



Patient Name: Test text in name field...

DX: Test text in DX field...

Age: Age Height: Height Weight: Weight

☐ Left ☐ Right ☐ Bilateral ☐ Symmetrical Pathology
☐ Asymmetrical Pathology

Heel Height of Shoe: _____

Company: _____

Location: _____

Contact: _____

Phone: _____

PO#: _____

Date Needed: _____

☐ Non-Ambulatory☐ Transfers☐ Therapeutic☐ Household☐ Community☐ High: Running / Jumping

REQUIRED FIELDS

DF / PF
ALIGNMENT:
(Required)

Left

☐ 90 ☐ -3 ☐ -5 ☐ -7 ☐ -10 ☐ Other

Right

☐ 90 ☐ -3 ☐ -5 ☐ -7 ☐ -10 ☐ Other

POSITION TO CONTROL: (Required)

L

R

☐ ☐ SUPINATION

L

R

☐ ☐ PRONATIONHINDFOOT
ALIGNMENT:
Frontal Plane
(Required)

Inversion (Varus)

Amount

LEFT

☐ Neutral

Eversion (Valgus)

Amount

Inversion (Varus)

Amount

RIGHT

☐ Neutral

Eversion (Valgus)

Amount

FOREFOOT
ALIGNMENT:
Frontal Plane
(Required)

Inversion (Varus)

Amount

LEFT

☐ Neutral

Eversion (Valgus)

Amount

Inversion (Varus)

Amount

RIGHT

☐ Neutral

Eversion (Valgus)

Amount

Please:Limit next selections to only one section.
Select either A, or B, or C

A

☐ INSUFFICIENT SHANK,
(selections reqd. in box 1)

L R

Shank Control:
☐ ☐ Shank controllable in Terminal Stance, (MP)
☐ ☐ Requires Shank Control in Terminal Stance (HP)
☐ ☐ ROM Adjustability Required, (Static Adjustable HP)

L R

Inner Boot Style Option: (Full Height PLS Std.)☐ ☐ SMO Inner Boot, (Not available on Static Adjustable)**SPACER OR PAD OPTIONS, (Use for selections in A, B, or C)**

L R

 Spacer ☐ ☐ Medial Ankle
 Pad ☐ ☐

 Spacer ☐ ☐ Lateral Ankle
 Pad ☐ ☐

 Spacer ☐ ☐ Medial
 Pad ☐ ☐ Ankle & Navicular

L R

 Spacer ☐ ☐ Navicular Only
 Pad ☐ ☐

 Spacer ☐ ☐ Base of 5th
 Pad ☐ ☐
☐ ☐ Base of 5th to end of
 toe, Leave-in spacer

B

☐ EXCESSIVE SHANK (Crouch)

Full Height PLS Inner Boot Standard

L R

Shank Control:
☐ ☐ Shank controllable in Terminal Stance, (HP)
☐ ☐ Requires Shank Control in Terminal Stance (Transformer)
☐ ☐ ROM Adjustability Required, (Static Adjustable)

C

☐ FREE DORSIFLEXION

L R

☐ ☐ Low Profile, For pronation control only
☐ ☐ High Profile Tamarack
☐ ☐ Mid Profile Tamarack
☐ ☐ Stop Type: _____
☐ ☐ Sport Max, Mid-Profile Tam, Free motion only
SPECIAL FEATURES, (Use for selections in A, B, or C)

L R

☐ ☐ Max Control Strap

Transfer Paper: _____

Finished Ht.
(reqd.)

Special Instructions: (Use back if Necessary)

Foot Length
(reqd.)