


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

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)

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	<p>□ INSUFFICIENT SHANK, (selections reqd. in box 1)</p>																		
1	<table> <tr> <td data-bbox="194 1207 271 1224">L</td><td data-bbox="271 1207 302 1224">R</td><td data-bbox="302 1207 709 1224"> <p><u>Shank Control:</u></p> </td></tr> <tr> <td data-bbox="194 1224 271 1241">□</td><td data-bbox="271 1224 302 1241">□</td><td data-bbox="302 1224 709 1241"> <p>Shank controllable in Terminal Stance, (MP)</p> </td></tr> <tr> <td data-bbox="194 1241 271 1260">□</td><td data-bbox="271 1241 302 1260">□</td><td data-bbox="302 1241 709 1260"> <p>Requires Shank Control in Terminal Stance (HP)</p> </td></tr> <tr> <td data-bbox="194 1260 271 1278">□</td><td data-bbox="271 1260 302 1278">□</td><td data-bbox="302 1260 709 1278"> <p>ROM Adjustability Required, (Static Adjustable HP)</p> </td></tr> </table> <table> <tr> <td data-bbox="194 1278 271 1293">L</td><td data-bbox="271 1278 302 1293">R</td><td data-bbox="302 1278 709 1293"> <p><u>Inner Boot Style Option: (Full Height PLS Std.)</u></p> </td></tr> <tr> <td data-bbox="194 1293 271 1312">□</td><td data-bbox="271 1293 302 1312">□</td><td data-bbox="302 1293 709 1312"> <p>SMO Inner Boot, (Not available on Static Adjustable)</p> </td></tr> </table>	L	R	<p><u>Shank Control:</u></p>	□	□	<p>Shank controllable in Terminal Stance, (MP)</p>	□	□	<p>Requires Shank Control in Terminal Stance (HP)</p>	□	□	<p>ROM Adjustability Required, (Static Adjustable HP)</p>	L	R	<p><u>Inner Boot Style Option: (Full Height PLS Std.)</u></p>	□	□	<p>SMO Inner Boot, (Not available on Static Adjustable)</p>
L	R	<p><u>Shank Control:</u></p>																	
□	□	<p>Shank controllable in Terminal Stance, (MP)</p>																	
□	□	<p>Requires Shank Control in Terminal Stance (HP)</p>																	
□	□	<p>ROM Adjustability Required, (Static Adjustable HP)</p>																	
L	R	<p><u>Inner Boot Style Option: (Full Height PLS Std.)</u></p>																	
□	□	<p>SMO Inner Boot, (Not available on Static Adjustable)</p>																	

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; padding: 5px; display: inline-block;">C</div> <div style="margin-left: 20px;"> <input type="checkbox"/> FREE DORSIFLEXION </div>	
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	
	<input type="checkbox"/>	<input type="checkbox"/>	Base of 5th to end of toe, Leave-in spacer

SPECIAL FEATURES, (Use for selections in A, B, or C)		
L R <input type="checkbox"/> <input type="checkbox"/> Max Control Strap	Transfer Paper: <hr/>	Finished Ht. (reqd.) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Special Instructions: (Use back if Necessary) <hr/> <hr/>		Foot Length (reqd.) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

V111612

Date:

Job Number: