



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

(Thermoplastic Order Form)

HT-KAFO

Knee Ankle Foot Orthotic



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

Patient

Last name: _____
 First Initial: _____
 P. ID. _____ N W

Bilateral Left only Right only

Practitioner: _____ Please change to your name if necessary.
 Facility: _____

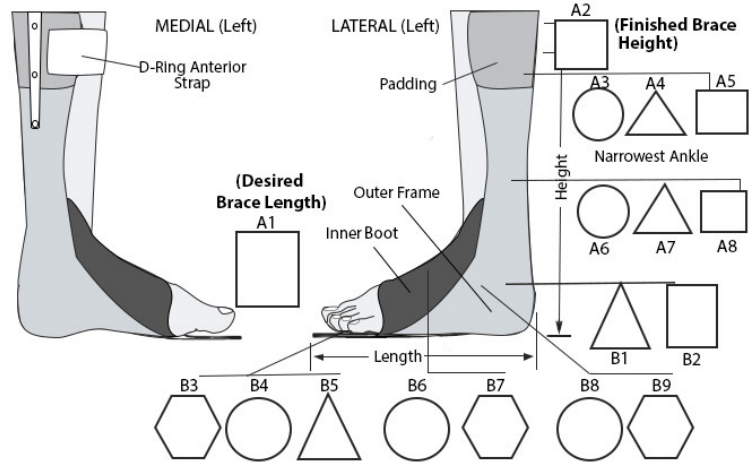
Shell Configuration

Solid Ankle Reinforced
 Posterior Stop Attach to Shoe
 Double Action Tamarack _____
 Meridian Neutral 75 85 95
 Oklahoma Dorsi Assist 75 85 95

*** Cast height must be greater than brace height ***

AFO Measurements All measurements in millimeters (mm)

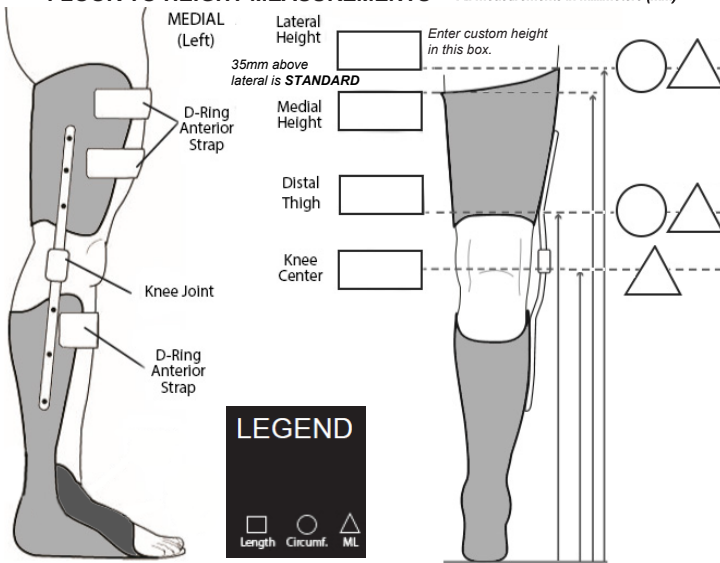
Construction • Features • Options



LEGEND		
<input type="checkbox"/> Length	<input type="checkbox"/> Circumf.	<input type="checkbox"/> ML
<input type="checkbox"/> AP		
A1: Brace Length	B1: Ankle ML	B8: Diagonal Heel Circ.
A2: Brace Height	B2: Ankle Height	B9: Diagonal Heel AP
A3: Calf Circumference	B3: 1st MET AP	
A4: Calf ML	B4: 1st MET Circ.	
A5: Calf Height	B5: 1st MET ML	
A6: Narrowest Ankle Circ.	B6: Mid-Arch Circumference	
A7: Narrowest Ankle ML	B7: Mid-Arch AP	
A8: Narrowest Ankle Height		

Construction • Features • Options

FLOOR TO HEIGHT MEASUREMENTS All measurements in millimeters (mm)



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

Cast Correction

SAGITTAL ANKLE ALIGNMENT (Dorsiflexion-Plantarflexion)

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

SAGITTAL KNEE CORRECTION

Correct to neutral Correct to _____ Flexion Do not correct
 Extension

CORONAL HINDFOOT ALIGNMENT

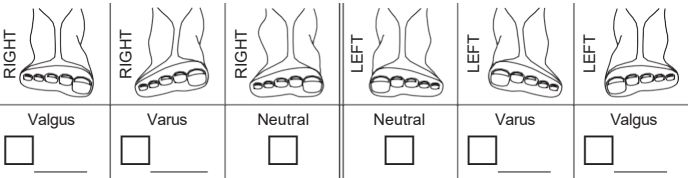
Correct to vertical Correct to _____ Varum Do not correct
 Valgum

CORONAL KNEE CORRECTION

Correct to neutral Correct to _____ Varum Do not correct
 Valgum

FOREFOOT ALIGNMENT NOTE: Drawings show finished orthosis.

Choose forefoot alignment. Write posting height - in mm - if needed.



Toe Out: Left Right

Toe Out Angle: (+) To Out (-) Toe In

Left: _____

Right: _____

Ankle Joint Alignment

Mechanical Other

Anatomical

Inner Boot: Polyethylene Softy Foam (white only) Duraflex*
Standard

Add extra navicular padding (boney pronators only) Add plastizote to malleoli

Outer Frame: Full-length under plantar surface Trimmed distal to met. heads under plantar surface Trimmed just proximal to met. heads under plantar



* Additional Charges

Pads and Straps

Straps: **Standard** Add toe abduction strap
(tibial & instep straps) Add forefoot strap

Strap Color: **White is Standard** _____

Transfer Pattern:*

Pattern: _____

Padding Color: **White is Standard** _____

LINERS / PADDING / INSERTS

- None **Standard**
- Plantar Footplate
- Calf Section
- Thigh Section

* Additional Charges

More Shell Configuration Items

TONGUE

- Calf Section
- Thigh Section

MATERIALS

- Polypropylene **Standard**
- Copolymer

THICKNESS

- 1/8
- 3/16
- 5/32
- 1/4

KNEE CONTROL

- None **Standard**
- Medial Condylar Extension
- Lateral Condylar Extension

Component Selection

OTHER ANKLE JOINT OPTIONS

Standard Action

- No motion
- Stop Motion ___ ° DF ___ ° PF
- Free Motion
- Dorsiflexion Assist
- Double Action, Titanium (Extra Charge)
- Camber Axis
- Oklahoma

Posterior Stop

- Fixed Plastic PF Stop
- Adjustable Snap Stop
- Other (Specify) _____

ACCESSORIES

- Growth Extensions
- Quick Release
- Knee Pad
- 4 Buckle
- 5 Buckle

KNEE JOINTS

- Single Medial
- Single Lateral
- Medial/Lateral
- Droplocks **Standard**

- Aluminum **Standard**
- Stainless Steel

Free Motion

- Posterior Offset

Ring Lock

- Posterior Offset
- Ball Catch
- Lever Lock
- Ratchet Lock

Release System

- Bail
- BLISS
- HD Lever
- Other (Specify) _____

If you do not choose any Knee components:
Free motion Double Upright Aluminum with Droplocks is STANDARD.

Special Instructions

Rush order (adds \$20)