

BOSTON (H)KAFO ORDER FORM (1 of 2)

Date: _____ Due Date: _____ Contact: _____
 Ship To: _____ Account: _____ E-mail: _____
 Address: _____ PO#: _____ Phone: _____
 City: _____ State _____ Zip _____ Ship Via: _____ Fax: _____

PATIENT INFORMATION

Patient Name: _____ Cast Scan Existing Mold
 Age: _____ Sex: _____ Ht: _____ Wt: _____ Side: Left Right Bilateral
 Diagnosis: _____ Device Type: KO KAFO HKAFO Other: _____
 Non-Ambulatory
 Joints on order from clinic PO #: _____ Add On's: Molded Inner Boot (1/8" opflex) Clamshell (full 3/16" liner)
 Boston O&P to order PO #: _____ Heel post (1/4" SPP) Tongue (Foam) Tongue (PE)
 Other: _____ Thigh Thigh
 Tibia Tibia

| | | | | | | |
|---|--|---|--|--|--|---|
| <p>Ankle Alignment:</p> <input type="checkbox"/> Lab Std- 90° <input type="checkbox"/> As is <input type="checkbox"/> Correct ankle to: °DF: _____ °PF: _____ <input type="checkbox"/> Feet are asymmetrical <input type="checkbox"/> Other: _____ <input type="checkbox"/> Toe out <input type="checkbox"/> Toe in Degrees: _____ | <p style="text-align: center;">Hindfoot/ Forefoot Alignment</p> <input type="checkbox"/> Lab Std Neutral <input type="checkbox"/> Correct FF to: <input type="checkbox"/> As is °Varus: _____ °Valgus: _____ <input type="checkbox"/> Correct HF to: <input type="checkbox"/> As is °Varus: _____ °Valgus: _____ | <p style="text-align: center;">Knee Alignment, ROM & Joints</p> <p style="text-align: center;">Lab Std - Slight flexion Varus/valgus as is</p> <input type="checkbox"/> Correct to: <input type="checkbox"/> As is °Varus: _____ °Valgus: _____ <input type="checkbox"/> Free motion <input type="checkbox"/> Hyperextended _____° <input type="checkbox"/> Knee flexion contracture Degrees: _____° <input type="checkbox"/> Drop lock <input type="checkbox"/> Retainer <input type="checkbox"/> Step lock <input type="checkbox"/> Dial Lock <input type="checkbox"/> Specify Joint: _____ <input type="checkbox"/> Lateral Only | | | | |
| <p>Hip Alignment, ROM & Joints</p> <p>Lab Std - Neutral in sagittal and coronal planes</p> <input type="checkbox"/> Correct to: °Abduction: _____ <input type="checkbox"/> Free motion <input type="checkbox"/> Limit range <input type="checkbox"/> Drop locks <input type="checkbox"/> Retainer <input type="checkbox"/> Dial Lock <input type="checkbox"/> Specify Joint: _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p style="text-align: center;">Ankle</p> <input type="checkbox"/> Solid <input type="checkbox"/> Articulated -Standard Tamarack <input type="checkbox"/> PF stop <input type="checkbox"/> Silencer <input type="checkbox"/> Adjustable <input type="checkbox"/> Elite <input type="checkbox"/> 795 <input type="checkbox"/> Free motion <input type="checkbox"/> Pre-articulated (uncut) <input type="checkbox"/> Tamarack- DA 85 <input type="checkbox"/> Other: _____</td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p style="text-align: center;">KAFO Plastic</p> <input type="checkbox"/> Standard material copoly . Under 80 lbs = 1/8" . 80-120 lbs = 5/32" . 120-200 lbs = 3/16" . 200+ lbs = 1/4" Specify Other: _____</td> </tr> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p style="text-align: center;">Padding</p> <input type="checkbox"/> Standard- 1/8" malleolus pad white colored foam before pull <input type="checkbox"/> Unlined <input type="checkbox"/> After Pull <input type="checkbox"/> Other: _____</td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p style="text-align: center;">Orthosis Color/ Transfer</p> <input type="checkbox"/> Brace: _____ <input type="checkbox"/> Straps: _____ Straps standard per HKAFO <input type="checkbox"/> Other: _____</td> </tr> </table> | <p style="text-align: center;">Ankle</p> <input type="checkbox"/> Solid <input type="checkbox"/> Articulated -Standard Tamarack <input type="checkbox"/> PF stop <input type="checkbox"/> Silencer <input type="checkbox"/> Adjustable <input type="checkbox"/> Elite <input type="checkbox"/> 795 <input type="checkbox"/> Free motion <input type="checkbox"/> Pre-articulated (uncut) <input type="checkbox"/> Tamarack- DA 85 <input type="checkbox"/> Other: _____ | <p style="text-align: center;">KAFO Plastic</p> <input type="checkbox"/> Standard material copoly . Under 80 lbs = 1/8" . 80-120 lbs = 5/32" . 120-200 lbs = 3/16" . 200+ lbs = 1/4" Specify Other: _____ | <p style="text-align: center;">Padding</p> <input type="checkbox"/> Standard- 1/8" malleolus pad white colored foam before pull <input type="checkbox"/> Unlined <input type="checkbox"/> After Pull <input type="checkbox"/> Other: _____ | <p style="text-align: center;">Orthosis Color/ Transfer</p> <input type="checkbox"/> Brace: _____ <input type="checkbox"/> Straps: _____ Straps standard per HKAFO <input type="checkbox"/> Other: _____ | <p style="text-align: center;">Trimlines</p> <input type="checkbox"/> Lab Std <input type="checkbox"/> Proximal Thigh Flare <input type="checkbox"/> Distal thigh Flare <input type="checkbox"/> Proximal Calf Flare <input type="checkbox"/> High L / M wall <input type="checkbox"/> Long L / M wall <input type="checkbox"/> Other: _____ |
| <p style="text-align: center;">Ankle</p> <input type="checkbox"/> Solid <input type="checkbox"/> Articulated -Standard Tamarack <input type="checkbox"/> PF stop <input type="checkbox"/> Silencer <input type="checkbox"/> Adjustable <input type="checkbox"/> Elite <input type="checkbox"/> 795 <input type="checkbox"/> Free motion <input type="checkbox"/> Pre-articulated (uncut) <input type="checkbox"/> Tamarack- DA 85 <input type="checkbox"/> Other: _____ | <p style="text-align: center;">KAFO Plastic</p> <input type="checkbox"/> Standard material copoly . Under 80 lbs = 1/8" . 80-120 lbs = 5/32" . 120-200 lbs = 3/16" . 200+ lbs = 1/4" Specify Other: _____ | | | | | |
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BOSTON (H)KAFO ORDER FORM Page 2

- Becker Pelvic Band
 Metal and Leather
 Standard LSO Bucket
 3/16" copoly / 1/4 liner
 (Standard Metal Band)
 Other: _____

Measurement: Cast Scan Measure Only

***Mark hip center**

Scan Label: _____

Metal and Leather Pelvic Band (cast and/or tracing req'd)

LSO Modifications: As-is 50% Full symmetry

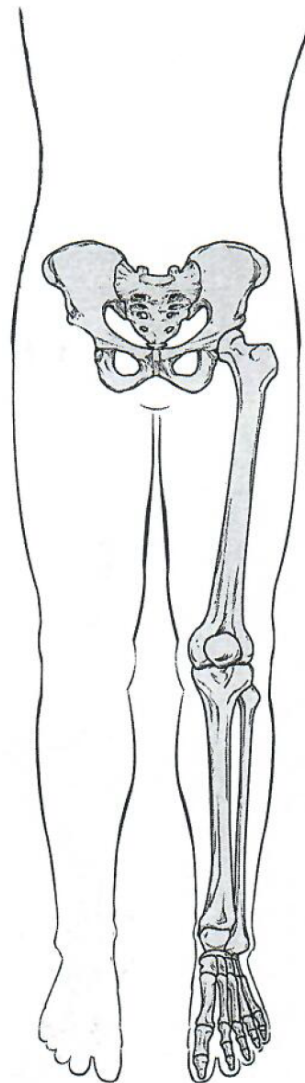
Lordosis: As-is 15° Other: _____

Provide all measures in cm

Measures in bold are required

LSO section

| | Circ. | M/L | A/P |
|-------------|----------------------|----------------------|----------------------|
| Xyphoid | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Waist | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ASIS | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Troch | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Prox thigh | <input type="text"/> | <input type="text"/> | |
| Dist. thigh | <input type="text"/> | <input type="text"/> | |
| Knee ctr | <input type="text"/> | <input type="text"/> | |
| Ankle | <input type="text"/> | <input type="text"/> | |



Length

| | |
|----------------------|-------------------------|
| <input type="text"/> | Hip to top of band/ LSO |
| <input type="text"/> | Waist to seat |
| <input type="text"/> | Waist to Troch |
| <input type="text"/> | Troch to knee ctr |

Thigh section

| L | | R |
|----------------------|------------------------|----------------------|
| <input type="text"/> | Lateral height to knee | <input type="text"/> |
| <input type="text"/> | Medial height to knee | <input type="text"/> |
| <input type="text"/> | Knee center to floor | <input type="text"/> |

AFO section

| L | | R |
|----------------------|------------------|----------------------|
| <input type="text"/> | Lateral height | <input type="text"/> |
| <input type="text"/> | Medial height | <input type="text"/> |
| <input type="text"/> | Posterior height | <input type="text"/> |
| <input type="text"/> | Footplate length | <input type="text"/> |

Notes