

Please complete all fields to avoid potential delays in processing your order.

### Contact Information

Clinician    Fitter/Assistant/Tech    Other: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Ordering Clinician

CPO    CO    CP    Other: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Billing & Shipping

PO#: \_\_\_\_\_

Billing Account#: \_\_\_\_\_  
 Shipping Account#: \_\_\_\_\_

Shipping Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Shipping Preference

Ground    Next Day AM    Next Day PM    2-Day AM    2-Day PM

*(If no preference is indicated, this order will be shipped 2 Day PM) Note: We do not ship products directly to patients.*

### Patient Information

Fit Date: \_\_\_\_\_  
 Initials: \_\_\_\_\_ Age \_\_\_\_\_  Male    Female  
 Weight \_\_\_\_\_  Lbs.    Kg. Height \_\_\_\_\_  in.    cm.  
 Leg:    Left    Right  
 Diagnosis: \_\_\_\_\_  
 Surgeries (type/date): \_\_\_\_\_

#### Is the patient currently using any assistive device?

Brace/KAFO    Crutch    Wheel Chair  
 Cane    Walker

Shoe Size: \_\_\_\_\_

- Patient's shoe shipped with cast
- Tracing of shoe insole provided with order form
- Not sending shoe or tracing (*toe segment will be made longer and wider, requiring trimming during fitting*)
- Tracing of foot taken, semi-weight bearing

### PLEASE PROVIDE MEASUREMENTS

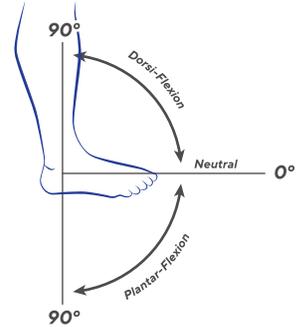
Shoe Height Measurement (Shoe sole thickness at heel and forefoot)

Heel \_\_\_\_\_  in.    cm.  
 Forefoot \_\_\_\_\_  in.    cm.



### Range Of Motion

- a. Hip ROM: \_\_\_\_\_° extension to \_\_\_\_\_° flexion
- b. Knee ROM: \_\_\_\_\_° extension to \_\_\_\_\_° flexion
- c. Ankle ROM, with knee extended  
 Dorsi-Flexion \_\_\_\_\_°  
 Plantar-Flexion \_\_\_\_\_°
- d. Plantarflexion contracture  
 Yes \_\_\_\_\_°    No



### Cast Info

Cast Adjustments Required (*coronal and sagittal plane*)

### Activity Level (Check one)

- Limited ambulator: sits to stands and transfers
- Household ambulator: level surfaces with walking aids
- Limited community ambulator: level surfaces with walking aids
- Active community ambulator: mild inclines and declines with or without walking aids
- Independent ambulator: varied cadence, uneven surfaces and no walking aids
- Active ambulator: walking, running, some athletic activity

### Biomechanical objectives

- Resist Knee Hyperextension in Stance
- Resist Knee Flexion in Stance
- Knee Valgus Control
- Knee Varus Control
- Posterior/Anterior Knee Drawer Control
- Control Dorsiflexion Weakness
- Control Plantar Flexion weakness
- Control Ankle Valgus Instability
- Control Ankle Varus Instability

\*Indicates additional charges apply

OF-0060 REV. C

**Received Date** *Thuasne USA's shipping department use only*

By filling this order form and placing an order for this device, I hereby certify that I am authorized to dispense this medical device in Virtue of any national law governing the fitting and adjustment of orthopedic medical devices

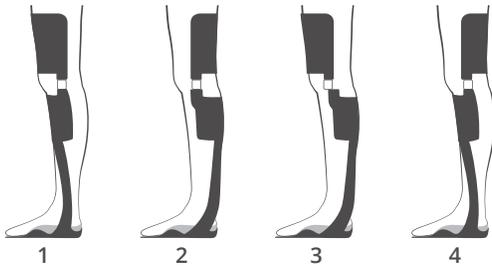
Please do not provide any personal information (name etc) regarding the patient, but only provide health information necessary to the fabrication of this medical device

**Distributed by Thuasne USA**  
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[ThuasneUSA.com](http://ThuasneUSA.com)

## Brace Configuration

### Shell Configuration



- Anterior (1)
- Posterior (2)
- Hyperextension Resist (3)
- Flexion Resist (4)

### Coronal Plane Extension

- Valgus Resist
- Varus Resist

### Molded Inner Boot



Low



Dorsal wrap

- Leave inner boot unattached

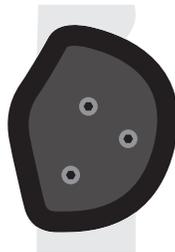
### Strap Options

- Include ankle strap
- Leave ankle strap unattached

### Knee Joint Options



- Single Pivot Locking **37700-L**  
(Manual Triggers)
- Single Pivot Locking\* **37700-L**  
(Twist Release with free motion)



- 5-bar Free **37700**
- 5 Bar Locking **37700-L**  
(Manual Triggers)
- 5 bar Locking\* **37700-L**  
(Twist Release with Free motion)

### Twist Release Position

- Lateral (always lateral if configuration 2 or 4)
- Anterior
- Anterio-medial

### Extension Assist

- Install Extension Assist Bands/Posts

## Measurements

Measurements below are in:  in.  cm.

