



HiTek Fab
 222 Turner Blvd, St. Peters, MO 63376
 ph (636) 385-6370 www.HiTekFab.com

HT-PFOF

Laminated Foot on
 Foot Prosthesis.
 Optional boots, joints

Foot on Foot Prosthesis



NOTE: If you don't choose an option, you will receive the Standard.

Inner Boot*: Soft foam Polyethylene Duraflex

Add extra navicular padding

Add plastizote to malleoli

Joints*: Tamarack Straight Dorsi

Style Other: _____

Posterior Stop*: PF Block Other: _____

Straps: **Standard** Calf Strap, Instep Strap Add D-ring/pad to ant. strap

Strap Color: **White is Standard** _____ Add toe abduction strap*

Transfer Pattern:

Pattern: _____

Padding Color: **White is Standard** _____

Material: Lamination, Standard Layup

Prepreg, STD Layup

HD Layup*

Other _____

Boot Containment


Inner Boot:

No containment **Standard**

Medial containment:  Medial and Lateral Cont.

AND/OR



Lateral containment: 

Patient

Last name: _____

First Initial: _____ Due Date: _____

P. ID. _____ Shoe Size: _____ cm Weight: _____ lbs

Left only Right only LLD: _____ mm

Practitioner: _____ Please change to your name if necessary.

Facility: _____

Finished Brace Angles

ANKLE ALIGNMENT (Dorsiflexion-Plantarflexion)

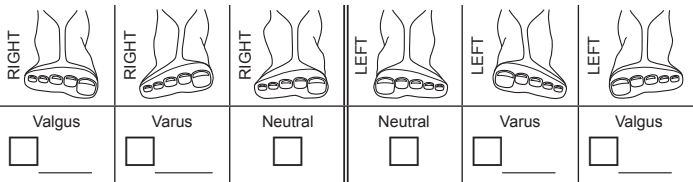
Correct to 3-4° DF Correct to _____° DF Do not correct (Cast alignment OK)
 PF

HINDFOOT ALIGNMENT

Correct to vertical (if misaligned) Do not correct

FOREFOOT ALIGNMENT NOTE: Drawings show finished orthosis.

Choose forefoot alignment. Write posting height - in mm - if needed.



Component Selection

Foot:

Category:

4 hole Rotational Adapter*

Grace Style Plate*

Special Components*:

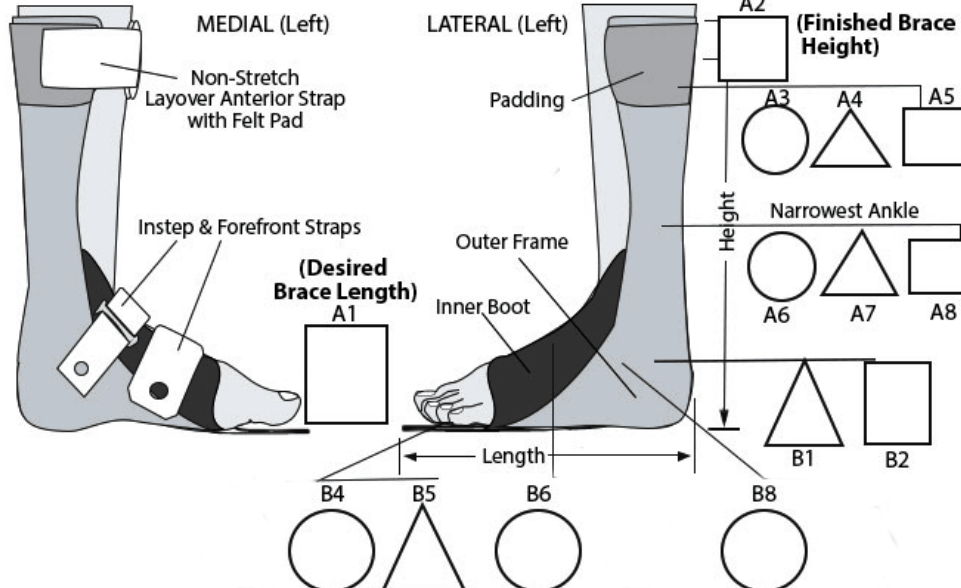
Static Alignment

Specific Alignment

Foot Shell Color

Construction • Features • Options

All measurements should be in mm.



Cast height must be greater than brace height

LEGEND

- A1: Brace Length
 - A2: Brace Height
 - A3: Calf Circumference
 - A4: Calf ML
 - A5: Calf Height
 - A6: Narrowest Ankle Circ.
 - A7: Narrowest Ankle ML
 - A8: Narrowest Ankle Height
 - B1: Ankle ML
 - B2: Ankle Height
 - B3: 1st MET AP
 - B4: 1st MET Circumference
 - B5: 1st MET ML
 - B6: Mid-Arch Circumference
 - B7: Mid-Arch AP
 - B8: Diagonal Heel Circ.
 - B9: Diagonal Heel AP
- Length Circumf. ML AP

Special Instructions

Rush Order
 (adds extra charge)

BILL TO:

Cascade Orthopedic Supply
 2638 Aztec Drive • Chico, CA 95928