus/valgus R___° varus/valgus
  Forefoot L ___° varus/valgus R___° varus/valgus
- ❑ L _____ mm Skive R _____ mm Skive
  o L _____° Inverted R _____° Inverted
- o _____mm wedge o medial o lateral L / R

TYPE OF POST

RF	❑ extrinsic	❑ direct milled
	❑ intrinsic	❑ EVA
FF	❑ intrinsic	❑ to sulcus *(default)*
	❑ extrinsic	❑ tip post

❑ Post according to Lab

TOP COVERS

- ❑ Leather
  ❑ Black ❑ Brown ❑ Natural
- ❑ Micro suede
  ❑ Black ❑ Tan
- ❑ Neoprene
- ❑ Nyplex ❑ 1 mm
- ❑ P-Cell
  ❑1.5mm ❑3mm
- ❑ Vinyl/UltraHyde
- ❑ V-Phoam
  - ❑ Black ❑ 1.5mm
  - ❑ Blue ❑ 3 mm
  - ❑ Purple ❑ 4 mm
  - ❑ Red
  - ❑ Pink/Purple
  - ❑ Camo

COMBINE WITH ABOVE

- ❑ Nyplex ❑ 1.5 mm
- ❑ Poron ❑ 3 mm
- ❑ Re Koil

LENGTH ❑ to met
❑ to sulcus ❑ to toes

FOREFOOT EXTENSIONS

- ❑ Poron ❑ Nyplex
- ❑ EVA ❑ Re Koil

THICKNESS
❑ 1.5 mm ❑ 3 mm

LENGTH
❑ to sulcus ❑ to toes

BOTTOM COVERS

- ❑ Vinyl
- ❑ EVA 1mm
  ❑ Black ❑ Beige

LENGTH
❑ Full ❑ forefoot only

SPECIAL INSTRUCTIONS

_____
_____
_____

MAG Orthotics Limited
Unit 31, Jessops Riverside, 800 Brightside Lane, Sheffield, S9 2RX
Tel: 0114 2435018 | Fax: 0114 2431455
Email: info@magorthotics.com

PATIENT DETAILS

Order No:		Requirement	
Patients Ref:		Shoe Size:	

PRACTITIONER DETAILS

Address	Name	
	E-mail	
	Order Date	11/11/2019
	Telephone	

SELECT ORTHOTIC

Length		Material	
Flexibility (Thickness)			

SHELL MODIFICATION

Posting Type		Strengthening Bar (3D Only)	
Shell Cut-out		Bar Thickness (3D Only)	
Cut-Out Position		Heel Cup Depth	
Posting Material			

SELECT POSTING

	LEFT		RIGHT	
Rearfoot	Intrinsic / Extrinsic		Intrinsic / Extrinsic	
	Position		Position	
	Degree		Degree	
	Heel Raise		Heel Raise	
Forefoot	Intrinsic / Extrinsic		Intrinsic / Extrinsic	
	Position		Position	
	Degree		Degree	
Skive	Medial/Lateral		Medial/Lateral	
	mm		mm	
Heel Flange	Medial/Lateral		Medial/Lateral	

SELECT ADDITIONS

METATARSAL PAD		
METATARSAL BAR		
METATARSAL RAISE		
THICKNESS		
MATERIAL		
MORTON'S EXTENSION		
REVERSE MORTON'S EXT		
FHL ACCOMMODATION		
THICKNESS		
MATERIAL		
ARCH PAD		
CUBOID PAD		
THICKNESS		
MATERIAL		
HEEL PAD		
HEEL SPUR PAD		
HEEL PORON DOT		
SHELL CUT OUT/PAD		
LESION ACCOMMODATION		
(PLEASE PROVIDE ILLUSTRATION or TEMPLATE)		

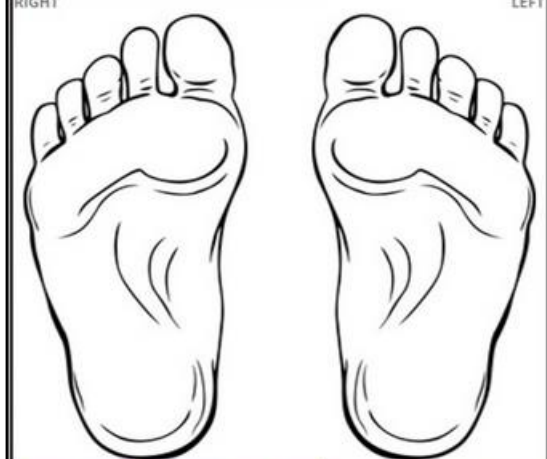
SELECT COVERING

LENGTH		
MATERIAL -		
Default		
Other (Please State)		
PADDING THICKNESS		

LESION ACCOMMODATION

ANNOTATE AS APPROPRIATE

RIGHT LEFT



ADDITIONAL INFORMATION

PLEASE DESCRIBE BELOW

3D PRINTED POSTING TYPE OPTIONS

- FULL
- MEDIAL QUARTER
- LATERAL QUARTER
- NONE

3D PRINTED STRENGTHENING BAR OPTIONS

- Y' SHAPE
- MEDIAL ARCH
- NONE

NOTES

new step
orthotic lab, inc.
14 Schiber Court
Maryville, IL 62062
PH: 618-208-4444
FAX: 618-205-3461
sales@nsolinc.com
www.newsteporthotics.com

Functional Insert Order Form

Dr/Practitioner
Name
Facility Name
And Address:

DO NOT LEAVE BLANK

PURCHASE ORDER #

☐ 2 Day Rush $50
☐ 3 Day Rush $35

FOR OFFICE USE ONLY
Cast ID _____
Scanned ☐

Name: _____

M ☐ F ☐ Age _____ Weight Lbs. _____ Brand _____

Style: ☐ Athletic ☐ Dress ☐ Casual ☐ Diabetic Size _____

Pairs of Orthotics ☐ **Other**: _____

Diagnosis _____

○ **3D PRINTED SHELL**

SPORT	HIGH SUPPORT	CASUAL	DRESS
☐ Pro Sport Flex	☐ Ultra Support	☐ Flex Sport	☐ Dress Pro Flex
☐ All Sport Flex	☐ UCBL	☐ Balance Sport	☐ Thin Dress Pro
☐ Ultra Thin Graphite	☐ Morton Extension	☐ Extra Flex	☐ Dress High Heel
☐ Standard Graphite	○ Plastic ○ Graphite	☐ Soft Sport	
☐ Shock Absorber			

CHILDRENS ORTHOTICS

☐ Gaite Plate In-Toe
☐ Gaite Plate Out-Toe
☐ Heel Stabilizer A
☐ Heel Stabilizer B
☐ Heel Stabilizer C

MODIFICATIONS:

☐ Heel Cups ☐ L ☐ R
☐ Low ☐ Medium ☐ Deep
☐ Metatarsal Pads/Raise ☐ L ☐ R
☐ S ☐ M ☐ L
Distal Placement
☐ Metatarsal Bar ☐ L ☐ R
☐ S ☐ M ☐ L
☐ Neuroma Pad ☐ L ☐ R
☐ Heel Spur Cut-Outs ☐ L ☐ R
☐ Extra Cushion ☐ L ☐ R
☐ Heel ☐ Forefoot
☐ Cut Shell 1st MPJ ☐ L ☐ R
☐ Cut Shell 5th MPJ ☐ L ☐ R
☐ Metatarsal Cut Out ☐ L ☐ R
L ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
R ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ Horseshoe Heel Pad ☐ L ☐ R
☐ Morton's Ext. (cork) ☐ L ☐ R
☐ Reverse Morton's Ext. ☐ L ☐ R
☐ Medial Flange ☐ L ☐ R
☐ Soft ☐ Hard
☐ Lateral Flange ☐ L ☐ R
☐ Planter Arch Fill ☐ L ☐ R
☐ Cork ☐ PPT ☐ Corex ☐ EVA
☐ Heel Lift/Amount _____L _____R

CAST MODIFICATIONS:

☐ As Cast ☐ ∩Arch ☐ ∪Arch
☐ Other
Mark impressions and order form for accommodations

THE BASICS ☐ SR1 ☐ R2

SHELL WIDTH: ☐ NARROW ☐ MEDIUM ☐ WIDE ☐ WIDE ARCH ☐ DRESS TRIM

TOP COVER Call Lab for Custom Top Cover
LENGTH: ☐ Shell(¾) ☐ Sulcus(¾) ☐ Toe (FULL)

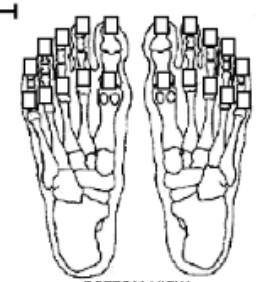
☐ Vinyl only (no padding)
☐ Vinyl Full Foot 1/8" PPT
☐ 1/8" Thermal Mold
☐ 1/8" Spenco ○ 1/16" PPT ○ 1/8" PPT Padding
☐ 1/16" Spenco ○ 1/16" PPT ○ 1/8" PPT Padding
☐ 1/8" P-Cell +1/16" PPT Padding
☐ Sweat Resistance with 1/16" PPT Padding
☐ Leather with 1/8" PPT Padding
☐ Suede + 1/8" Cushion

BOTTOM COVERS: ☐ EVA ☐ Vinyl ☐ None
○ Fore Foot Only ○ Full Foot

POSTING

FOREFOOT		REARFOOT	
☐ Intrinsic ☐ Extrinsic ☐ Extend to Sulcus		☐ Intrinsic ☐ Extrinsic	
Left		**Left**	
○ Medial _____		○ Medial _____	
○ Lateral _____		○ Lateral _____	
○ Neutral _____		○ Neutral _____	
Right		**Right**	
○ Medial _____		○ Medial _____	
○ Lateral _____		○ Lateral _____	
○ Neutral _____		○ Neutral _____	

SPECIAL INSTRUCTIONS:



BOTTOM VIEW

Phone: 877-334-4442

Office Ship to Information

SUMMIT LABS L.L.C.

Office Name:

Address:

City: **State:** **Zip:**

Phone:

Patient Information **Contact Name:**

PO# **Date:** **Gender:** **M** ☐ **F** ☐

Patient Name: **Date of Birth:**

Patient Weight: **Activity Level:** **Low** ☐ **Moderate** ☐ **High** ☐

Orthotic Information

Shell Thickness

- ☐ 3.25mm *(Kids Lightweight)*
- ☐ 3.55mm *(Lightweight)*
- ☐ 3.85mm *(Performs like 1/8th)*
- ☐ 4.15mm *(Between 1/8th and 3/16th)*
- ☐ 4.45mm *(Performs like 3/16th)*

Heel Cup Depth

- ☐ 10mm *(Dress/Kids)*
- ☐ 14mm *(Dress/Kids)*
- ☐ 18mm *(Summit Standard)*
- ☐ 20mm *(Aggressive Control)*
- ☐ UCBL (25mm)

Topsheet options

☐ Black Ice 1/8"	☐ Black Ice 1/16" + 1/16" PPT	☐ Carbon Fiber + 1/16" PPT
☐ Black Ice 1/16"	☐ Black Ice 1/16" + 1/8" PPT	☐ Carbon Fiber + 1/8" PPT
☐ Pink Camo 1/8"	☐ Black Ice 1/16" + 1/16" XRD	☐ Carbon Fiber + 1/16" XRD
☐ Pink Camo 1/16"	☐ Black Ice 1/16" + 1/8" XRD	☐ Carbon Fiber + 1/8" XRD
☐ Pink Camo 1/16" + 1/16" PPT	☐ P-Cell 1/8" + 1/16" PPT	☐ Fabric + 1/16" Neosponge
☐ Pink Camo 1/16"+ 1/8" PPT	☐ P-Cell 1/8" + 1/8" PPT	☐ Fabric + 1/8" Neosponge

Topsheet finish options

☐ Shell Only ☐ Send loose in package ☐ 3/4 Length Topsheet Glued ☐ Full length with bottom cover Glued

Posting	**Left**		**Right**	
Forefoot Posting	☐ Lateral _____	☐ Medial _____	☐ Lateral _____	☐ Medial _____
Rearfoot Posting	☐ Lateral _____	☐ Medial _____	☐ Lateral _____	☐ Medial _____
Posting Style	☐ Intrinsic	☐ Extrinsic	☐ Intrinsic	☐ Extrinsic

Intrinsic post is an approximant 1" flat spot on the bottom of the orthotic shell
Extrinsic post is a solid plastic heel posting (Looks like a traditional heel posting expect it is machined out of plastic)

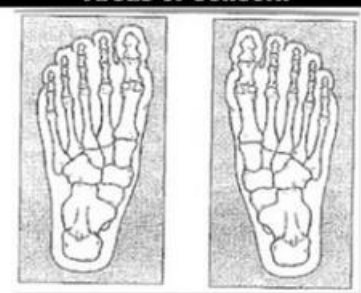
Quantity of Orthotics

☐ **1 Pair** ☐ **2 Pairs** **Other:** **Left** ☐ ____ **Right** ☐ ____

Metatarsal Pads ☐ **Left** ☐ **Right**

Special Instructions

Areas of Concern



Left **Right**

Email orders to orders@summitlabsllc.com

Summit Labs LLC 605 N. Eastern Ave, Allegan MI 49010

Langer Biomechanics
An Ohi Company

QUALITY INNOVATION EDUCATION
WWW.LANGERBIOMECHANICS.COM

FIRST CHOICE ORTHOTIC RX

Account # _____ P.O. #: _____
Account Name _____
Practitioner Name _____
Phone _____ Fax _____
Email _____
Street Address _____
City/St/Zip/Postal Code _____
☐ Recast from previous order
Serial # _____
☐ 5-Day Rush - ($25 Fee)

FOR USE ONLY
Serial #_____
Opened By _____ Incoming Postage _____
Date Received_____

Patient's Name _____
Street Address _____
City/St/Zip/Postal Code _____
Telephone ( ) _____
Sex ☐M ☐F Age _____ Height _____ Weight _____
Shoe Size _____
LACED ☐Low volume interior ☐High volume interior
☐Athletic ☐Safety boots ☐Other _____

Protect® Program Serial #_____ ☐ Repair ☐ Outgrow ☐ Loss **Attach copy of patient's Protect Agreement**

1 ORTHOTICS
Choose one device with standard topcover

- ☐ FirstChoice Accommodative (1/16" Black Starsuede Topcover to Sulcus)
- ☐ FirstChoice Sport (1/8" Blue ETC Topcover to metatarsals)
- ☐ FirstChoice Composite (1/8" Blue ETC to metatarsals)
- ☐ FirstChoice Dress (Black Vinyl to sulcus)
- ☐ FirstChoice Semi-Flex (1/16" Black Starsuede to toes)
- ☐ FirstChoice Pediatric (1/16" Black Starsuede to metatarsals)

2 SPECIAL COVERING REQUESTS (OPTIONAL)
Choose one alternate topcover to replace standard topcover

1/8" Blue ETC	☐	3/16" Plastazote	☐
3/16" Blue ETC (extra padding)	☐	1/8" Multicolor EVA	☐
1/16" Black Starsuede	☐	1/16" Multicolor EVA	☐
3/16" Black Starsuede (extra padding)	☐	1/8" Neoprene	☐
Black Vinyl (no padding)	☐	1/16" Neoprene	☐

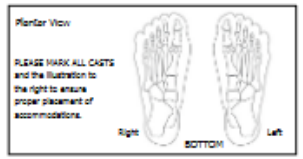
☐ To Metatarsal ☐ To Sulcus ☐ To Toes

3 ADDITIONS AND MODIFICATIONS

	Right	Left
Heel Spur Balance	☐	☐
Heel Cushion	☐	☐
Heel lift 1/8"	☐	☐
Heel lift 3/16"	☐	☐
Heel lift 1/4"	☐	☐
1st Ray Cut Out	☐	☐
Hole in Heel ☐ include Foam Disk	☐	☐
Medial Flange	☐	☐
Lateral Flange	☐	☐
Morton's Extension	☐	☐
Reverse Morton's Extension	☐	☐
Neuroma Pad	☐	☐
3rd interspace unless specified _____		
Neuroma Plug	☐	☐
Interspace _____		
Metatarsal Pad	☐	☐
Metatarsal Bar	☐	☐
Scaphoid Pad	☐	☐
Balance Pad Right (please circle) 1 2 3 4 5		
Balance Pad Left (please circle) 1 2 3 4 5		
Deep Heel Seat	☐	☐
Gait Plate to promote (Pediatric Only)	☐ in toe	☐ out toe

4 POSTING VALUES

	Right	Left
Forefoot Intrinsic	____ Varus	____ Varus
	____ Valgus	____ Valgus
Forefoot Extrinsic	____ Varus	____ Varus
	____ Valgus	____ Valgus
Rearfoot Intrinsic	____ Varus	____ Varus
Rearfoot Extrinsic	____ Varus	____ Varus



DIAGNOSIS/CHIEF COMPLAINT/SPECIAL INSTRUCTIONS

_____
_____
_____
_____

For Canadian Customers ship to:
160 Markland Street
Markham, ON L6C 0C6
T: 877.644.4344
F: 866.538.9472

For U.S Customers ship to:
Purolator – Langer Northbound Consolidation
C/O Orthotic Holdings
25801 Northline Com Dr.
Taylor, MI 48180

ohi

Langer Biomechanics
An Ohi Company

QUALITY INNOVATION EDUCATION
WWW.LANGERBIOMECHANICS.COM

CUSTOM ORTHOTIC RX FORM

Account # _____ P.O. #: _____
Account Name _____
Practitioner Name _____
Phone _____ Fax _____
Email _____
Street Address _____
City/St/Zip/Postal Code _____
☐ Recast from previous order
Serial # _____
☐ 5-Day Rush - ($25 Fee)

LAB USE ONLY
Serial # _____
Opened By _____ Incoming Postage _____
Date Received _____

Patient's Name _____
Street Address _____
City/St/Zip/Postal Code _____
Telephone ( ) _____
Sex ☐M ☐F Age _____ Height _____ Weight _____
Shoe Size _____
PUMP ☐Flat ☐Low heel ☐High heel
LACED ☐Low volume interior ☐High volume interior
☐ Athletic ☐ Safety boots ☐ Other _____

☐ This is a prepaid order
☐ Check enclosed Check# _____ ☐ Money order enclosed Check# _____
Charge to: ☐Mastercard ☐VISA ☐AmEx ☐Discover #_____
Expiration Date _____ Signature _____

Protect® Program Serial #_____ Repair Outgrow Loss **Attach copy of patient's Protect Agreement**

SPORTHOTICS

☐ALLSPORT (To metatarsals) ☐MARATHONER (To sulcus) ☐HEALTHFLEX® (To toes) ☐SOCCER (To sulcus)
☐ALLSPORT FLEXIBLE (To metatarsals) ☐SPRINTER (To toes) ☐BASKETBALL (To toes)

FASHION DEVICES

☐SLIMTHOTICS® (To sulcus)
☐Extension width 1st to 3rd metatarsal heads
☐Extension width 1st to 5th metatarsal heads
☐Full width forefoot shell 1st to 5th metatarsal heads with 1/16" PPT® extension
☐DESIGNLINE® (To sulcus)
☐SUPERFORM STYLOTIC® (To sulcus)

CONTROLLING/FUNCTIONAL DEVICES

☐LYTE FIT® (To metatarsals) ☐U.C.B.L. (To metatarsals)
☐HEEL FIT® Firm (to toes) ☐D.S.I.S. (To metatarsals)
☐HEEL FIT® Flexible (to toes)

ACCOMMODATIVE DEVICES

☐BLUELINE (To sulcus)
Available fillers ☐Foam (soft) ☐EVA (medium) ☐Thermocork (firm)
☐RUNNER'S MOULD (To sulcus)
☐LEATHER MOULD (To sulcus)
Available fillers ☐Foam (soft) ☐EVA (medium) ☐Thermocork (firm)

THERACARE DEVICES

☐SOFT (To toes) ☐FIRM (To toes)

For Canadian Customers ship to:
160 Markland Street
Markham, ON L6C 0C6
T: 877.644.4344
F: 866.538.9472

For U.S Customers ship to:
Purolator – Langer Northbound Consolidation
C/O Orthotic Holdings
25801 Northline Com Dr.
Taylor, MI 48180

ohi

Langer Biomechanics
An Ohi Company

QUALITY INNOVATION EDUCATION
WWW.LANGERBIOMECHANICS.COM

CUSTOM ORTHOTIC RX FORM

EXAMINATION FINDINGS

1st Ray Position
R☐ Plantarflexed L☐ (1st ray cut out)
R☐ Normal L☐
R☐ Dorsiflexed L☐
General Foot Motions
R☐ Restricted L☐
R☐ Average L☐
R☐ Loose L☐
Location of Corns/Calluses
R_____ L_____
Foot Appearance (non-weight bearing)
R☐ High arch L☐
R☐ Medium arch L☐
R☐ Low arch L☐
Ankle Dorsiflexion
R☐ Adequate L☐
R☐ Limited L☐
Subtalar Joint Motion
R☐ Restricted L☐
R☐ Average L☐
R☐ Loose L☐
Forefoot
_____° Varus _____° Varus
_____° Valgus _____° Valgus

Hallux Dorsiflexion
R☐ Rigid L☐
R☐ Semi-Rigid L☐
R☐ Normal L☐
Limb Length Differences
Right limb shorter by _____mm/in
Left limb shorter by _____mm/in
Foot Appearance (weight bearing)
R☐ High arch L☐
R☐ Medium arch L☐
R☐ Low arch L☐
Knee Position
☐Genu Varum ☐Norm ☐Genu Valgum
Gait Pattern
☐In Toe ☐Norm ☐Out Toe
R_____° Subtalar Inversion L_____°
R_____° Subtalar Eversion L_____°
R_____° Subtalar Neutral L_____°
R_____° Rested Calcaneal Stance
Tibial Varus
R_____° L_____°

FOREFOOT EXTENSIONS

From Distal End of Shell To
☐Sulcus ☐Toes
Thickness
☐1/8" ☐1/16"
Materials
☐PPT® ☐PLASTAZOTE®
☐PPT®/PLASTAZOTE® (3/16"ONLY)

PADDED TOPCOVERS

Cover From Heel To
☐Mets ☐Sulcus ☐Toes
Thickness
☐1/8" ☐1/16"
Materials
☐PPT® ☐PLASTAZOTE®
☐PPT®/PLASTAZOTE® (3/16"ONLY)

SPECIAL COVERING REQUESTS

☐BambooLon ☐1/8" ☐1/16"
☐Neoprene ☐1/8" ☐1/16"
☐1/8" Slow Recovery PPT w/ 1/16"PPT
☐Mets ☐Sulcus ☐Toes
☐Ucolite ☐1/8" ☐1/16"
☐Blue ☐Black
☐Medium Density EVA
☐1/8" ☐1/16"
☐Glove leather
☐Black ☐Tan
☐Perforated glove leather
☐Suede bottom cover
☐Jazz Blue ☐Black
☐Suede top cover
☐Jazz Blue ☐Black

DIAGNOSIS/CHIEF COMPLAINT/SPECIAL INSTRUCTIONS

POSTING VALUES

☐Post according to lab evaluation of data and cast
☐DO NOT post the ☐rearfoot and/or ☐forefoot
Post to these values instead

	RIGHT	LEFT
REARFOOT	_____° Varus	_____° Varus
	☐Intrinsic	☐Extrinsic (unless stated otherwise)

	RIGHT	LEFT
FOREFOOT	_____° Varus	_____° Varus
	_____° Valgus	_____° Valgus
	☐Intrinsic	☐Extrinsic

Any forefoot post over 5° will be split intrinsic and extrinsic.
☐1-5 Post Bar ☐2-5 Post Bar w/ 1st Ray Cutout
☐Compressible forefoot post to sulcus ☐Tip Post
HEEL LIFT* _____" mm/in _____" mm/in
Heel lifts will be sent separately when rearfoot is posted intrinsically

SHELL MODIFICATIONS/SUBSTITUTIONS

☐Deep Heel Seat	☐R	☐L
☐Lateral Flange	☐R	☐L
☐Medial Flange	☐R	☐L
☐Reduce Bulk	☐R	☐L
☐Lateral Clip	☐R	☐L
☐Morton's ext to shell	☐R	☐L
☐1st Ray Cut Out	☐R	☐L
☐Kinetic Wedge	☐R	☐L

☐Cut Orthoses Narrow
☐Gait Plate to promote ☐Out toe ☐In toe
☐SUPERFORM®
☐Kirby Skive _____ mm

SPECIAL PADDINGS/ACCOMMODATIONS

Arch Reinforcement (Standard for patients 275lbs. + excluding Superform Stylotic)
☐Foam ☐EVA ☐Thermocork

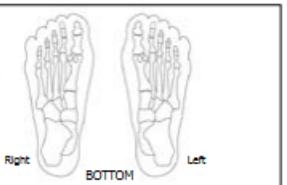
	Right	Left
Heel spur pad	☐	☐
Heel cushion	☐	☐
2-4 Met pad	☐	☐
Met bar pad	☐	☐
Toe crest pad	☐	☐
Scaphoid pad	☐	☐

	Right	Left
Neuroma pad	☐	☐
3rd Interspace unless specified_____		
Neuroma plug	☐	☐
Interspace_____		
Dancer's pad	☐	☐
Morton's ext.	☐	☐

Buttress pad (Right) please circle
1 2 3 4 5 (or mark on diagram)
Balance pad (Right) please circle
1 2 3 4 5 (or mark on diagram)
Buttress pad (Left) please circle
1 2 3 4 5 (or mark on diagram)
Balance pad (Left) please circle
1 2 3 4 5 (or mark on diagram)

Plantar

PLEASE MARK ALL CASTS and the illustration to the right to ensure proper placement of accommodations.



ohi

LOISRBF-1111

Langer Biomechanics
An Ohi Company

QUALITY INNOVATION EDUCATION
WWW.LANGERBIOMECHANICS.COM

EVA ORTHOTIC RX FORM

Account # _____ P.O. #: _____
Account Name _____
Practitioner Name _____
Phone _____ Fax _____
Email _____
Street Address _____
City/St/Zip/Postal Code _____
☐ Recast from previous order
Serial # _____
☐ 5-Day Rush - ($25 Fee)

LAB USE ONLY
Serial # _____
Opened By _____ Incoming Postage _____
Date Received _____

Patient's Name _____
Street Address _____
City/St/Zip/Postal Code _____
Telephone ( ) _____
Sex ☐M ☐F Age _____ Height _____ Weight _____
Shoe Size _____
LACED ☐Low volume interior ☐High volume interior
☐Athletic ☐Safety boots ☐Other _____

Protect® Program Serial # _____ ☐ Repair ☐ Outgrow ☐ Loss **Attach copy of patient's Protect Agreement**

ACCOMMODATIONS

Base Material
☐ 45 Durometer EVA
☐ 55 Durometer EVA

TOPCOVERS
☐ 1/8" Green EVA
☐ 1/8" Black Neoprene
☐ 3/16" PPT Plastazote
☐ 1/16" Black Neoprene
☐ 1/8" Marbled EVA

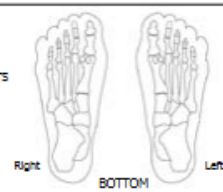
EVA BASE MODIFICATIONS

Heel Seat	☐ Standard (10mm)	☐ Deep (16mm)	☐ Shallow(6mm)	
Width	☐ 1/8" Narrow	☐ 1/4" Narrow		
	☐ 1/8" Wide	☐ 1/4" Wide		
Arch Height	☐ As Cast/Scanned	☐ Lower 1/8"	☐ Raise 1/8"	
Flanges	☐ High Medial	☐ B/L	☐ Left	☐ Right
	☐ High Lateral	☐ B/L	☐ Left	☐ Right
Intrinsic Heel Cushion (Punch out + fill with foam)			☐ Left	☐ Right

Heel Cushion	☐ 1/16"	☐ 1/8"	☐ Left	☐ Right
Heel Spur U-Pad	☐ 1/8"		☐ Left	☐ Right
Dancer's Pad	☐ Left	☐ Right		
Met Pad (2-4)	☐ Left	☐ Right		
Met Bar (1-5)	☐ Left	☐ Right		
Met Heads	Left ☐1 ☐2	☐3 ☐4 ☐5		
	Right ☐1 ☐2	☐3 ☐4 ☐5		
5th Met Base	☐ Left	☐ Right		

Plantar

PLEASE MARK ALL CASTS and the illustration to the right to ensure proper placement of accommodations.



DIAGNOSIS/CHIEF COMPLAINT/SPECIAL INSTRUCTIONS

_____
_____
_____
_____
_____
_____
_____
_____

For Canadian Customers ship to:
160 Markland Street
Markham, ON L6C 0C6
T: 877.644.4344
F: 866.538.9472

For U.S Customers ship to:
Purolator – Langer Northbound Consolidation
C/O Orthotic Holdings
25801 Northline Com Dr.
Taylor, MI 48180

ohi

PRESCRIPTION ORTHOSES
ORDER FORM

ACCOUNT INFO
Acct #
Name
Address
Phone/Fax

Date: __/__/____
PO#:

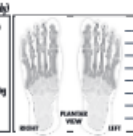
LAB USE ONLY ☐ PPD ☐ BF
L_____ R_____ ONLY_____
OE_____

PATIENT INFO
Please Print (all patient info is required)

First Name: Last Name:
D.O.B.: __/__/__ Weight: ☐ M ☐ F
Shoe Size: Shoe Style:
Width: ☐ Narrow ☐ Medium ☐ Wide
Shoes Provided: ☐ Yes ☐ No

ORDER OPTIONS
(Additional Charges May Apply)

☐ Fabricate 1 PAIR (CROSS REFERENCE PAIRS: Please complete two separate order forms)
☐ Fabricate 2 IDENTICAL PAIRS
☐ Product Covered by Safe & Sound Warranty
☐ RUSH Order ($35) ☐ Ship to Patient (Additional $3 Shipping Charge. Includes orders to Patient Only)
☐ Ship Overnight ($35) ☐ International Shipping (Charges and apply if shipped outside of USA)



NOTES

STEP ONE SHELL SELECTION

SPORT ORTHOSES

System 3.0 Procarbolene
- ☐ 2.2mm (Semi-Flexible) 175 lbs
- ☐ 2.6mm (Semi-Rigid) 220 lbs
- ☐ 3.0mm (Rigid) 220+ lbs

ProTech Polypropylene
- ☐ 3.2mm (1/8") 175 lbs
- ☐ 4.7mm (3/16") 220+ lbs

Marathotic Polyethylene
- ☐ 3.0mm up to 150 lbs
- ☐ 4.0mm up to 175 lbs
- ☐ 5.0mm 180+ lbs

Advantage+ Polypropylene
- ☐ 3.2mm (1/8") 175 lbs
- ☐ 4.7mm (3/16") 220+ lbs

DRESS ORTHOSES

System 3.0 Flat/Pump Procarbolene
- ☐ 2.2mm (Semi-Flexible) 175 lbs
- ☐ 2.6mm (Semi-Rigid) 220 lbs
- ☐ 3.0mm (Rigid) 220+ lbs

System 3.0 High Heel Procarbolene
(select one) (select one)
- ☐ 3.2mm (1/8") 175 lbs ☐ Flat
- ☐ 4.7mm (3/16") 220+ lbs ☐ Cup

Steppin' Out Polypropylene
- ☐ 3.3mm (1/8") 175 lbs

System 3.0 Men's Dress Procarbolene
- ☐ 2.2mm (Semi-Flexible) 175 lbs
- ☐ 2.6mm (Semi-Rigid) 220 lbs
- ☐ 3.0mm (Rigid) 220+ lbs

Advantage+ Polypropylene
- ☐ 3.2mm (1/8") 175 lbs
- ☐ 4.7mm (3/16") 220+ lbs

Leisure ORTHOSES

Pedestrian Polyethylene
- ☐ 3.0mm up to 185 lbs
- ☐ 4.0mm up to 225 lbs
- ☐ 5.0mm 220+ lbs

Enhanced Fit Polypropylene
- ☐ 3.2mm (1/8") up to 175 lbs
- ☐ 4.7mm (3/16") 175+ lbs

PAL'S kids

Heel Stabilizers Polyethylene
- ☐ A 5.0mm 50+ lbs
- ☐ B 5.0mm 50+ lbs
- ☐ C 5.0mm (Similar to UCBL Device) 50+ lbs
- ☐ D 5.0mm 50+ lbs

Roberts Whitman Polyethylene
- ☐ 5.0mm 50+ lbs

STEP TWO POSTING OPTIONS

FOREFOOT POSTING
- ☐ Omit FF posting
  - ☐ Intrinsic ☐ Extrinsic
- ☐ According to cast
- ☐ According to measurements
  - L_____ ☐ Varus ☐ Valgus
  - R_____ ☐ Varus ☐ Valgus

REARFOOT POSTING
- ☐ Omit RF posting
  - ☐ Intrinsic ☐ Extrinsic
- ☐ 0°inverted/0°motion
- ☐ 4°inverted/4°motion
- ☐ According to measurements
  - L_____ ☐ Varus ☐ Valgus
  - R_____ ☐ Varus ☐ Valgus

ARCH HEIGHT
☐ No Plaster ☐ Medial Wash
☐ 1+ ☐ 2 ☐ 3

FOREFOOT WIDTH
☐ Narrow ☐ Normal ☐ Wide

STEP THREE MODIFICATIONS & ACCESSORIES

L	R		L	R	
☐	☐	**2001 ACCOM.** (Reverse Morton's) (Marked in forefoot only)	☐	☐	**MORTON'S EXTENSION** (Same) ☐ Standard ☐ End of toes
☐	☐	**ARCH FILL** ☐ PROLITE ☐ KOREX	☐	☐	**NEUROMA PAD** (as marked)
☐	☐	**ARCH RAISE** (pad) ☐ STANDARD ☐ 1/8"	☐	☐	**TOE CREST**
☐	☐	**COLUMN WEDGE** ☐ LATERAL ☐ MEDIAL ☐ RF POST ONLY	☐	☐	**CUBOID RAISE**
☐	☐	**CUBOID RAISE**	☐	☐	**TOE FILLER** (as marked) (For best results, provide shoe)
☐	☐	**DANCER'S PAD** (as marked) ☐ STANDARD ☐ AS MARKED	☐	☐	**1ST RAY CUTOUT**
☐	☐	**HEEL CUSHION** ☐ STANDARD ☐ AS MARKED ☐ HORSESHOE ☐ C. POCKET	☐	☐	**5TH RAY CUTOUT**
☐	☐	**HEEL LIFT** ☐ 1/16" ☐ 1/8" ☐ 3/16" ☐ 1/4"	☐	☐	**DEEP HEEL CUP**
☐	☐	**MEDIAL FLAP**	☐	☐	**FLANGE** ☐ MEDIAL ☐ LATERAL
☐	☐	**MET BAR**	☐	☐	**GAIT PLATE** ☐ IN-TOE ☐ OUT-TOE
☐	☐	**MET PAD** ☐ #22(S) ☐ #40(M) ☐ #30(L) ☐ BEVEL TO 1/8 "THICKNESS	☐	☐	**GENTLE HEEL INSERT**
			☐	☐	**INTRINSIC ACCOM.** (Must Be Marked)
			☐	☐	**LATERAL CLIP**
			☐	☐	**MEDIAL KIRBY 3MM SKIVE**
			☐	☐	**PUMP GRIND**
			☐	☐	**SHAFFER MEDIAL** ☐ Slight ☐ Standard ☐ Old Style

STEP FOUR TOP COVER & EXTENSIONS

TOP COVER LAYER
- ☐ Personalized Top Cover ☐ Plastazote
- ☐ EVA ☐ Genuine Leather
- ☐ Naugahyde ☐ NeoStride
- ☐ Microfiber

TOP COVER LENGTH
- ☐ Cover to End of Toes ☐ Cover to Sulcus
- ☐ Cover Orthoses Only

EXTENSION MATERIAL
- ☐ Prolite 1/8" ☐ Prolite 1/16"
- ☐ PPT 1/8" ☐ PPT 1/16"

EXTENSION MATERIAL LENGTH
- ☐ Forefoot Blend to End of Toes
- ☐ Forefoot Blend to Sulcus
- ☐ Cover Orthoses to End of Toes
- ☐ Cover Orthoses to Sulcus
- ☐ Cover Orthoses Only

POCKETING
- ☐ As Marked on Cast
- ☐ See Plaster-View Markings

PAL HEALTH
1805 Riverway Dr. Pekin, IL 61554 | 800.223.2957 | Fax: 866.381.3850
XTREMITY3D.COM

PRESCRIPTION ORTHOSES PRODUCT STANDARDS

If order form is not filled out in its entirety, PAL lab standards listed below will apply.

SPORT ORTHOSES

Top Cover - Black Naugahyde
Heel Cup Depth: 10mm
Forefoot Width: Normal
Forefoot Posting: According to cast
Rearfoot Posting: Extrinsic
4° Inverted / 4° Motion

System 3.0 Sport
2.6mm Procarbolene

ProTech
1/8" Polypropylene

Marathotic
5.0mm Polyethylene

Advantage+
1/8" Polypropylene

Leisure ORTHOSES

Top Cover: Light Blue Naugahyde
Forefoot Width: Normal
Forefoot Posting: According to cast
Rearfoot Posting: Extrinsic
4° Inverted / 4° Motion

Pedestrian
3.0mm Polyethylene
Heel Cup Depth: 10mm
Arch Fill: 1/4" SBR
Extension: Covered to End of Toes with 1/16" SBR
Bottom Cover: 1/16" Prolite
Unavailable: Intrinsic Rearfoot Posting

Enhanced Fit
1/8" Polypropylene
Heel Cup Depth: 12mm
Extension: Covered to End of Toes with 1/8"PPT
Bottom Cover: Sitan

DRESS ORTHOSES

Top Cover: Navy Naugahyde
Forefoot Posting: According to cast

System 3.0 Women's Flat/Pump
2.6mm Procarbolene
Heel Cup Depth: 10mm
Forefoot Width: Narrow
Rearfoot Posting: Intrinsic
4° Inverted / 4° Motion

System 3.0 Women's High Heel
2.6mm Procarbolene
Heel Cup Depth: Flat/Cup
Forefoot Width: Narrow
Extension: Forefoot Blend to Sulcus with 1/16" Prolite

System 3.0 Men's Dress
2.6mm Procarbolene
Heel Cup Depth: 10mm
Forefoot Width: Narrow
Rearfoot Posting: Intrinsic
4° Inverted / 4° Motion

Steppin' Out
1/8" Polypropylene
Heel Cup Depth: 10mm
Forefoot Width: Narrow
Rearfoot Posting: Intrinsic
4° Inverted / 4° Motion

Advantage+ Dress
1/8" Polypropylene
Heel Cup Depth: 10mm
Forefoot Width: Normal
Rearfoot Posting: Intrinsic
4° Inverted / 4° Motion

PAL'S kids

Roberts Whitman
5.0 mm Polyethylene
Heel Cup Depth: 15 mm
Top Cover: None
Forefoot Width: Normal
Forefoot Posting: According to Cast
Rearfoot Posting: Extrinsic
4° Inverted/4° Motion
Lateral Clip & Standard Shaffer

Heel Stabilizers
5.0 mm Polyethylene
Heel Cup Depth: 22-30 mm
Top cover: None
Forefoot Width: Normal
Forefoot Posting: According to Cast
Rearfoot Posting: Extrinsic
4° Inverted/4° Motion

A: Lateral flange extends to cuboid

B: Lateral flange extends to 5th met base

C: Anterior end extends to all met heads

D: Lateral flange extends to sulcus, medial extends to talonavicular joint

E: Lateral flange extends to cuboid, medial extends to sulcus

PRESCRIPTION ORTHOSES ORDERING INFORMATION & POLICIES

Pricing & Paymenes
- Pricing must be finalized with your PAL practice consultants.
- Full payment is due the last day of next month from ship date.
- Delinquent accounts will endure service suspension until payment is received.

Adjustments, Repairs, & Remakes
- Prescription orthoses have a three (3) month warranty from the original ship date for free adjustments and repairs.
  This three (3) month adjustment/repair period is null and void if the orthoses shell material has been ground, or cut/sawed, or if the soft materials have been exposed to water or other damaging substances other than natural perspiration from wear. Refurbishments will be warranted for three months past their shipping date unless remaining original warranty is longer.
- Any shell modifications and/or accommodations added to the original order will be subject to material and labor charges.
- Changing product type from the original order will result in a full charge.
- PAL reserves the right to limit the adjustments made available on competitor devices.
- Should patient switch shoe type, PAL reserves the right to limit adjustments on orthoses that were made to fit original shoe.
- PAL must have original orthoses in house before determining whether orthoses requires remake.

Returns & Canceled Orders
- All prescription orthoses offered on this order form are not eligible for a refund on returns.
- Canceled orders that have started the production process may be charged a percentage of the total invoice amount.

Warranties
- Prescription orthoses have a three (3) month (three months for Advantage+ products) warranty from the original ship date for workmanship and product defects.
- All prescription orthoses, excluding 11 products, have a lifetime warranty against shell breakage. 11 products have a one year warranty against shell breakage.
- Competitor shells and workmanship and defects are not covered under any warranty.
- All prescription orthoses have an extended Safe & Sound Warranty available for purchase. The Safe & Sound Warranty protects against damage and loss for a two-year period from the original ship date. The Safe & Sound Warranty is highly recommended due to protection against outgrowth for patients 18 years of age and under.
- Any new shell modifications and/or accommodations added to the original order will be subject to material and labor charges.
- All warranties are null and void if the orthoses shell material has been ground or cut/sawn; or if the soft materials have been exposed to water or other damaging substances other than natural perspiration from wear.

Accepted Impression Methods
- Plaster casts/splints
- SITS socks
- Xtremity3D Digital Scans
- Foam box impressions
- XtremityOne Digital Scans

Cast Storage
- Orthoses casts are stored electronically
- Additional charges apply to return negative casts
- Request to return negative casts must be made at time of initial order

hersco ORTHOLABS

39-28 Crescent Street, Long Island City, NY 11101
Tel: 800.301.8275
Fax: 718.391.0406
web: hersco.com

1st in Customer Satisfaction and Orthopedic Excellence

Account Name _____ Practitioner Name _____
Address _____ Phone (___) _____ - _____
City _____ e-mail _____
State _____ Zip _____ Date ___ - ___ - ___ ❑ Please contact me on this order by ○phone or ○e-mail

Patient Name _____ Weight ___ lbs Age ___ M ❑ / F ❑
Shoe Size _____ Shoe Type ❑Sneaker ❑Extra-Depth ❑Work Boot ❑Laced ❑Dress ❑Slip-On ❑Other _____
Diagnosis _____ P.O. #: _____
Principal Use _____ No. of pairs: ____ Left: ____ Right: ____

ORTHOTIC TYPE

Functional

- ❑ **SPORT** (Full Post)
- ❑ **MARATHON** (Full Post w/Arch Fill)
- ❑ **SPRINT** (Tripod Post)
- ❑ **DRESS** (Intrinsically Posted)
- ❑ **GLIDE** (EVA Posting and Arch Fill)

Accommodative

- ❑ **SPORT CASUAL EVA** (Softer)
- ❑ **SPORT CASUAL CORK** (Firmer)
- ❑ **DIABETIC COMFORT EVA** (Softer)
- ❑ **DIABETIC COMFORT CORK** (Firmer)
- ❑ **FIRM BLUE EVA**

- ❑ **WALKER** ○ **FLEX** (Plastazote Arch Fill) or ○ **FIRM** (EVA Arch Fill)
- ❑ **EVA TRI-LAM** or ❑ **PLASTAZOTE TRI-LAM** and choose Arch Fill of ○ Cork or ○ White EVA
- ❑ NYLITE DRESS

- ❑ **UCBL**
- ❑ **GAIT PLATE** (see other side) ○ **Medial Ext.** or ○ **Lateral Ext.**
- ❑ **PUMP SLENDER**

SHELL SPECS

- ○ **Narrow**
- ○ **Standard**
- ○ **Wide**
- ○ **Follow contour of foot**
- ○ **Flexible**
- ○ **Semi-Rigid**
- ○ **Rigid**

ACCOMMODATIONS

	L	R
❑ Metatarsal Pad	____	____
❑ Heel Spur U Pad	____	____
❑ Heel Cushion	____	____
❑ Heel Elevation	____	____
❑ Drops/Reliefs (mark on cast or this diagram)	____	____
❑ Toe Filler	____	____
❑ Morton's Extension Choose: ○ Flexible ○ Reverse ○ Rigid (see other side)	____	____
❑ 1st Ray Cut Out	____	____
❑ Other _____	____	____

❑ Extrinsic Posting

	L	R
❑ Rearfoot	____ Medial	____ Medial
	____ Lateral	____ Lateral
❑ Forefoot	____ Medial	____ Medial
	____ Lateral	____ Lateral

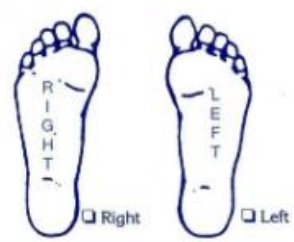
SPECIAL INSTRUCTIONS/NOTES

TOP COVER

Length to: ❑ **Mets** (3/4 Length) ❑ **Sulcus** (Behind Toes) ❑ **Toes**

Material: ○ **Dress Vinyl** ○ **Spenco**

○ **Diabetic Plastazote** ○ **Multi Color EVA** ○ **Other** _____



❑ Right ❑ Left

IF YOU HAVE ANY QUESTIONS CALL US **TOLL FREE** 800.301.8275

new step orthotic lab, inc.
14 Schiber Court
Maryville, IL 62062
PH: 618-208-4444
FAX: 618-205-3461
sales@nsolinc.com
www.newsteporthotics.com

Diabetic/Multi-Density Order Form

Dr/Practitioner
Name
Facility Name
And Address:

DO NOT LEAVE BLANK

PURCHASE ORDER #

☐ 2 Day Rush $50
☐ 3 Day Rush $35

FOR OFFICE USE ONLY
Cast ID
Scanned ☐

Name: _____

M ☐ F ☐ Age _____ Weight Lbs. _____ Brand _____

Style: ☐ Athletic ☐ Dress ☐ Casual ☐ Diabetic Size _____

Pairs of Orthotics ☐ **other**: _____

Diagnosis _____

DIABETIC DEVICE

☐ Diabetic I	☐ Diabetic I Firm	☐ EVA Diabetic
☐ Cork Diabetic	☐ Diabetic II	☐ Full Cork Diabetic
☐ Firm Zote Diabetic	☐ Soft Zote Diabetic	☐ XPE Diabetic

ARCH FILL:
Standard Arch Fill Is 1/4"
○ Full Arch Fill

☐ **Toe Filler*** L ☐1 ☐2 ☐3 ☐4 ☐5 R ☐1 ☐2 ☐3 ☐4 ☐5

☐ **TMA*** ☐ **LT** ☐ **RT**

*Toe Fillers & TMA's require impressions and shoes

Toe Filler Style
☐ Custom ☐ Placement

☐ Morton's Carbon Plate ☐ LT ☐ RT
☐ Contoured Carbon Plate ☐ LT ☐ RT
☐ Flat Carbon Plate ☐ LT ☐ RT

Are Shoes Enclosed
☐ Yes ☐ No

MULTI-DENSITY DEVICE

☐ Trilam Blue ☐ Trilam Pink
☐ Bi-Lam **Please chose arch fill

MULTI-DENSITY ARCH FILL**
○ Cork ○ BirkOcork ○ XPE
○ EVA ○ Black Zote ○ White Zote

Options: ☐ **EFM** ☐ **THK**

Modifications & Posting

☐ Heel Cups ..... ☐ L ☐ R
☐ Low ☐ Medium ☐ Deep

☐ Metatarsal Pads/Raise ..... ☐ L ☐ R
☐ S ☐ M ☐ L

☐ Metatarsal Bar ..... ☐ L ☐ R
☐ S ☐ M ☐ L

☐ Heel Spur Cut-Outs w/PPT Fill ..... ☐ L ☐ R

☐ Metatarsal Cut Out ..... ☐ L ☐ R
L ☐1 ☐2 ☐3 ☐4 ☐5 R ☐1 ☐2 ☐3 ☐4 ☐5
☐ **Fill with PPT**

☐ Medial Flange ..... ☐ L ☐ R

☐ Lateral Flange ..... ☐ L ☐ R

☐ Heel Lift/Amount ..... _____ L _____ R

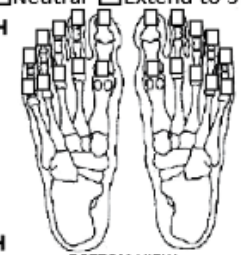
☐ Extra Cushion _____ ☐ L ☐ R

POSTING

☐ Medial Heel Post ..... ☐ L ☐ R
☐ Neutral ☐ Extend to 1st ☐ Full Length

☐ Lateral Post ..... ☐ L ☐ R
☐ Neutral ☐ Extend to 5th ☐ Full Length

Special Instructions:



BOTTOM VIEW

NEW STEP WILL AUTOMATICALLY SEND THE PAIRS REQUESTED OR 1 PAIR UNLESS OTHERWISE SPECIFIED.

This includes Toe Fillers/TMA's.

Mark impressions and order form for accommodations

PRESCRIPTION DIABETIC INSERTS
ORDER FORM

Print Your Account Information Below

ACCOUNT INFO
Acct #
Name
Address
Phone/Fax

Date: __ / __ / ____ PO#: _____

LAB USE ONLY ❑ PPD ❑ BF
L _____ R _____ ONLY_____
OE_____

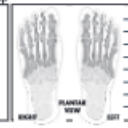
PATIENT INFO Please Print (All patient info is required)

First Name:_____Last Name:_____
D.O.B.:__/__/__ Weight:_____ ☐ M ☐ F
Shoe Size:_____ Shoe Style:_____
Width: ☐ Narrow ☐ Medium ☐ Wide
Shoes Provided: ☐ Yes ☐ No

ORDER OPTIONS (Additional Charges May Apply)

☐ RUSH Order ($35) ☐ Ship to Patient
☐ Ship Overnight ($35) ☐ International Shipping
Additional $25 Shipping Charge. Subject to delays by Federal Holidays
Charges will apply if shipped outside of USA

NOTES



STEP ONE PRODUCT SELECTION

XFIT STANDARD - 200 lbs	XFIT PLUS 55 - 200+ lbs	XFIT DIASYSTEMS PLUS - 200+ lbs
☐ ONE PAIR	☐ ONE PAIR	☐ ONE PAIR
☐ TWO PAIRS	☐ TWO PAIRS	☐ TWO PAIRS
☐ THREE PAIRS	☐ THREE PAIRS	☐ THREE PAIRS
	☐ ONE LAYER OF PLASTAZOTE	
	☐ TWO LAYERS OF PLASTAZOTE	

STEP TWO OPTIONS

L	R	
☐	☐	**METATARSAL PAD**
☐	☐	**TOE PROSTHESIS** (Shoe Recommended For Best Fit)
☐	☐	**TRANSMET PROSTHESIS** (Shoe Recommended For Best Fit)
☐	☐	**POCKETING/OFFLOAD**
		☐ Marked on cast or scan
		☐ Horseshoe heel pocket
☐	☐	**DEEP HEEL CUP**

STEP THREE ADJUSTMENTS

GRINDING LENGTH
Shorten Length By:
☐ 1/8" ☐ 3/16" ☐ 1/4"

GRINDING WIDTH
Narrow Shell By:
☐ 1/8" ☐ 3/16" ☐ 1/4"

☐ Extension Only
☐ Heel Width
☐ Forefoot Width
☐ Entire Device

PAL HEALTH TECHNOLOGIES
1805 Riverway Dr. Pekin, IL 61554 | 800.223.2957 | Fax: 866.381.3850
XTREMITY3D.COM

DO NOT WRITE ON THIS SIDE OF DIABETIC ORDER FORM
Our order forms are read electronically by a scanning system; anything written on this side will not be seen.

DIABETIC FOOT ORTHOSES & ADJUSTMENTS

Ordering Information
Call PAL to request product literature and a shipping kit. We'll include order forms, boxes and preprinted labels—everything you need to begin ordering! For easiest ordering use XtremityOne scanning system. XtremityOne allows healthcare professionals to quickly and easily scan patients, maintain patient data and order orthoses, diabetic products, shoes and inserts, as well as materials for patient education. For more information visit XtremityOne.com.

Biomechanical Consultations
PAL Customer Service: 800.223.2957

Shipping to PAL
- Contact PAL for preprinted return labels.
- Additional fees may be charged for alternate shipping requests.

Returns & Cancelled Orders
- All custom orthoses offered on this order form are not eligible for a refund on returns.
- Cancelled orders that have started the production process may be charged a percentage of the total invoice amount.

Cast Storage
Casting received for all diabetic orders are stored electronically. Ordering of other PAL product would require new castings.

For easiest ordering, use XtremityOne scanning system. XtremityOne allows healthcare professionals to quickly and easily scan patients, maintain patient data and order orthoses, diabetic products, shoes and inserts, as well as materials for patient educations. For more information visit XtremityOne.com.

Terms
Full payment is due on the 15th of the following month. Service will be suspended for delinquent accounts until the past due amount is paid.

Professional Courtesy
As a one time only benefit to new clients, PAL provides a free pair of orthoses to the prescriber who orders and pays for a total of five pairs of orthoses. Immediate family and office staff is entitled to a 25% discount after the above criteria has been met.

For questions, call: 800.223.2957

Warranty
For DIABETIC products, workmanship and defects in material are guaranteed for three (3) months from original ship date.

Adjustments
All grinding adjustments will be at no charge within the Warranty period. PAL reserves the right to limit the adjustments available on DIABETIC devices.

Returns
All orthoses are fabricated to a prescription and cannot be returned for credit; however, PAL will advise you on specific adjustments.

Supply Requests
To request additional supplies, including order forms, please call 800.223.2957 or visit our website: www.palhealth.com.

TOE FILLER L5000 ORDER FORM

ORDER INFO

Patient Name _____ Company Name _____

PO _____ Billing Address _____ Shipping Address _____

Order Date _____

Customer # _____ Phone # _____ Phone # _____

Age _____ Sex _____ Wt _____ Fax _____ Fax _____

DX _____ Email _____ Contact Name _____

Shoe Size: _____ Width: _____ Template Included: ☐ Yes ☐ No DRC Style _____ Color _____

Is this a REORDER? ☐ Yes, ☐ No. ☐ Order 1 pair of shoes with this order.

Customer Reminder: In support of federal requirements, you must submit a new foot scan, casting or impression for any reorders for custom inserts (A5513).

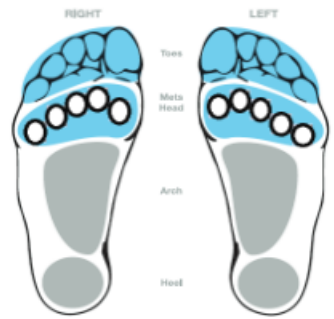
☑ Soft Trilayer with Cork Posted Base and Semi-rigid Toefiller **R** **L**

Filler Type: TMA Filler: Hallux Filler: Other: _____

***please indicate on foot pictures*

STANDARD MODIFICATIONS

R	Met Pad	L
R	Offloading	L
	Please indicate offloading on foot picture	
R	Medial Heel Wedge	L
R	Lateral Heel Wedge	L
R	Met Bar	L
R	Heel Pad	L
R	Heel Lift	L
	Amount _____	



R Charcot L

COMMENTS

_____

_____

_____

*For beneficiaries missing digits, particularly the hallux (great toe), or the forefoot, L5000 inserts are designed to provide standing balance and toe off support for improved gait.

@drcomfort | drcomfort.com | Dr.Comfort

10300 North Enterprise Drive, Mequon, WI 53092

MKT00-6585 Rev A

DIABETIC INSERT ORDER FORM

ORDER INFO

Patient Name _____ Company Name _____

PO _____ Billing Address _____ Shipping Address _____

Order Date _____

Customer # _____ Phone # _____ Phone # _____

Age _____ Sex _____ Wt _____ Fax _____ Fax _____

DX _____ Email _____ Contact Name _____

Shoe Size: _____ Width: _____ Template Included: ☐ Yes ☐ No DRC Style _____ Color _____

Is this a REORDER? ☐ Yes, Please indicate patient's insurance plan _____ ☐ No. ☐ Order 1 pair of shoes with this order.

Customer Reminder: In support of federal requirements, you must submit a new foot scan, casting or impression for any reorders for custom inserts (A5514).

DIABETIC INSERTS

☐ R ☐ L ☐ B **QTY:** ☐ 1 ☐ 2 ☐ 3 ***If no quantity selected, 3 will default***

DIABETIC INSERT SPECIFICS

Base Layer choose 1

☐ Medium Yellow *default

☐ Firm White

Top Layer choose 1

☐ Soft Blue *default

☐ Pink/Blue Bi-Lam

If no materials selected, Yellow/Blue will default

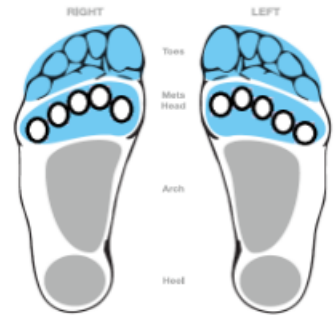
STANDARD MODIFICATIONS

R	Met Pad	L
R	Offloading*	L
	Please indicate offloading on foot picture	

SPECIAL MODIFICATIONS

R	Medial Heel Wedge	L
R	Lateral Heel Wedge	L
R	Met Bar	L
R	Heel Pad	L
R	High Heel Cup	L
R	High Medial Flange	L
R	High Lateral Flange	L
R	Heel Lift	L
	Amount _____	
R	Sweet Spot*	L
R	Toe Plugs**	L

Please indicate toe plugs & sweet spots on foot picture



R Charcot L

R Amputations L

Please indicate amputations on foot picture

COMMENTS

_____

_____

DJO

1 800 556 5672
10300 North Enterprise Drive | Mequon, WI 53092 | U.S.A.
drcomfort.com |

GENUINE Dr.Comfort EST USA

SHOE MODIFICATION ORDER FORM

PATIENT NAME:	PO:	ORDER DATE:	CUSTOMER #:
COMPANY NAME:	SHIPPING ADDRESS:		SUITE #:
PHONE #:	CITY:	STATE:	ZIP:
CONTACT NAME:	EMAIL:		
PATIENT DX:	AGE:	SEX:	WEIGHT:
DRC STYLE:	COLOR:	SIZE:	WIDTH:
IS THIS A REORDER? ○ YES ○ NO	PREVIOUS ORDER NUMBER:		

SHOE MODIFICATIONS	L	R
Heel Elevation: Amount		
Full Sole Elevation: Amount		
Heel Flare: Later:		
Full Flare: Later:		
Heel Wedge: Later:		
Full Wedge: Later:		
Relasting *(Include pattern or tracing)*: Later:		
Add Velcro Straps: QTY		
Extend Straps: Amount		
Butress: Later:		
Steel Shank: 3/4 La		
Leather Bubble Patch: *(Please mark shoe)*		
Toe Skaters		
Sach Cushion Heel		
Lace to Toe		

ROCKER SOLE	L	R	ROCKER SOLE	L	R
Mild Rocker Sole 			Midfoot Rocker Sole 		
Severe Angle 			Toe Rocker Sole 		
Double Rocker 			Negative Heel 		

Outsole

COMMENTS

GAC210209

AZafo ARIZONA

Arizona AFO (877) 780-8382
SafeStep (866) 712-7837

Ship to address:
4825 East Ingram St.
Mesa, AZ 85205
Fax: 480.222.1599

Dispense Date:
Work Order #:

Gauntlet AFO Collection

Arizona Brace®
☐ Standard (5" above ankle) ☐ Tall (8" above ankle)
Color: ☐ Sand ☐ Black ☐ White ☐ Brown ☐ Pink
Closure: ☐ Laces ☐ Velcro ☐ Speed Laces ☐ Boot Hooks

Arizona Brace® - Articulated
☐ Standard ☐ Tall
Color: ☐ Sand ☐ Black ☐ White ☐ Brown ☐ Pink
Closure: ☐ Laces ☐ Velcro ☐ Speed Laces ☐ Boot Hooks
Hinge: ☐ Tamarack ☐ Tamarack Dorsi - Assist

Arizona Brace®
☐ Unweighting (Proximal ht. 1" below fibular head)
☐ Extended (Proximal ht. 1" below fibular head)
Color: ☐ Sand ☐ Black ☐ White ☐ Brown ☐ Pink
Closure: ☐ Laces ☐ Velcro ☐ Speed Laces ☐ Boot Hooks

☐ **AZ Sporty™**
(5" above ankle)
Color: ☐ Sand ☐ Black ☐ White ☐ Brown ☐ Pink
Closure: ☐ Laces ☐ Velcro ☐ Speed Laces ☐ Boot Hooks

☐ **AZ Slim™ (Please note: No Plastic Shell)**
(5" above ankle)
Color: ☐ Sand ☐ Black ☐ White ☐ Brown ☐ Pink
Closure: ☐ Laces ☐ Velcro ☐ Speed Laces ☐ Boot Hooks

Arizona Mezzo™
☐ Standard ☐ Partial Foot
Color: ☐ Sand ☐ Black ☐ White ☐ Brown
Closure: ☐ Laces

AZ Breeze™
☐ Standard ☐ Tall
Color: ☐ Sand ☐ Black
Closure: ☐ Laces ☐ Velcro ☐ Speed Laces ☐ Boot Hooks

☐ **Arizona Balance Brace™**
Color: ☐ Sand ☐ Black
Closure: ☐ Laces ☐ Velcro
* can not accommodate some options not available on size
☐ Bundle with Apex Balance Shoe (MSRP)
Gender: ____ Size: ____ Width: ____

Medium
Wide
Extra-Wide

☐ **Basis™ Slip-On**
(Four Way Stretchable Footwear/AFO Companion. Developed to Extend Home and Indoor AFO & Orthotic Wear Time For Up To Ten Hours Per Day. Sold Only in Pairs).
Color: ☐ Black
Gender: ☐ Male ☐ Female Size: ____

Additional Charge options:
☐ Foot plate to end of toes (Our standard trim length is proximal to met heads)
☐ Removable, multi density insole

Patient Information: ☐ Right Foot ☐ Left Foot ☐ Bilateral
Patient Name:
Height: ____ Weight: ____ Shoe Size: ____ Gender: ☐ M ☐ F
Dx: D.O.B:

Shipping and Billing Information:
Bill to my account:
☐ Arizona ☐ SafeStep Account #
Practitioner:
Email:
Provide email to receive an email alert once this order has been shipped.
PO#:
Facility Name:
Phone:
Fax:
Ship to address:
Bill to address:

Manufacturing and shipping:
MFG:
☐ 3 Business Days ($75.00) ☐ 7 Business Days ($50.00)
Ship:
☐ Ground ☐ 3 Day Air ☐ 2 Day Air ☐ Overnight
☐ Other:

Special Instructions: If you do not want the dorsi-plantar angle of the cast set to our recommendations, please choose:
☐ Leave cast exactly as is ☐ Correct Ankle Varus / Valgus
☐ Correct Forefoot to Neutral ☐ Other

Remarks:

The OHI Family of Brands

APEX AZafo ARIZONA Langer PedAlign ROOMY safestep The Orthotic Group

AZafo ARIZONA

Arizona AFO (877) 780-8382
SafeStep (866) 712-7837

Ship to address:
4825 East Ingram St.
Mesa, AZ 85205
Fax: 480.222.1599

Dispense Date:
Work Order #:

Thermoplastic AFO Collection

☐ **Thermoplastic AFO**
Color: ☐ Black ☐ White
Trim Line: ☐ PLS ☐ Semi-Solid ☐ Solid
Plastic Type: ☐ Polypropylene ☐ 1/8 ☐ 3/16 ☐ 1/4
☐ Co-Polymer ☐ 1/8 ☐ 3/16 ☐ 1/4

☐ **Thermoplastic AFO - Articulated**
Color: ☐ Black ☐ White
Hinge: ☐ Tamarack ☐ Oklahoma ☐ Camber Axis
Tamarack Dorsi - Assist: Durometer - ☐ 75 ☐ 85
Plantar Stops: ☐ 90° stop, plastic bullnose
☐ Adjustable Stop
☐ Posterior Spring Assist
Plastic Type: ☐ Polypropylene ☐ 1/8 ☐ 3/16 ☐ 1/4
☐ Co-Polymer ☐ 1/8 ☐ 3/16 ☐ 1/4

☐ **Arizona Optima Brace**
Color: ☐ Black
Hinge: ☐ Free Motion ☐ Restricted

☐ **Supra Malleolar Orthosis**
Color: ☐ Black ☐ White

☐ **Split Upright**
Color: ☐ Black
Hinge: ☐ Tamarack ☐ Oklahoma ☐ Camber Axis
Tamarack Dorsi - Assist: Durometer - ☐ 75 ☐ 85

☐ **AZ CROW Walker™**
Color: ☐ Black ☐ White

☐ **Basis™ Slip-On**
(Four Way Stretchable Footwear/AFO Companion. Developed to Extend Home and Indoor AFO & Orthotic Wear Time For Up To Ten Hours Per Day. Sold Only in Pairs).
Color: ☐ Black
Gender: ☐ Male ☐ Female Size: ____

Additions: ☐ Carbon Ankle Inserts ☐ Full Toe Plate
☐ Foam lining: Plastazote ☐ 1/8 ☐ 3/16
☐ Foam lining: Aliplast ☐ 1/8 ☐ 3/16

Measurements - please include for optimal fit:
Indicate Location for Ulcer Pedals

Patient Information: ☐ Right Foot ☐ Left Foot ☐ Bilateral
Patient Name:
Height: ____ Weight: ____ Shoe Size: ____ Gender: ☐ M ☐ F
Dx: D.O.B:

Shipping and Billing Information:
Bill to my account:
☐ Arizona ☐ SafeStep Account #
Practitioner:
Email:
PO#:
Facility Name:
Phone:
Fax:
Ship to address:
Bill to address:

Manufacturing and shipping:
MFG: ☐ 3 Business Days ($75.00) ☐ 7 Business Days ($50.00)
Ship: ☐ Ground ☐ 3 Day Air ☐ 2 Day Air ☐ Overnight
☐ Other:

Special Instructions: If you do not want the dorsi-plantar angle of the cast set to our recommendations, please choose:
☐ Leave cast exactly as is ☐ Correct Ankle Varus / Valgus
☐ Correct Forefoot to Neutral ☐ Other

Remarks:

The OHI Family of Brands

APEX AZafo ARIZONA Langer PedAlign safestep The Orthotic Group

Richie Brace Order Form

800.298.6050
SureFitLab.com

Account Number: _____
Contact Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Patient Name: _____
Age: _____ Ht: _____ Wt: _____ Shoe Size: _____
Male: ☐ Female: ☐ Make brace for: --Select One--

Diagnosis: Describe Patient Condition

Richie Brace Prescription | Please mark medial, lateral malleoli and accommodations on cast

Complete Sections A, B, C	☐ Richie Brace Standard: Full flexion ankle pivot ☐ Richie Brace Restricted Ankle Pivot: Limits ankle motion, yet allows smooth contact phase of gait Indic: DJD ankle & STJ, drop foot, tarsal coalition, mild Charcot, lateral ankle instability, peroneal tendinopathy ☐ Richie Brace Dynamic Assist: Full flexion pivot with spring hinges for dorsiflexion assist Patient requirements: 1) Drop foot, 2) Ankle dorsiflexion to at least 90° to leg, 3) Stable knee ☐ Little Richie Brace: Pediatric application for shoe size 4 and under ☐ Richie Soccer Brace: includes shin guard
Complete Sections C, D, E	☐ Richie Brace Solid AFO: Traditional full leg posterior shell with balanced functional orthotic footplate Indic: Drop foot with unstable knee, drop foot with spasticity, Charcot Arthropathy BERMUDA CAST SOCK REQUIRED
Complete Sections D, E	☐ Richie California*: ☐ 7" ☐ 9" (standard) ☐ Richie Gauntlet*: ☐ 7" (Standard) ☐ 9" *BOTH GAUNTLET AND CALIFORNIA REQUIRE MID LEG CAST / Has a medial arch suspender unless specified otherwise.

A) Brace Options | Non-standard brace modifications may have extra charges

Calcaneus alignment to leg:
Inverted _____ Everted _____

Leg Alignment to floor:
Varum _____ Valgum _____

Width: Standard
Heel Cup: 35 mm
Facial Groove: None
Styloid: None

Strength: 3.0 Standard
Brace Type: Full Flexion
Navicular: None
Brace Color: Black

Arch Suspender:
Left: Medial ☐ Lateral ☐
Right: Medial ☐ Lateral ☐

Flanges:
Medial: None
Lateral: None

Skives:
Left: Not
Right: Not

Shell Length:
Left: Standard
Right: Standard

Padded Strap: None
☐ Posterior
☐ Adjust Uprights For Tibial Varum
☐ Rocker Bottom

Custom Upright:
Left: Standard
Right: Standard

Custom Upright Pad:
Left: Standard
Right: Standard

Grind out 1st:
Left: No
Right: No

B) Posting Options

Forefoot Wedge: None
Left: None Varus/Valgus: None
Right: None Varus/Valgus: None

Rearfoot Posting: No Posting
Left Inv: N/A Motion: N/A
Right Inv: N/A Motion: N/A

Heel Lift
Left: None
Right: None

Plantar Fill
Material Type: None
Left: ☐ Right: ☐
Use Minimum Fill: ☐

C) Cover Options

Cover:
Top Cover: EVA 1/8"
Extension: None
Ext. Reinforce: None
Padded
Bottom Cover: None

Metatarsal Pad or Bar:
Left: None Right: None
Toe Crest: None
Medial Flip: None

IPJ Accommodation
Left: ☐ Right: ☐

Heelspur Accommodation:
Left: None Right: None

Morten's Extension
Left: None Right: None

Balance Pad:
Left: None Right: None

Arch Pad:
Left: None Right: None

ForeFoot Accommodations
Left: No 1st: ☐ 2nd: ☐ 3rd: ☐ 4th: ☐ 5th: ☐
Right: No 1st: ☐ 2nd: ☐ 3rd: ☐ 4th: ☐ 5th: ☐

Toe Fillers:
Left: 1st: ☐ 2nd: ☐ 3rd: ☐ 4th: ☐ 5th: ☐
Right: 1st: ☐ 2nd: ☐ 3rd: ☐ 4th: ☐ 5th: ☐

D) Solid AFO, California & Gauntlet Brace Options | Non-standard brace modifications may have extra charges

Calcaneus alignment to leg:
Inverted _____ Everted _____

Leg Alignment to floor:
Varum _____ Valgum _____

Width: Standard
Facial Groove: None
Styloid: None

Navicular: None
Brace Color: Tan

Arch Suspender:
Left: Medial ☐ Lateral ☐
Right: Medial ☐ Lateral ☐

Flanges:
Medial: None
Lateral: None

Skives:
Left: None -
Right: None -

E) Solid AFO, California & Gauntlet Posting Options

Rearfoot Posting: Stable Heel
Left Inv: 0° Motion: N/A
Right Inv: 0° Motion: N/A

Heel Lift
Left: None
Right: None

Do not ship Richie Brace casts to SureFit. We will provide the shipping details with the **required order summary**.

Please email this form to:
SureFitAFO@Hanger.com

SAVE FORM EMAIL FORM

Have a question? Call us at 800.298.6050.

The End