

# CTM Orlando® KAFO/HKAFO

## STYLE

- HKAFO     KAFO

Note: For KAFO orthosis only dimensions C through I are necessary.

- LEFT     RIGHT

## PELVIC SECTION

- Newport® 4  
 Newport® 3  
 Newport® MC (CTM-2 strap-upgradecharge)  
 Newport® Jr.

## HIP JOINTS

- Virtual 5® Hip Joint (Only available on the Newport 4 Pelvic)  
 Virtual Hip Joint (adjustable abduction/adduction, flexion/extension)  
 Adjustable R.O.M. (adjustable flexion/extension, 15° abduction)  
 Drop Lock\*

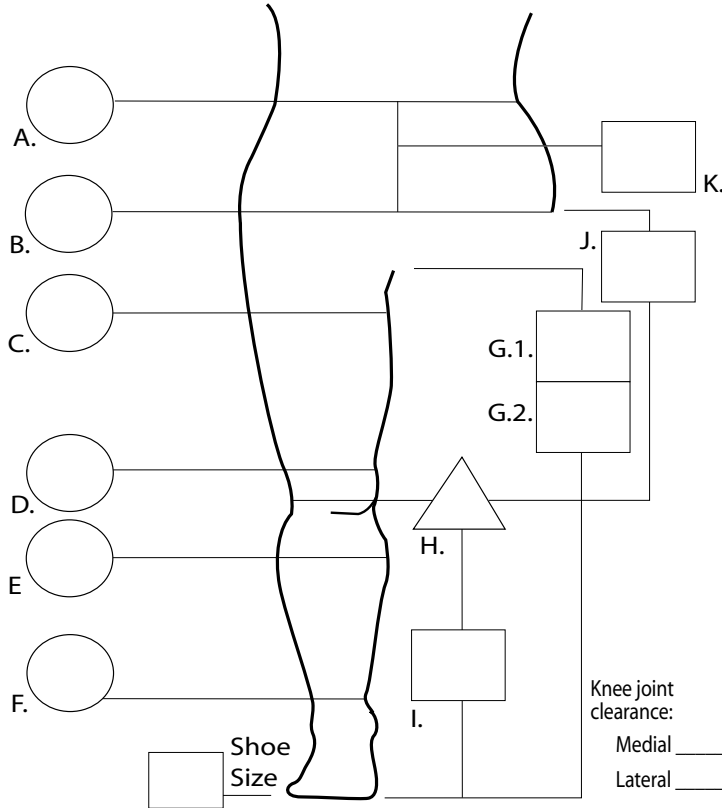
## THIGH COMPONENTS

- Ischial  
 NSNA

## KNEE JOINTS

(Special order knee joints available -- Please call for information.)

- Free Motion  
 1/8"     3/16"  
 Drop Lock\*  
 1/8"     3/16"  
 Adj. R.O.M.\*  
 1/8"     3/16"  
 Pediatric  
 R.O.M     Drop Lock  
 Free Motion



MEASUREMENT	LEGEND
A = Waist Circumference	G = Length, Perineum to Floor
B = Hip Circumference	1) Anatomical
C = Proximal Thigh Circ.	2) Actual Medial Brace
D = Distal Thigh Circ.	H = Caliper Meas., Knee Center (M/L)
E = Largest Calf Circ.	I = Length, Knee Center to Floor
F = (just above) Ankle Circ.	J = Length, Trochanter to Knee Center
	K = Waist to Trochanter

## TIBIAL COMPONENTS

- Orlando Tibial  
 Orlando Lite Tibial Section with bilateral uprights  
 TPFx

## SHOE INSERTS

- Free Motion  
 Adjustable Single Axis  
 Extended footplate, locks at 90° or has free R.O.M.  
 Solid Ankle  
 PRAFO® \*

## LINER\*

- Aliplast  
 1/8"     3/16"     1/4"  
 Coolfoam®

## FRACTURE SOCKS\*

- Yes Qty. \_\_\_\_\_  
 No

\* UPGRADE CHARGE

ORDER INFORMATION    Account #: \_\_\_\_\_

Date: \_\_\_\_\_ P.O.#: \_\_\_\_\_

Facility to be Billed: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date Required: \_\_\_\_\_

Ship Via: \_\_\_\_\_ On (date) \_\_\_\_\_

Contact: \_\_\_\_\_

## PATIENT / ID INFORMATION (PHI)

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Fax This Form To

800.638.9259

or Call

800.446.6770

or E-mail

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