

FULL BLOCKER RESTING - 524



Recommended for:

- Non-ambulatory positioning of foot/ankle complex
- Post-operative positioning

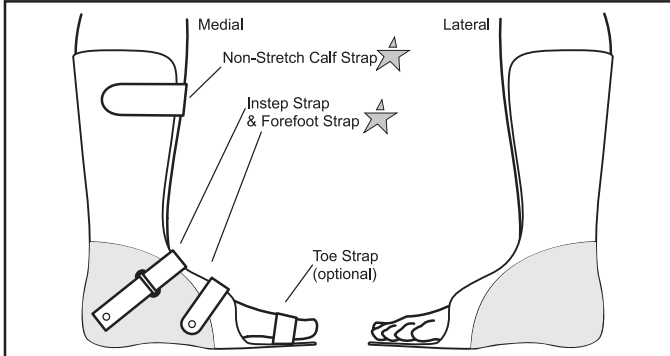
PATIENT INFORMATION

Patient Name _____
 Male Female DOB: _____
 Height _____ Weight _____
 Specify Side(s) Bilateral Left Right
 Casting Date _____ RX _____

FACILITY INFORMATION

Practitioner _____ PO# _____
 Facility _____
 Address _____
 Phone _____ Fax _____

★ Indicates the Default for Each Feature **TCflex**
AFO SYSTEM



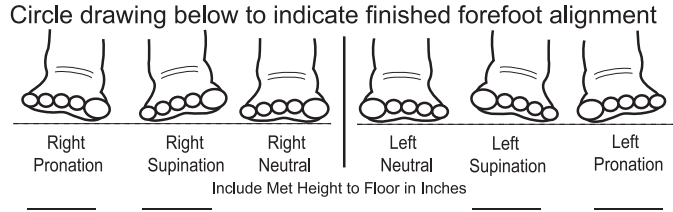
SPECIAL INSTRUCTIONS

Add'l Comments on Reverse

ALIGNMENT

MUST BE COMPLETED TO PREVENT DELAY OF ORDER

- Ankle Alignment** (Dorsiflexion - Plantarflexion)
 Correct to _____ degrees Do Not Correct (Cast Alignment OK)
- Hindfoot Alignment**
 Correct to Vertical Do Not Correct (Cast Alignment OK)
- Forefoot Alignment**

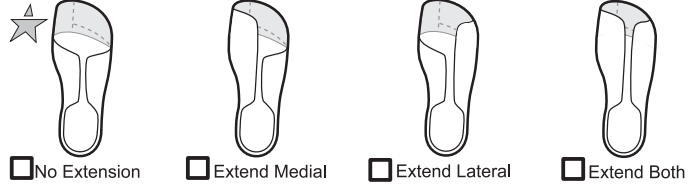


PLANTAR MODIFICATION

- Plantar Modifications Yes No
 If Casting Plates Used Size _____ Regular Wide

If No - No Plantar Modifications will be provided
 Self Stick Toe Rise Pads Included With Each Order

DORSAL EXTENSION - to control forefoot



LENGTH • PADDING • STRAPS

- ★ Plastic TPE Other _____
- POSTERIOR** (cast must be taller than finished brace height)
HEIGHT in inches
 ★ As high as the foot is long + 10% Other _____"
- FOOT LENGTH** in inches
 ★ End of Cast + 1/4" Other _____"
- ★ **PADDING**
 Per Picture Add Extra Navicular Pad
- PADDING COLOR**
 ★ White Other _____
- ★ **STRAPS**
 Per Picture Add Elastic Calf Strap
 Add D-Ring Calf Strap with Felt Pad Add Calf Strap Felt Pad
 Add Toe Strap
- STRAP COLOR**
 ★ White Color _____
 Transfer _____

EXTERNAL POSTING

- ★ Heel Posting Heel & Midfoot Posting No External Posting Entire External Posting Non Skid Bottom
- PLEASE NOTE:**
 Pronation and Supination alignments will be externally posted to neutral



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SL 00009 Rev. A

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CAST ALIGNMENT

The alignment of the impression you take provides us with a physical "snapshot" of the limb you casted. In the best of situations, the impression will capture the patient's best alignment for function. If this is not the case, the goal of the orthotist should be to come as close as possible to this alignment and understand the patient's limitations. The Orthomerica staff can correct many impressions, but the more corrections that are necessary, the more difficult it is to capture the bony anatomy and provide the total contact fit that is so important with these designs. In many cases the patient is best served by repeating the casting process rather than by fabricating an orthosis based on faulty alignment. Focus casting efforts on maintaining hindfoot and forefoot alignment, since the dorsiflexion or plantarflexion angle is the easiest to correct.

Please take the time to carefully assess the patient's available range of motion and document restrictions when choosing the finished alignment of the orthosis. Placing a patient with heel cord tightness at a position of 90 degrees with vertical calcaneus and neutral forefoot may be very uncomfortable, require an extensive break-in period, and may not be tolerated at all. To ensure that the alignment instructions are clear, Orthomerica will not begin fabrication of any orthosis when the alignment is not specified on the Orthometry Form.

BRACE DIMENSIONS

Our finished standard brace length for the orthosis is as follows:

Foot Length = length of foot plates (if no footplate provided an additional 1/4" will be added to the end of the cast).

Posterior Height = length of foot plus 10% or provided height documented on orthometry form.

PADDING COLOR

Red, Blue, Light Blue, Yellow, Purple, Pink, Black, White

STRAP COLOR

Red, Blue, Light Blue, Yellow, Purple, Pink, Black, White

For heat transfer options, call Orthomerica's customer service department (877-737-8444) or visit our website www.orthomerica.com

