



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

Dorsiflexion assist and enhanced medial/lateral stability

HT 4.5



PF resist, DF resist, no dorsal wrap

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

Posterior Strut: Very Flexible Flexible Semi-rigid
 Standard

• Cast height must be greater than brace height •

Padding: Shaded areas below are **Standard**
 Add extra navicular padding (bony pronators only)

Padding Color: **White is Standard** _____

Straps: **Standard** (see drawing) Change anterior strap to elastic
 Add instep strap w/pad Add toe abduction strap*

Instep Strap Options: Color: _____
 (If applicable)

Transfer Pattern:*

Pattern: _____

ST Pads Pronation Control Pads Heel Bumps

* Additional Charges

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)

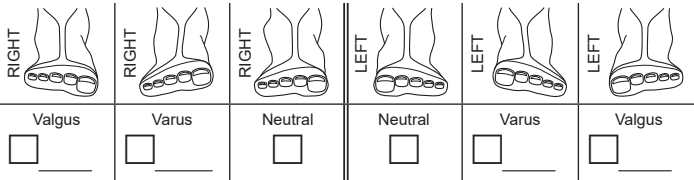
Correct to 3-4° DF Correct to _____° DF PF Do not correct (Cast alignment OK)

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.

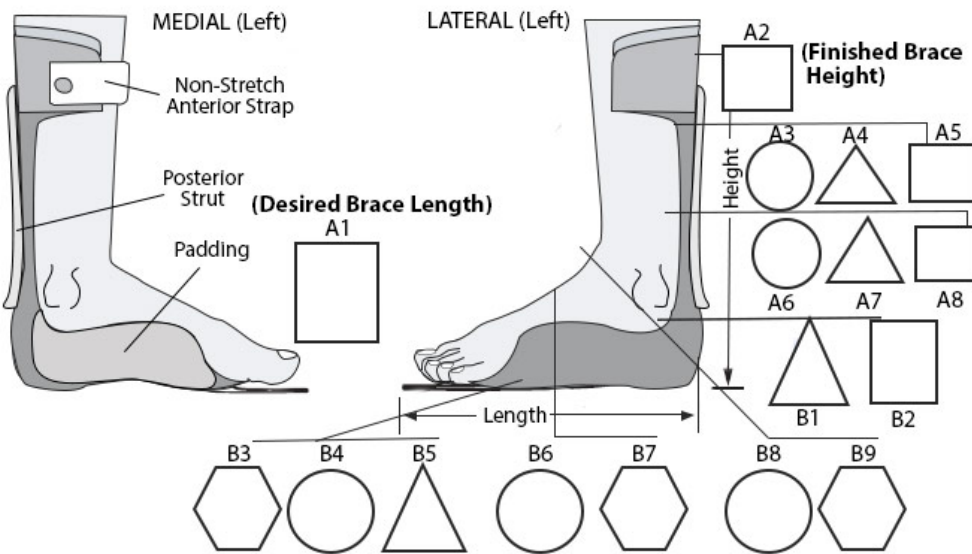


Bottom Stabilization

None—Standard
 Heel -OR- Midfoot -OR- Both
 Entire bottom stabilized*

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

Construction • Features • Options



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



Special Instructions

Rush order (adds \$20)

Instructions must not exceed 760 characters. (Could cause error with online submission.)

BILL TO:

Cascade Orthopedic Supply
 2638 Aztec Drive • Chico, CA 95928