THUASNE Graphite Extension to Floor

Custom Bracing Solutions

Patient's Last Name:
Patient's First Name:
☐ Male ☐ Female
Age Height Weight
Leg: ☐ Left ☐ Right
Townsend Knee Orthosis Ordered:
Comments:
Choose and complete the most appropriate Premier or Full Shell knee orthisis order form
2. Choose one of the following extension options:
☐ Medial Extension
☐ Lateral Extension
3. Fill out orthometry chart
4. Choose the ankle joint
5. Choose the foot plate options
Foot Plate Selections (Material, Sides, Length, Heel, Pad)
Graphite Lamination (rigid, max control, less adjustable)
Polypropylene (stiff, heat adjustable)
Co-Polymer (softer, more flexible, heat adjustable)
Black Poly Pro (good all around and heat adjustable)
☐ High Sides (UCB Type) ☐ Low Side (Sole Plate)*
* DO NOT use low side foot plate with anterior stop ankle joints.
Heel Cup (proximal to the base of the 5th metatarsal)
Trim Proximal to the Metatarsal Heads
Trim to Toe Sulcus
Trim to Toes - Outline of full foot required!!!
Fabricate entire foot plate with no padding
☐ Line entire foot plate with 1/8 inch padding ☐ Line entire foot plate with 1/4 inch padding ☐ Line sides with 1/8 inch; sole with 1/4 inch

PLEASE FOLLOW STEP-BY-STEP CAST PROTOCOL INSTRUCTIONS

Description

The Townsend graphite extension to the floor is available for any custom Premier or Full Shell frame. The extension can be added to the medial or lateral side of the orthosis. You must provide a KAFO cast or KAFO digital scan. This option is not an add-on or retrofit. It is a continuation of the lamination during initial fabrication.

First Function

The Townsend graphite extension provides a definitive solution to migration concerns. Also, the graphite extension provides enhanced leverage for stability, correction and rotation control.

How to Order

You can design a Townsend Knee Orthosis with an extension to the floor in five easy steps!

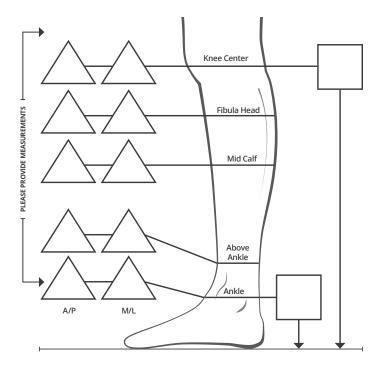
Townsend Ankle Joints

Becker Ankle Joints (Townsend stocked items)

☐ Free Ankle ☐ Dorsi Assist

☐ HD Free ☐ Dorsi Assist

Double Adjustable with Springs Only (Anterior or posterior pins may damage the frame)



Bend knee to 90 degrees and check toe out

Desired Toe Out is _____ degrees

Heel Height of Shoe _____ "

Casting Block Used _____ "

Please complete and fax this form to 1.877.527.1911 (24-hours a day). If you are calling in your order, this form indicates the options and information that will be required by our staff. For phone orders, please call 1.877.222.3311 between 6:00 a.m. and 4:00 p.m. (PST).

