



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

Full wraparound
 brace with
 flexible posterior
 upright

HT-3.5S

PF resist, DF resist, Soft boot



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

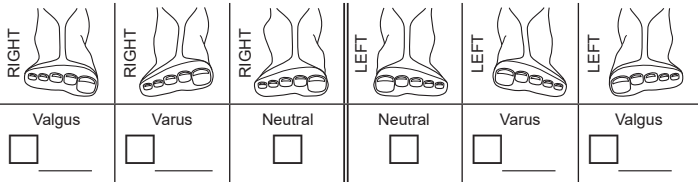
ANKLE ALIGNMENT (Dorsiflexion-Plantarflexion)

Correct to 3-4° DF Correct to _____ ° DF 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.



Bottom Stabilization

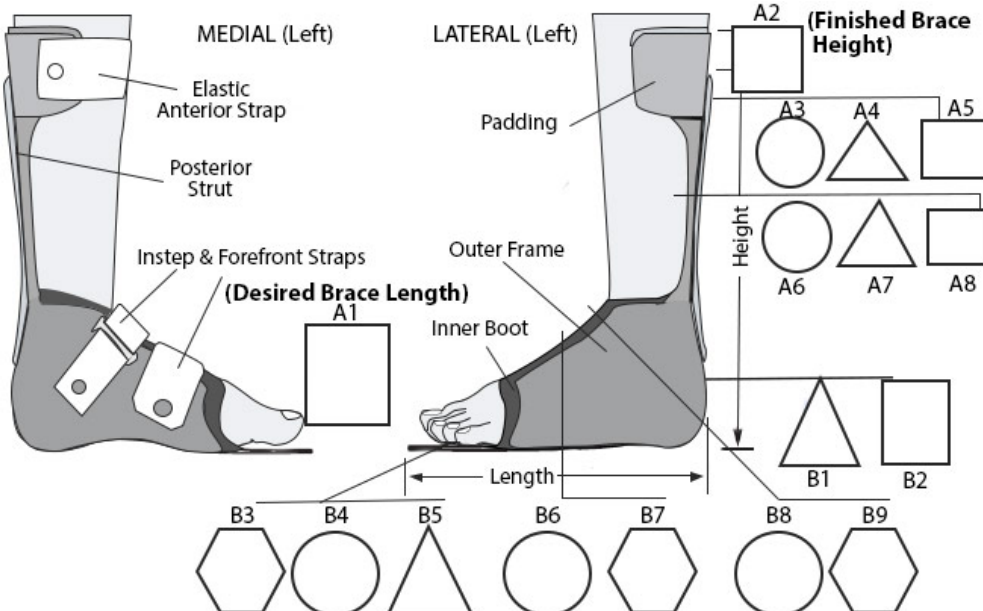
None—Standard NOTE: Varus or valgus forefoot alignments will receive stabilization on bottom of brace to support posted (raised) region.

Heel -OR- Midfoot -OR- Both

Entire bottom stabilized*

Entire bottom stabilized with non-skid cover*

Construction • Features • Options



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

• Cast height must be greater than brace height •

Posterior Strut: Very Flexible Flexible Semi-rigid
Standard

Inner Boot: **Soft foam (white only) Standard** Polyethylene* (outer frame trimmed at sulcus)
 Duraflex*

Add extra navicular padding (boney pronators only)
 Add plastizote to malleoli (recommended w. PE liner)

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

Strap Color: **White is Standard** _____

Transfer Pattern: *

Pattern: _____

Toe Rise and Cuff Padding Color: **White is Standard** _____

Toe Shelf

No containment **Standard** Medial containment: _____ AND / OR
 Lateral containment: _____
 Both Medial and Lateral

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