

# LEAF SPRING - 520

**Recommended for:**

- Assisting dorsiflexion without completely limiting plantarflexion
- Clearance in swing and positioning of the foot for heel strike
- Stabilizing the foot and ankle without locking out all motion
- Severe Pronation that cannot be managed with an SMO alone
- Weakness in both sagittal and coronal planes



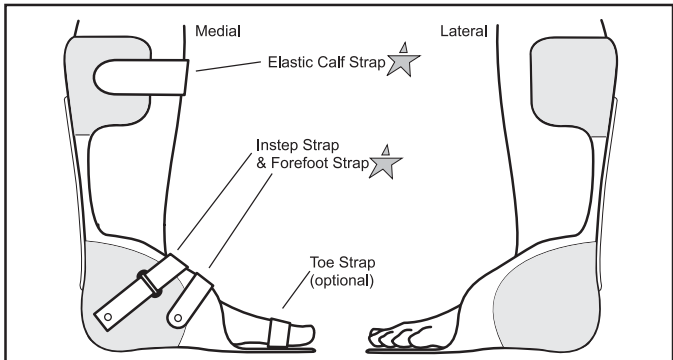
**PATIENT INFORMATION**

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



**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**  
 Circle drawing below to indicate finished forefoot alignment

Include Met Height to Floor in Inches \_\_\_\_\_

**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**

No Extension  Extend Medial  Extend Lateral  Extend Both  No Dorsal Wrap

**LENGTH • PADDING • STRAPS**

★ Plastic Co-polymer  Transfer \_\_\_\_\_

**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 \_\_\_\_\_"

**POSTERIOR STRUT**  
 ★  Flexible (Moderately Stiff)  Very Flexible (Less Stiff)  Less Flexible (Very Stiff)

★ **PADDING**  
 Per Picture  Add Extra Navicular Pad

**PADDING**  
 ★ **COLOR**  
 White  Other \_\_\_\_\_"

★ **STRAPS**  
 Per Picture  Add Non-Stretch 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

**PLEASE NOTE:**  
*Pronation and Supination alignments will be externally posted to neutral*

Non Skid Bottom



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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](http://www.orthomerica.com)

