

Contact Information

☐ Clinician ☐ Fitter/Assistant/Tech ☐ Other: _____

Name: _____

Email: _____ Phone: _____

Billing & Shipping

PO#: _____

Billing Account#: _____

Shipping Account#: _____

Shipping Preference

☐ Ground

☐ Express

Ordering Clinician

☐ CPO ☐ CO ☐ CP ☐ Other: _____

Name: _____

Email: _____ Phone: _____

Shipping Address: _____

City: _____ Prov: _____ Postal Code: _____

Patient Information

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

Fit Date: _____ Patient ID: _____

Age _____ ☐ Male ☐ Female

Weight _____ ☐ Lbs. ☐ Kg. Height _____ ☐ in. ☐ cm.

Leg: ☐ Left ☐ Right

Diagnosis: _____

Shoe Size: _____

- ☐ Appropriately scaled 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)

PLEASE PROVIDE MEASUREMENTS

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

Heel _____ ☐ in. ☐ cm.

Forefoot _____ ☐ in. ☐ cm.



Please Follow Step-By-Step Cast Protocol Instructions

Range Of Motion

a. Knee ROM: _____° extension to _____° flexion

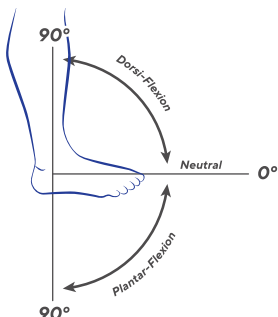
b. Ankle ROM, with knee extended

Dorsi-Flexion _____°

Plantar-Flexion _____°

c. Plantarflexion contracture

☐ Yes _____° ☐ No



Perpendicular measurement from the casting platform to the Fibula head

Height Measurement

_____ ☐ in. ☐ cm.

Final brace height will be 1" below this measurement



Heel height of blocks used on the casting platform _____ ☐ in. ☐ cm.

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

Observational Gait Analysis (Check all that apply)

- ☐ Footslap ☐ Crouch in stance
- ☐ Footdrop ☐ Knee hyperextension in stance
- ☐ Excessive dorsiflexion in terminal stance

Biomechanical objectives (Check all that apply)

- ☐ Control dorsiflexion weakness ☐ Control ankle varus instability
- ☐ Control plantar flexion weakness ☐ Resist knee hyperextension in stance
- ☐ Control ankle valgus instability ☐ Resist knee flexion in stance

Other: _____

Brace Options

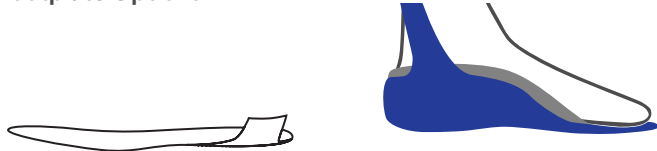
- ☐ SpryStep® Flex ☐ SpryStep® ☐ SpryStep® Plus



Optional pre-tib Shell (SpryStep® & SpryStep® Flex only)

- ☐ Yes ☐ No

Footplate Options



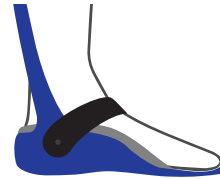
- ☐ Contoured footplate
(no molded inner boot)
- ☐ Molded arch footplate
with molded inner boot
(must select one below)

Molded Inner Boot Options (if ordered)



- ☐ Molded Inner Boot (Low) ☐ Molded Inner Boot (Dorsal wrap)
- ☐ Leave inner boot unattached

Strap Option



- ☐ Include ankle strap
- ☐ Leave ankle strap unattached

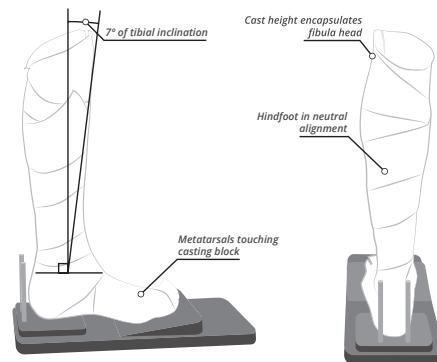
Comments: _____

AFO Cast Parameters

Accurate representation of heel height must be captured in the negative cast (use of Thuasne USA casting platform)

Markings on the cast

- Fibula head
- Tibial tubercle
- Tibial crest
- Medial & lateral malleolus
- Navicular bone
- 1st metatarsal head
- 5th metatarsal head
- Base of 5th metatarsal
- If applicable deformity, tissue or any other area of concern



Product # Production Description

35700	<i>SpryStep Original, Contoured Footplate</i>
35700-PT	<i>SpryStep Original, Contoured Footplate, Pre-tibial shell</i>
35700-MIB	<i>SpryStep Original, Molded inner boot</i>
35700-PTMIB	<i>SpryStep Original, Molded inner boot, Pre-tibial shell</i>
37810	<i>SpryStep Flex, Contoured Footplate</i>
37810-PT	<i>SpryStep Flex, Contoured Footplate, Pre-tibial shell</i>
37810-MIB	<i>SpryStep Flex, Molded inner boot</i>
37810-PTMIB	<i>SpryStep Flex, Molded inner boot, Pre-tibial shell</i>
37820	<i>SpryStep Plus, Contoured Footplate</i>
37820-MIB	<i>SpryStep Plus, Molded inner boot</i>

Suggested L-Codes

L1940 / L1945 / L1950	Base code
L2820	Below knee padding
L2280	Molded inner boot
L2755	Carbon graphite construction
L2340	Pre-tibial Shell

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