


Patient Name: XXXXXX

DX: yyyyyy

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						Right						
	<input type="checkbox"/> 90 <input type="checkbox"/> -3 <input type="checkbox"/> -5 <input type="checkbox"/> -7 <input type="checkbox"/> -10 <input type="checkbox"/> Other						<input type="checkbox"/> 90 <input type="checkbox"/> -3 <input type="checkbox"/> -5 <input type="checkbox"/> -7 <input type="checkbox"/> -10 <input type="checkbox"/> Other							
	POSITION TO CONTROL: (Required)													
	L <input type="checkbox"/> SUPINATION						R <input type="checkbox"/> PRONATION							
	HINDFOOT ALIGNMENT: Frontal Plane (Required)		<u>Inversion (Varus)</u> Amount <input style="width: 50px;" type="text"/>		LEFT <input type="checkbox"/> Neutral		<u>Eversion (Valgus)</u> Amount <input style="width: 50px;" type="text"/>		<u>Inversion (Varus)</u> Amount <input style="width: 50px;" type="text"/>		RIGHT <input type="checkbox"/> Neutral		<u>Eversion (Valgus)</u> Amount <input style="width: 50px;" type="text"/>	
	FOREFOOT ALIGNMENT: Frontal Plane (Required)		<u>Inversion (Varus)</u> Amount <input style="width: 50px;" type="text"/>		LEFT <input type="checkbox"/> Neutral		<u>Eversion (Valgus)</u> Amount <input style="width: 50px;" type="text"/>		<u>Inversion (Varus)</u> Amount <input style="width: 50px;" type="text"/>		RIGHT <input type="checkbox"/> Neutral		<u>Eversion (Valgus)</u> Amount <input style="width: 50px;" type="text"/>	

Please:

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

A	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input type="checkbox"/> INSUFFICIENT SHANK, (selections reqd. in box 1) </div>																		
1	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">L</td> <td style="width: 10%; text-align: center;">R</td> <td style="text-align: center;"><u>Shank Control:</u></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Shank controllable in Terminal Stance, (MP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Requires Shank Control in Terminal Stance (HP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>ROM Adjustability Required, (Static Adjustable HP)</td> </tr> </table> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 10%; text-align: center;">L</td> <td style="width: 10%; text-align: center;">R</td> <td style="text-align: center;"><u>Inner Boot Style Option: (Full Height PLS Std.)</u></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>SMO Inner Boot, (Not available on Static Adjustable)</td> </tr> </table>	L	R	<u>Shank Control:</u>	<input type="checkbox"/>	<input type="checkbox"/>	Shank controllable in Terminal Stance, (MP)	<input type="checkbox"/>	<input type="checkbox"/>	Requires Shank Control in Terminal Stance (HP)	<input type="checkbox"/>	<input type="checkbox"/>	ROM Adjustability Required, (Static Adjustable HP)	L	R	<u>Inner Boot Style Option: (Full Height PLS Std.)</u>	<input type="checkbox"/>	<input type="checkbox"/>	SMO Inner Boot, (Not available on Static Adjustable)
L	R	<u>Shank Control:</u>																	
<input type="checkbox"/>	<input type="checkbox"/>	Shank controllable in Terminal Stance, (MP)																	
<input type="checkbox"/>	<input type="checkbox"/>	Requires Shank Control in Terminal Stance (HP)																	
<input type="checkbox"/>	<input type="checkbox"/>	ROM Adjustability Required, (Static Adjustable HP)																	
L	R	<u>Inner Boot Style Option: (Full Height PLS Std.)</u>																	
<input type="checkbox"/>	<input type="checkbox"/>	SMO Inner Boot, (Not available on Static Adjustable)																	

B	<input type="checkbox"/> EXCESSIVE SHANK (Crouch)	
	Full Height PLS Inner Boot Standard	
L	R	<u>Shank Control:</u>
<input type="checkbox"/>	<input type="checkbox"/>	Shank controllable in Terminal Stance, (HP)
<input type="checkbox"/>	<input type="checkbox"/>	Requires Shank Control in Terminal Stance (Transformer)
<input type="checkbox"/>	<input type="checkbox"/>	ROM Adjustability Required, (Static Adjustable)

<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">C</div>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">□</div>	<h2 style="margin: 0;">FREE DORSIFLEXION</h2>
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L	R	
<input type="checkbox"/>	<input type="checkbox"/>	Low Profile , For pronation control only
<input type="checkbox"/>	<input type="checkbox"/>	High Profile Tamarack
<input type="checkbox"/>	<input type="checkbox"/>	Mid Profile Tamarack
<input type="checkbox"/>	<input type="checkbox"/>	Stop Type: _____
<input type="checkbox"/>	<input type="checkbox"/>	Sport Max , Mid-Profile Tam, Free motion only

SPACER <u>OR</u> PAD OPTIONS, (Use for selections in A, B, or C)			
	L	R	
Spacer	<input type="checkbox"/>	<input type="checkbox"/>	Medial Ankle
Pad	<input type="checkbox"/>	<input type="checkbox"/>	
	L	R	
Spacer	<input type="checkbox"/>	<input type="checkbox"/>	Navicular Only
Pad	<input type="checkbox"/>	<input type="checkbox"/>	
	L	R	
Spacer	<input type="checkbox"/>	<input type="checkbox"/>	Lateral Ankle
Pad	<input type="checkbox"/>	<input type="checkbox"/>	
	L	R	
Spacer	<input type="checkbox"/>	<input type="checkbox"/>	Base of 5th
Pad	<input type="checkbox"/>	<input type="checkbox"/>	
	L	R	
Spacer	<input type="checkbox"/>	<input type="checkbox"/>	Medial
Pad	<input type="checkbox"/>	<input type="checkbox"/>	Ankle & Navicular
	L	R	
Spacer	<input type="checkbox"/>	<input type="checkbox"/>	Base of 5th to end of toe, Leave-in spacer
Pad	<input type="checkbox"/>	<input type="checkbox"/>	

SPECIAL FEATURES, (<i>Use for selections in A, B, or C</i>)	
L R <input type="checkbox"/> <input type="checkbox"/> Max Control Strap	Transfer Paper: _____
Special Instructions: (Use back if Necessary) <u>ZZZZZZZZZZZZZZZZZZZZ</u> _____ _____	Finished Ht. (<i>reqd.</i>) <div style="border: 1px solid black; height: 50px;"></div>
	Foot Length (<i>reqd.</i>) <div style="border: 1px solid black; height: 50px;"></div>

V111612

Date:

Job Number: