



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-Soft



PF resist, DF assist, 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)

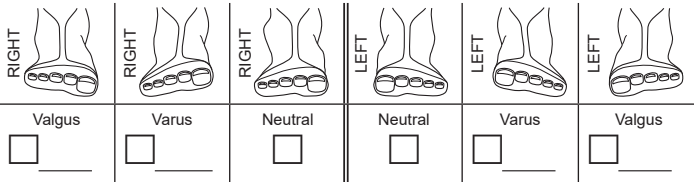
Correct to 3-4° DF Correct to _____ ° DF Do not correct (Cast alignment OK)

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

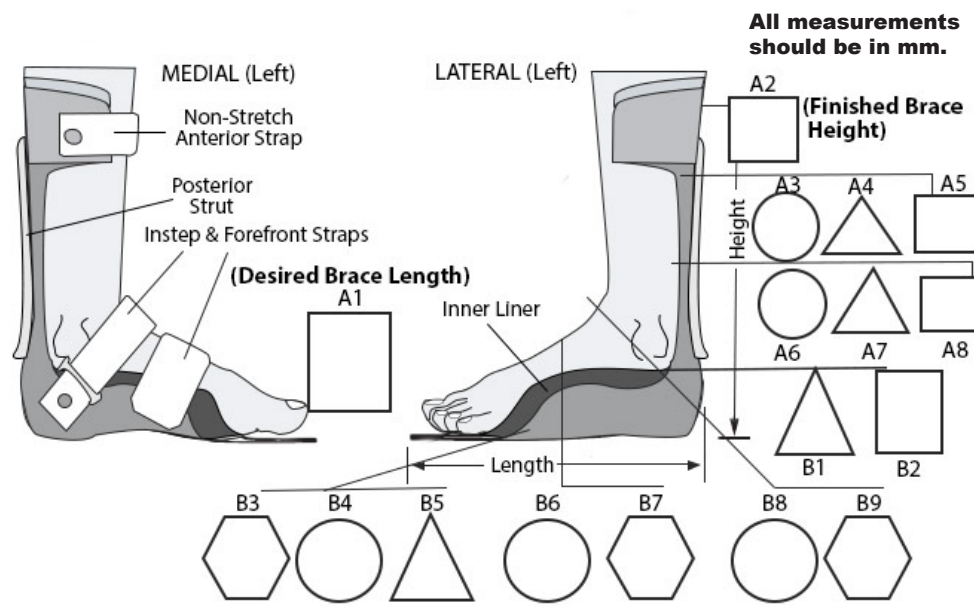
Heel -OR- Midfoot -OR- Both

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 Semi-rigid **Standard**

* Cast height must be greater than brace height *

Inner Boot: Polyethylene **Standard** Soft Foam (white only)

Duraflex*

Add plastizote to malleoli (recommended w. PE liner)

Add extra navicular padding (boney pronators only)

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

Change anterior strap to elastic

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

* 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