

LOWER LIMB ORTHOTIC PRESCRIPTION

Name: _____ Last 4: _____ DOB: _____ Sex: _____ Prescribing Resident: _____

Diagnosis: _____ Precautions: _____

TYPE OR ORTHOSIS: HKAFO: R__L__ KAFO: R__L__ KO: R__L__ AFO: R__L__ FOOT: R__L__ SHOES: R__L__ Insert R__L__
 Specialty Orthosis: Toe off AFO: Medial strut _____ Lateral Strut _____ Oregon AFO _____ Patellar-Tendon Bearing Orthosis: _____ Arizona AFO _____

Trunk Components:
 Corset: ____
 Pelvic Band: ____
 Other: _____

Hip Joint:
 Free: ____
 Drop Lock: ____
 Adjustable: ____
 Other: _____

Thigh components:
 Metal Uprights: ____
 Steel: ____
 Aluminum: ____
 Thigh Bands: ____
 Aluminum: ____
 Carbon: ____
 Plastic Shell:
 Gluteal Bearing: ____
 Ischial Bearing: ____
 Velcro Strap Closure: ____
 Laced Leather Closure: ____

Knee Joint:
 Offset: ____
 Dial Lock: ____
 Drop Lock: ____
 Retention Buttons: ____
 Bail Lock: ____
 Trigger Lock: ____
 Ratchet Lock: ____
 Stance control knee ____
 Other: _____

KO:
 Single upright ____
 Double upright ____
 Wrap around ____
 Medial Joint offloading ____
 Lateral Joint offloading ____
 Multidirectional control ____

Corrective Straps:
 Valgus (med T strap) ____
 Varus (Lat T strap) ____
 Recurvatum: ____
 Knee Cap: ____
 Suprapatellar: ____
 Infrapatellar: ____

Calf Components:
 Plastic Calf Shell: ____
 Metal Uprights: ____
 Aluminum: ____
 Steel: ____
 Calf Bands: ____
 Car- bon ____
 Aluminum ____
 Pre-Tibial Shell: ____
 Velcro Strap closure ____
 Single upright ____
 Double upright ____
 Wrap around ____

Plastic Footplate:
 Full Length: ____
 Standard ¾ Length: ____
 Sulcus length ____
 Padding: ____
 Tone Reducing Design: _____

Material:
 Plastazote: ____
 PPT: ____
 Trilaminar: ____
 Neoprene: ____
 Polypropylene: ____
 Other: _____

Ankle Joint:
 Post Channel: ____
 Dual channel: ____
 Plastic Hinge: ____
 Free Motion: ____
 Rigid Stop: ____

Trim Lines:
 Ant. Mall: ____
 Mid. Mall: ____
 Just Behind Mall: ____
 Flexible PLS: ____
 3 Point Inv. Control: ____
 Strut for strength: _____

Shoe/Foot Connection:
 Solid Stirrup: ____
 Long tongue Stirrup ____
 Split Stirrup: ____
 Caliper Box: ____
 Long Steel Shank: ____
 Heel to Toe: ____
 Heel to Met Heads: ____

Plastic Footplate:
 Full Length: ____
 Standard ¾ Length: ____
 Sulcus length ____
 Padding: ____

Shoes:
 Orthopedic/Blucher: ____
 Sneaker Style: ____
 Surgical: ____
 High Top: ____
 Extra Depth: ____
 High Toe Box: ____
 Bunion Lasts: ____
 Lycra: ____
 Heel/Sole Lift: ____
 Sole modification _____

Closure Type:
 Laces: ____
 Velcro Patch: ____
 Velcro D-Ring: ____

Custom Foot Orthotics:
 Left: ____
 Right: ____
 Full Length: ____
 3/4 Length: ____
 Accommodative: ____
 Corrective: ____
 UCBL ____
 Metatarsal pad ____
 Metatarsal bar ____
 Heel medial posting ____
 Heel lateral posting ____
 Toe crest pad ____

Special Features/Instructions: _____

The above-prescribed devices are a medical necessity to increase the patient's safety and functional status.

Duration of Necessity: _____

Date: _____ Physician signature: _____