



brace masters

911 Empire Drive

Mukwonago, WI 53149

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DRAFO

HP, MP, LP, TAM,
SA, DSA, SM

Patient Name: _____

DX: _____

Age: _____ Height: _____ 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

☐☐

PRONATION

**HINDFOOT
ALIGNMENT:**
Frontal Plane
(Required)
Inversion (Varus)

LEFT

Amount

☐ NeutralEversion (Valgus)

Amount

Inversion (Varus)

RIGHT

Amount

☐ NeutralEversion (Valgus)

Amount

**FOREFOOT
ALIGNMENT:**
Frontal Plane
(Required)
Inversion (Varus)

LEFT

Amount

☐ NeutralEversion (Valgus)

Amount

Inversion (Varus)

RIGHT

Amount

☐ NeutralEversion (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.)

V111612

Date: _____

Job Number: _____