



**HiTek Fab**  
 222 Turner Blvd, St. Peters, MO 63376  
 ph (636) 385-6370 [www.HiTekFab.com](http://www.HiTekFab.com)

# HT-3



Full wraparound foot control brace  
 with solid proximal posterior upright

**PF block, DF free**

**Patient**

Last name: \_\_\_\_\_

First Initial: \_\_\_\_\_

P. ID. \_\_\_\_\_  N  W

Bilateral  Left only  Right only

Practitioner: \_\_\_\_\_ Please change to your name if necessary.

Facility: \_\_\_\_\_

### Finished Brace Angles

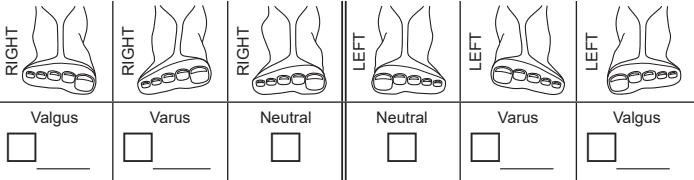
**ANKLE ALIGNMENT (Dorsiflexion-Plantarflexion)**

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

**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.



### Bottom Stabilization

None—Standard

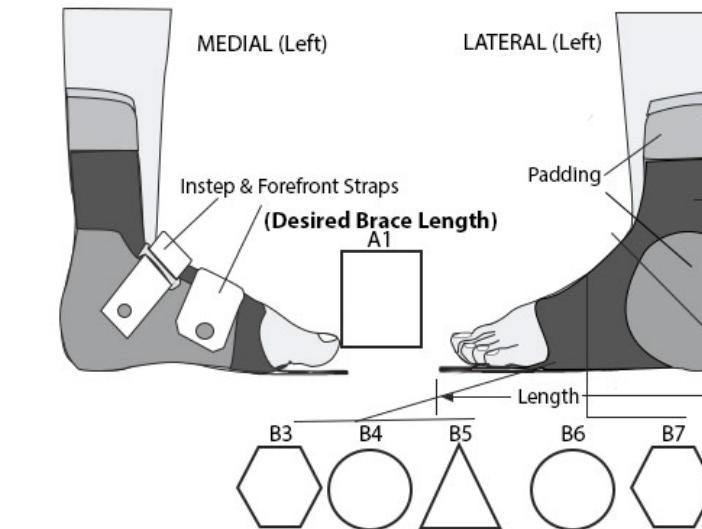
Heel -OR-  Midfoot -OR-  Both

Entire bottom stabilized\*

Entire bottom stabilized with non-skid cover\*

NOTE: Varus or valgus forefoot alignments will receive stabilization on bottom of brace to support posted (raised) region.

### Construction • Features • Options



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

• Cast height must be greater than brace height •

Padding:  Add extra navicular padding **Color:** \_\_\_\_\_

Add plastizote to malleoli (recommended w. PE liner)

Straps: **Standard** (see drawing)  Add toe abduction strap\*

Strap Color: **White is Standard** \_\_\_\_\_

Transfer Pattern\*: \_\_\_\_\_

Pattern: \_\_\_\_\_

Toe Rise and Cuff  
 Padding Color: \_\_\_\_\_

ST Pads  Pronation Control Pads  Heel Bumps

\* Additional Charges

All measurements should be in mm.

### 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 \$20)  
 Instructions must not exceed 560 characters.  
 (Could cause error with online submission.)

**BILL TO:**  
**Cascade Orthopedic Supply**  
 2638 Aztec Drive • Chico, CA 95928