

PCC #: _____

BILL TO: _____

ADDRESS: _____

SHIP TO: SAME AS BILLING _____

ADDRESS: _____

SHIPPING: GROUND (FXGD) STANDARD 2 DAY (FX2D)
 OVERNIGHT: PRIORITY (FX1D) 1st OVERNIGHT (FX1A)
 OTHER: _____

CLINICIAN: _____

CELL #: _____

PATIENT: _____

HEIGHT: _____ **WEIGHT:** _____ **AGE:** _____

DIAGNOSIS: _____

AFFECTED SIDE (Check One):
 LEFT RIGHT or BILATERAL: SYMMETRICAL YES NO

NG ENCOUNTER #: _____

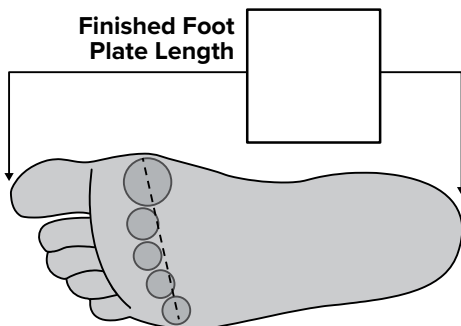
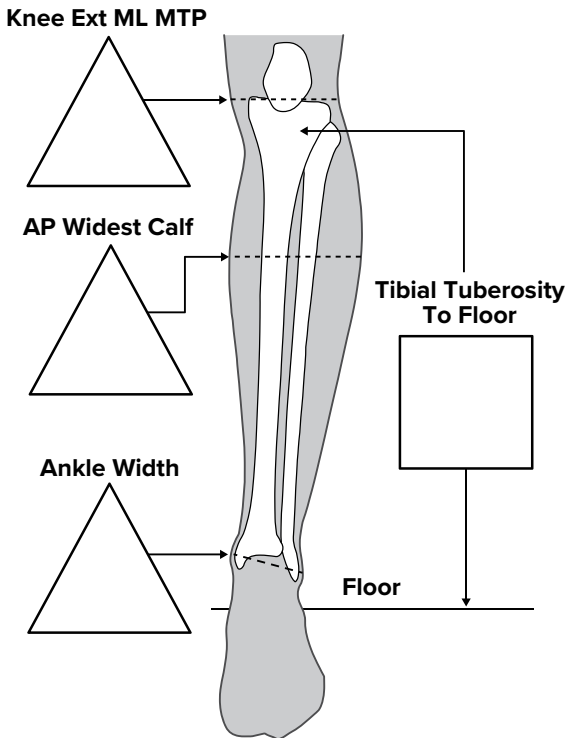
MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

TF ESR is not available digitally. Please ship cast directly to HFN Houston 3620 Willowbend Blvd, Ste 1118-A | Houston, TX 77054 **HFN:** HOUSTON

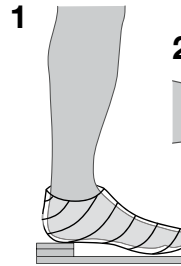
If a Discrepancy Exists, Go By Impression Measurements **Units of Measure** Millimeters Inches

MEASUREMENTS AND CASTING

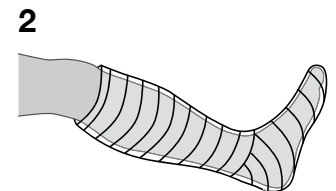


TWO STAGE CASTING REQUIRED

Stage 1 – Cast foot on casting block and allow to harden



Stage 2 – Cast calf to distal patella with knee in 15° of flexion



ALIGNMENT CASTING BLOCK

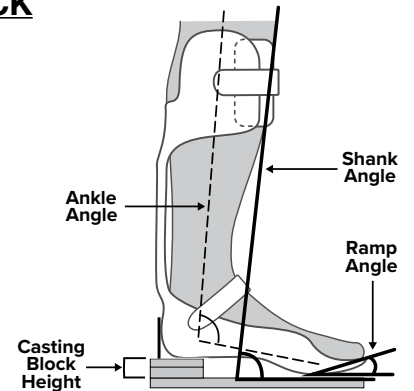
Ankle Angle
Required Ankle Angle: _____°

Shank Angle
Required Shank Angle: _____°

Casting Block
Casting Block Height: _____

Toe Ramp
Required Toe Ramp Angle: _____°

- Toe Ramp Angle**
- Low < 10° – household ambulators with limited community ambulation
 - Moderate 12-15° – community ambulator
 - High 15-30° – active community ambulators



NOTES

TURNAROUND TIMES

To review current projected turnaround times for fabrication sites visit the [Daily HFN Capacity Webpage](#).

CLINICIAN: _____ **PATIENT ID:** _____

PREFERRED METHOD OF CONTACT: CELL TEXT EMAIL MICROSOFT TEAMS _____

DESIGN CRITERIA

MANUAL MUSCLE TESTS

Strength: Quads

Right (0-5): _____

Left (0-5): _____

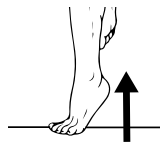
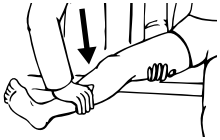
Dorsiflexion

Right (0-5): _____

Left (0-5): _____

Plantar-flexor

Number of heel rises: _____



Observational Gait Analysis: Footdrop Delayed heel rise

- Inclined thigh at mid-stance (hyperextension)
- Reclined thigh at mid-stance (crouch)

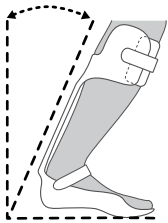
Biomechanical Objectives

- Eliminate drop foot Improve delayed heel rise
- Control ankle valgus instability Control ankle varus instability
- Resist knee hyperextension in stance Resist knee flexion in stance

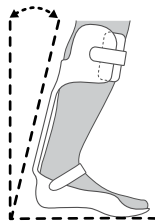
DESIRED LEVEL OF CONTROL

Strut Stiffness

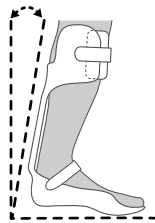
- Mild Control:** provides minimal resistance to tibial advancement in stance.
MMT: DF ≤ 3, PF ≥ 4, KE ≥ 4+
- Moderate Control:** provides mod. resistance to tibial advancement in stance.
MMT: DF ≤ 3, PF ≤ 4, KE ≥ 4
- Firm Control:** provides firm resistance to tibial advancement in stance.
MMT: DF ≤ 3, PF ≤ 3, KE ≥ 4



Mild



Moderate



Firm

NOTES

DESIGN SPECS

Corrected Coronal Plane Ankle Position

Neutral As Is (Rigid) Other: DF _____ ° PF _____ °

Final Corrected Forefoot Position

Right: Neutral As Is Other _____

Left: Neutral As Is Other _____

Final Corrected Hindfoot Position

Right: Neutral As Is Other _____

Left: Neutral As Is Other _____

Foot Modifications

- Rigid Flexible
- Standard Tone Reduction ST Mod
- Intrinsic Heel Skive/Mod _____ ° Medial Lateral
- Additional Build Ups/Reductions (detail in notes section)

INNER BOOT (F1915)

(detail optional padding in notes section)

Material

Polyethylene EVA/Foam Proflex (F9036) Other _____

Thickness

3/32" 1/8" 5/32" Other _____

FINISHING

- Finished
- Unfinished (send straps unattached)

Calf Strap

Chafe Medial Chafe Lateral 1" 1 1/2" 2"

Ankle Strap

Leave detached Chafe Medial Chafe Lateral

Strap Material: Velcro Only

Dacron back (F0046) Other _____

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