

Doctor: \_\_\_\_\_

Date: \_\_\_\_\_

Pt. Last Name: \_\_\_\_\_ First: \_\_\_\_\_ #: \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Shoe Size \_\_\_\_\_

Shoe Type(s) \_\_\_\_\_ Heel Height \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**PLEASE CHECK APPROPRIATE BOXES: # of Orthotics:**  One Pair  2 Identical Pairs  2 Different Pairs

**White Polypropylene 1**

- 3/16" Polypropylene (semi-rigid)
- 5/32" Polypropylene (semi-flex)
- 1/8" Polypropylene (Flex)

**Black Acetal (carbon like material with 100% memory) 2**

- 1/16" Acetal (super-flex)
- 3/32" Acetal (flex)
- 1/8" Acetal (semi-flex)

**Graphite 3**

- Flex  Semi-Rigid
- Rigid  Ultra-Rigid

**Dress Device 4**

- 1"-2" Heel Height
- 2" or Higher Heel

- Graphite  Polypro 1/8"
- Rigid  Semi-Rigid  Flex

**Cork 5**

- Thermo Cork (firm)  Birk. Cork (soft)

**Polypro with Plantar Fill 7**

- |                                     |                                 |
|-------------------------------------|---------------------------------|
| <u>Shell:</u>                       | <u>Plantar Fill:</u>            |
| <input type="checkbox"/> 1/16" Poly | <input type="checkbox"/> Soft   |
| <input type="checkbox"/> 1/8" Poly  | <input type="checkbox"/> Medium |
| <input type="checkbox"/> 3/16" Poly | <input type="checkbox"/> Firm   |

**Children's Devices 8**

- UCBL (Promotes Vertical Gait)
- Toe Out (Promotes Out-Toeing)
- Toe In (Promotes In-Toeing)

**Unless Specified, All Negative Cast Balanced to Perpendicular 9**

- Correction:  Left  Right
- Varus \_\_\_\_\_ Varus \_\_\_\_\_
- Valgus \_\_\_\_\_ Valgus \_\_\_\_\_

**Medial Plaster Arch Fill 10**

- Use Lab Discretion  Same as Cast
- (circle one) 1 2 3 4 5 6 7 8 9 10
- Aggressive Normal Passive

**Posting Instructions 11**

- Use Lab Discretion  No Post

**Extrinsic Rearfoot Post**

- Crepe  Unibody
- Left  Right
- Inversion \_\_\_\_\_ Inversion \_\_\_\_\_
- Motion \_\_\_\_\_ Motion \_\_\_\_\_

**Extrinsic Forefoot Post**

- Left  Right
- Varus \_\_\_\_\_ Varus \_\_\_\_\_
- Valgus \_\_\_\_\_ Valgus \_\_\_\_\_

**Grinding Instructions 12**

- Use Lab Discretion
- Narrow  Normal  Wide

**Heel Cup Depth 13**

- Use Lab Discretion
- \_\_\_\_\_ mm

**Extensions / Top Covers 14**

**Length of device:**    Mets    Sulcus    Full

**Top Covers    Thickness**    (Default: Black Poron)

- |   |                               |       |                   |
|---|-------------------------------|-------|-------------------|
| <input type="checkbox"/> Vinyl          | <input type="checkbox"/> Only | 1/16" | 1/8"              |
| <input type="checkbox"/> Leather (perf) | <input type="checkbox"/> Only | 1/16" | 1/8"              |
| <input type="checkbox"/> Ultra Suede    | <input type="checkbox"/> Only | 1/16" | 1/8"              |
| <input type="checkbox"/> Topper         | <input type="checkbox"/> 1/8" |       |                   |
| <input type="checkbox"/> Neoprene       | <input type="checkbox"/> 1/8" |       |                   |
| <input type="checkbox"/> X-static       | <input type="checkbox"/> 1/8" | 1/16" |                   |
| EVA                                     |                               | 1/8"  | 1/16" Color _____ |

**Additional Cushioning:** Thickness: \_\_\_\_\_

Device Only    Distal of Device    Heel to Toe

Black Poron    Special Poron    Plastazote    Soft EVA

**Accommodations 15**

- A. High Medial Flange
  - Cork  Rigid
  - Right  Left
- B. High Lateral Flange
  - Right  Left
- C. Heel Lift
  - \_\_\_\_\_mm R  \_\_\_\_\_mm L
- D. Heel Pads
  - Right  Left
- E. Heel Spur Pads (Horseshoe)
  - Right  Left
- F. Met Pads
  - Small  Medium  Large
  - Right  Left
- G. Morton's Extension
  - Soft  Firm  Rigid
  - Right  Left
- H. Plantar Fascia Groove - In Shell:
  - Right  Left    yes  no
- I.  Pocket Met Heads } **Check One**
  - Channel Accommodation } **One**
  - Right 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup>
  - Left 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup>
- J. Arch Pad 1/8"    Left    Right



Stored Digitally

**Special Instructions/Adjustment**