

SUB-MO WRAP - 511

Recommended for:

- Correctable, subtalar and mid-foot deviations
- Excessive Pronation
- Pre-walkers and new walkers needing precise foot alignment to improve balance and functional skills.



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



6333 N. Orange Blossom Trail Orlando, FL 32810
 Voice 877-737-8444 Fax 877-737-8445
 e-mail custom@orthomerica.com

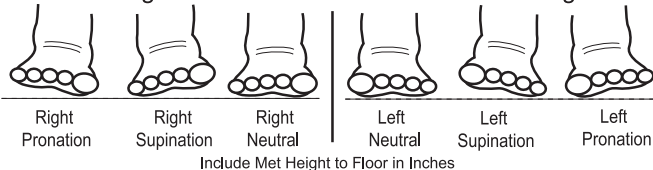
SL 00003 Rev. A

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

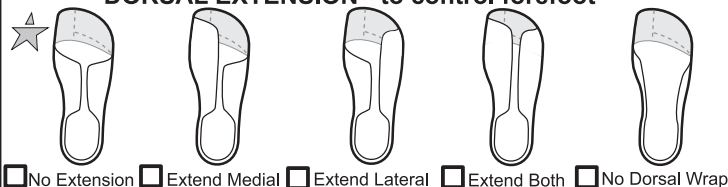


PLANTAR MODIFICATION

- 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

Medial Lateral
 Forefoot Strap (optional)
 Toe Strap (optional)
 ★ Plastic Co-polymer Transfer _____

FOOT

LENGTH in inches
 ★ End of Cast + 1/4" Other _____"

PADDING

★ Per Above Picture Add Extra Navicular Pad

PADDING COLOR

★ White Other _____

STRAPS

Add Forefoot Strap 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

