



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

Full wraparound brace with flexible posterior upright

HT-3.5



PF resist, DF resist

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)

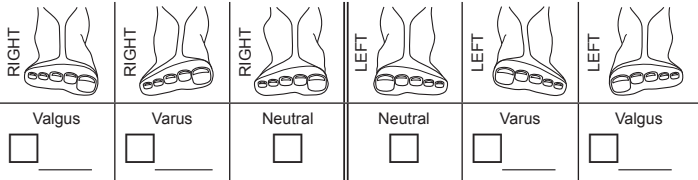
Correct to 3-4° DF Correct to _____° DF PF Do not correct (Cast alignment OK)

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

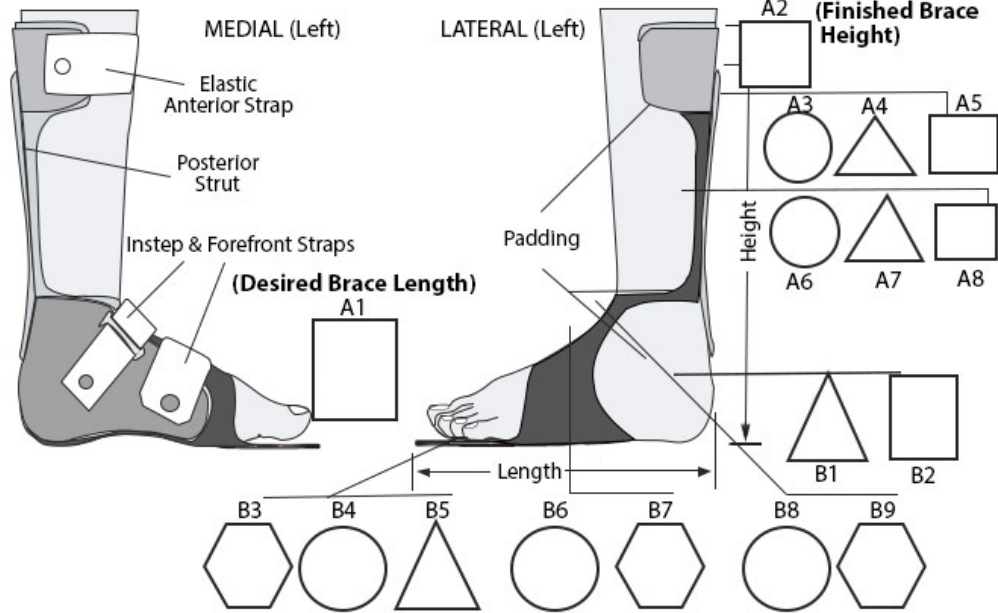
Heel -OR- Midfoot -OR- Both

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**.

Posterior Strut: Very Flexible Flexible **Standard** Semi-rigid

* Cast height must be greater than brace height *

Padding: Shaded areas below are **Standard**

Add extra navicular padding (boney pronators only)

Padding Color: White is **Standard** _____

Straps: **Standard** (see drawing) Add toe abduction strap* Change anterior strap to non-stretch

Strap Color: White is **Standard** _____

Transfer Pattern:*

Pattern: _____

Containment

No containment **Standard**

Medial containment: Soft foam (flexible) Plastic

AND / OR

Lateral containment: Soft foam (flexible) Plastic

Medial & Lateral Soft Foam Medial & Lateral Plastic Medial Foam & Lateral Plastic Medial Plastic & Lateral Foam

ST Pads Pronation Control Pads Heel Bumps

All measurements should be in mm. * Additional Charges

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