Q
Q
0
S
نه
ρō
≂
2
5
O
-
0
2
0
=
-
0
$\sigma$
Ø
S
ئة
≈
Ø
ັ
≶
9
2
κ.

## THUASNE Premier Carbon Graphite AFO **Specialty** Bracing Solutions Ordered by: \_\_\_\_\_ Phone # ( \_\_\_\_\_) \_\_\_\_ BILLING: P.O. Number\_\_ Account # \_\_\_\_\_ Bill To: Ship To: Address: Address: City: \_\_\_ City: \_\_\_ Prov: Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_ Prov: \_\_\_\_\_Postal Code: \_\_\_\_\_ Country: \_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_ Shipping Preference: ☐Ground ☐Express What Ankle Control Do You Need This AFO To Provide? **Seceived Date** ☐ Dorsiflexion ☐ Plantarflexion ☐ Inversion ☐ Eversion Ankle/Foot Evaluation (Weight Bearing) Weight bearing ankle position is: ☐ Neutral ☐ Inverted ☐ Everted Ankle movement: Patient's Last Name: \_\_\_\_\_ ☐ Flexible ☐ Rigid Patient's First Name: Dorsiflexion & Plantarflexion range of motion: ☐ Male ☐ Female ☐ Full ROM ☐ Limited ROM ☐ Fused Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ **Casted Position** □ WB ☐ Semi WB □ Non WB **Leg:** ☐ Left ☐ Right ☐ Do not correct casted position Patient's Clinical Diagnosis: ☐ Please correct the following: Surgeries (type/date): \_\_\_\_ ☐ Forefoot supination ☐ Hindfoot inversion ☐ Forefoot pronation ☐ Hindfoot eversion Is the patient currently using any assistive device? ☐ Plantar flexion to \_\_\_\_\_ ☐ Brace/KAFO ☐ Cane ☐ Crutch ☐ Dorsi flexion to \_\_\_\_\_° ☐ Walker ☐ Wheel chair Bend Knee To 90 Degrees & Check Toe Out Toe out degrees \_\_\_\_\_°

## Select shell configuration (check one box)

Options 3 and 4 strongly recommended when ordering anterior stop ankle joints for floor reaction control. A strap is positioned opposite the proximal band. If you would like a band or strap added, please clearly mark additions on the model you have marked and write in the measurement from ankle joint to the desired height in the space, below.

☐ Add strap: inches	from ankle join
☐ Add band: inches	from ankle ioin

☐ Add dorsi foot strap



Heel height of shoe in inches \_\_\_\_\_"

When using antior stop ankle joints for floor reaction control, we recommend a posterior distal band above the ankle joints



Provide Height Measurements	Townsend Ankle Joints
	☐ Free ankle ☐ Dorsi assist
inches. Measurement from floor to fibular head	
	☐ Single adj. with anterior stop ☐ Single adj. with posterior stop ☐ Single adj. with ant. stop & assist ☐ Double adjustable
inches. Measurement from floor to lateral apex of the ankle	☐ Double adjustable with assist
Choose Total Height of the Brace	Proteor Urethane Ankle Joints (these joints are fabricated with no plantar stop)
■ 8 inches ■ 9 inches Measure from the floor to where you want	☐ Reinforced Straight ☐ Reinforced Dorsi-Assist
The top edge of the	Becker Ankle Joints
proximal band	(Townsend stocked items)
	☐ Double Adjustable (Model # SLI-2825-A) (Ships with springs, pins available on Request)
Other"	☐ Dorsi-Flexion Assist (Model # 3225-A)
Foot Plate Selections (Material, sides, length, heel, pad)	Standard Action (Model # 3025-A) (Fused ankle when assembled)
☐ Graphite lamination (Not available in sulcus or toe length)	☐ Set fused ankle position at° of plantar flexion
Polypropylene (stiff, heat adjustable)	☐ Set fused ankle position at ° of dorsi flexion
Co-polymer (Softer, more flexible, heat adjustable)	☐ Grind limited motion to:
Black poly pro (Good all around and heat adjustable)	° plantar flexion and/or° dorsi flexion
☐ High sides (UCB type) ☐ Low side (Sole plate)	☐ Grind as free ankle
	Brace Color (Select one)
	Textured Powdercoat Finish (Lightest, most durable finish)
DO NOT use low side foot plate with anterior stop ankle joints	☐ Black ☐ Antique Pewter (silver)
Foot Plate Trim	☐ Royal ☐ Blue ☐ Burgundy
☐ Heel cup (proximal to the base of the 5th metatarsal)	
☐ Trim proximal to the metatarsal heads	Paint Finish
☐ Trim to toe sulcus	☐ High Gloss
☐ Trim to toes – Outline of full foot required!!!	☐ Black ☐ Royal ☐ Blue ☐ Burgundy
Heel Trim	☐ Beige ☐ White ☐ Burnt ☐ Emerald Green
	☐ Orange ☐ Dark Violet ☐ Steel Blue
Open heel (graphite footplate only)	☐ Indy Yellow ☐ Quicksilver
☐ Half heel	Custom High Gloss Paint Finish (additional charge)
Full heel (Closed)	☐ Provide custom paint #
Foot Plate Padding	Custom Hydro Dip Finish (additional charge)
☐ Fabricate entire foot plate with no padding	☐ Provide hydro dip film #
☐ Line entire foot plate with 1/8 inch padding	Extra Shell Liners
☐ Line entire foot plate with 1/4 inch padding	☐ 1 Extra set of liners ☐ 2 Extra sets of liners
☐ Line sides with 1/8 inch; sole with 1/4 inch	
☐ Line sole with 1/8 inch; no padding on sides	Comments:
Ankle Joint Options	
☐ Set ankle joint M/L to" (Standard spacing is 1/4 inch)	
Attach to shoe (Practitioner must send footwear with cast. Footwear must have solid stirrup or split caliper pre-attached with appropriate toe out and M/L)	
Solid lamination (Fused ankle)	
☐ Set at° dorsi flexion	

☐ Set at \_\_\_\_\_\_ ° plantar flexion