THUASNE Hybrid KAFO System — Specialty Bracing Solutions

Ordered by: _____ Phone # (_____) _____

BILLING: P.O. Number _____ Account # _____

Bill To: _____ Ship To: _____

Address: _____ Address: _____

City: _____ City: _____

Prov: _____ Postal Code: _____ Country: _____ Prov: _____ Postal Code: _____ Country: _____

Phone: (_____) _____ Fax: (_____) _____ Phone: (_____) _____ Fax: (_____) _____

Shipping Preference: ☐ Ground ☐ Express

Received Date

Patient's Last Name: _____

Patient's First Name: _____

☐ **Male** ☐ **Female**

Age _____ **Height** _____ **Weight** _____

Leg: ☐ Left ☐ Right

Patient's Clinical Diagnosis: _____

Surgeries (type/date): _____

Is the patient currently using any assistive device?

☐ Brace/KAFO ☐ Cane ☐ Crutch

☐ Walker ☐ Wheel Chair

Shoe Size: _____

- ☐ Patient's shoe shipped with cast (preferred)
- ☐ Tracing of shoe insole provided with order form
- ☐ Not sending shoe or tracing (toe segment will be made longer and wider, requiring trimming during fitting)

Shoe Height Measurement
(Shoe sole thickness at heel and forefoot)

Heel _____" Forefoot _____"

Comments: _____

_____

_____

**Indicates additional charges apply*

Casted Postion:

It is imperative to compare angular and motion differences when evaluating the patient's static (non weight bearing) and dynamic (standing-walking) alignments.

☐ Seated ☐ Standing ☐ Supine

☐ Weight Bearing ☐ Semi Weight Bearing

☐ Non Weight Bearing

Did you use a casting block? ☐ **Yes** *(Preferred)* ☐ **No**

Ankle:

☐ Casted in corrected position

☐ Cast was NOT corrected.. Please correct:

- ☐ Forefoot Supination ☐ Hindfoot Inversion
- ☐ Forefoot Pronation ☐ Hindfoot Eversion

Knee:

☐ Casted in corrected position

☐ Correct varus condition _____ degrees

☐ Correct valgus condition _____ degrees

What control do you want this KAFO to provide?

Please check all that apply:

Knee: ☐ Flexion ☐ Hyperextension ☐ Valgus ☐ Varus

Ankle: ☐ Dorsiflexion ☐ Plantarflexion

☐ Inversion ☐ Eversion

Ankle/Foot evaluation *(weight bearing)*

Weight bearing ankle position is:

☐ Neutral ☐ Inverted _____ degrees

☐ Everted _____ degrees

Ankle movement: ☐ Flexible ☐ Rigid

Dorsiflexion & Plantarflexion range of motion:

☐ Full ROM ☐ Limited ROM ☐ Fused

Forefoot position: ☐ Pronated ☐ Supinated

Please complete and fax this form to 1.877.527.1911 (24-hours a day). If you are calling in your order, this form indicates the options and information that will be required by our staff. For phone orders, please call 1.877.222.3311 between 6:00 a.m. and 4:00 p.m. (PST).

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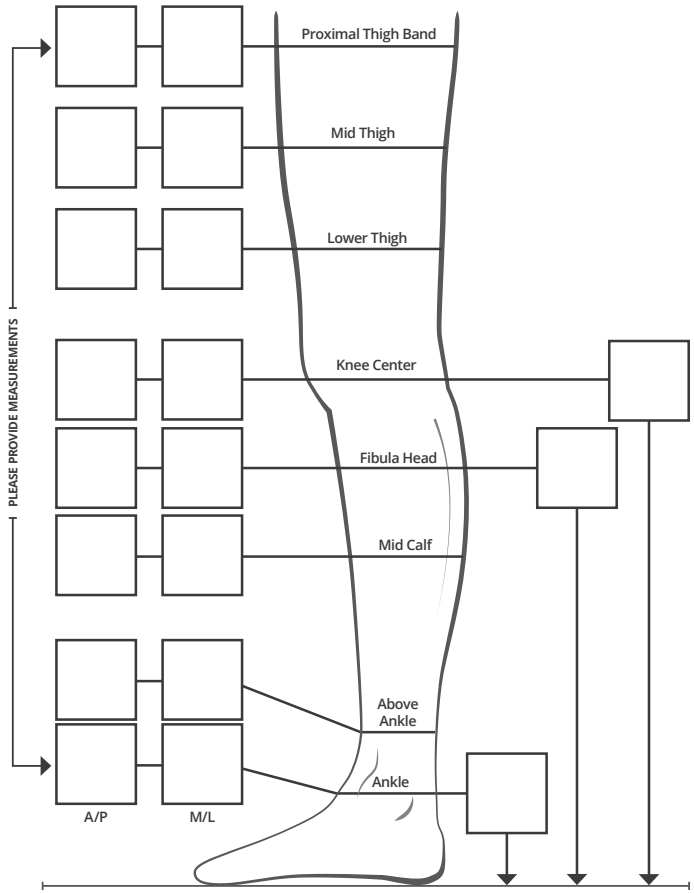


Bend knee to 90 degrees and check toe out

Desired Toe Out is _____ degrees

REQUIRED INFORMATION:

The Hybrid KAFO can be manufactured and assembled with three configurations. Please choose one of the three following options for final assembly of the KAFO.

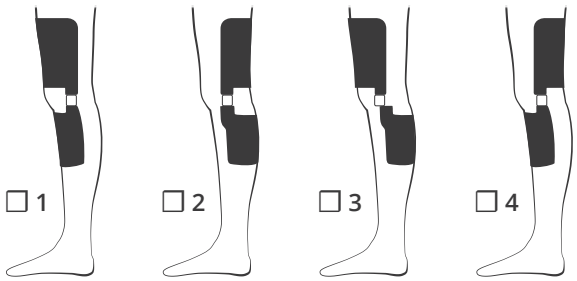
☐ **Standard Hybrid KAFO Attachment**
The AFO will have a reduced proximal trim line. The AFO is permanently attached and cannot be removed. There will be a crepe triangle on posterior AFO's and a ¼" seam on anterior AFO's.

☐ **AFO Primary with removable KO section**
The AFO is fabricated and completely assembled. The KO section will be fabricated over the completed AFO section. The AFO section can be worn independently of the KO section while the KO section cannot be worn independently of the AFO. You will receive an AFO and a KO that are not attached to each other. There will be a crepe triangle on posterior AFO's and a ¼" seam on anterior AFO's.

☐ **KO Primary with removable AFO section**
The KO will be fabricated first with Chicago Screw key in's and completely assembled. The AFO will be fabricated over the completed KO section. The KO can be worn independently of the AFO section while the AFO cannot be worn independently of the KO section. You will receive an AFO and a KO that are not attached to each other.

Choose Knee Orthosis Shell Configuration

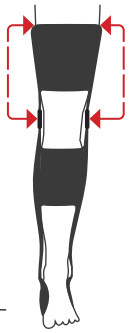
Anterior Tibia and Posterior Calf Shell lengths will be dictated by the height of the AFO to ensure appropriate Key In.



Thigh Band Height *(Proximal Edges)*

This is measured from knee center to the proximal edge of the frame.

Medial Thigh Band Height	Lateral Thigh Band Height
☐ 13 Inches	☐ 13 Inches
☐ 12 inches	☐ 12 inches
☐ 11 inches	☐ 11 inches
☐ 10 inches	☐ 10 inches
☐ 9 inches	☐ 9 inches
☐ 8 inches	☐ 8 inches
☐ 7 inches	☐ 7 inches
☐ Other _____	☐ Other _____



(CRITICAL – must select one option) Set Knee Hinges At:

☐ Casted Position ☐ 0 (zero) degree

☐ _____ degrees of flexion

☐ _____ degrees of hyperextension ☐ Make KC M/L _____

Townsend Knee Joints

Free Knee Townsend Motion Joints

☐ 5 Bar Free Knee *(heavy duty for larger or more active patients)*

☐ 5 Bar Free Knee Extension Stop Kit*

☐ 5 Bar Flexion Stop kit: __15°; __30°; __45°; __60°; __75°; __90°
(factory installed only)

☐ Aluminum TM5+ *(lightweight, less active patients, no significant hyperextension)*

☐ Loadshifter ☐ Medial ☐ Lateral ☐ Dual

☐ Original Hinge *(Stainless)*

☐ Optional Extension Stop Kit ☐ Optional Flexion Stop Kit

☐ Install Extension Assist Bands/Posts

Locking Joint Options

☐ Single Pivot With No Free Motion *(lowest profile)*

☐ Single Pivot With Free Motion *(requires Cables with Twist Release)*

☐ Townsend Motion 5 Bar Trigger Locks With No Free Motion

☐ 5 Bar Trigger Locks With Free Motion

☐ Install Extension Assist Bands/Posts

Cable Release Options

☐ Cables With Twist Release *(routinely centered on anterior thigh band)*

☐ Cables With Push Down Lever

☐ Thigh Band, Lateral Side *(recommended)*

☐ Centered On Thigh Band

Becker Knee Joints *(Townsend stocked items)*

☐ Modular Ring Lock Model 1402-B

☐ Automatic Angled Levered Lock Model 1017A

☐ Modular Ratchet Lock Model 1018A

☐ Bend Levers As A Bail Rod

Becker External Lock Release Options

☐ Bail Lock Integrated Strap System
(BLISS) Model MX-003-BLISS (for use on model 1017 and 1018)

Townsend Twist and Lever Release System CANNOT be used with Becker knee joints

Condylar pads

☐ No ☐ Medial ☐ Lateral ☐ Both

Color/Fabric Inlay

☐ Black	☐ Red	☐ Green	☐ Sheer Red*	☐ Fabric -1 yard from patient*
☐ Beige	☐ Navy Blue	☐ Burgundy	☐ Sheer Teal*	☐ US Flag Fabric*
☐ Gray	☐ Royal Blue	☐ Clear Graphite	☐ Sheer Purple*	

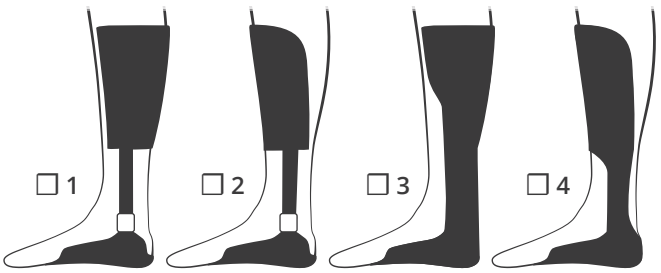
Select AFO Style

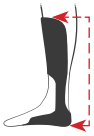
1. *Posterior shell with Becker metal ankle joints attached to foot plate with insert stirrups*
2. *Anterior shell with Becker metal ankle joints attached to foot plate with insert stirrups*
3. *Posterior frame that can be solid, semi-rigid, or leaf spring design**
4. *Anterior pre-tibial floor reaction frame***

Can add any thermo-plastic joint to this frame

****** May be rigid ankle or add metal joint with stirrup attachment***

Non stock ankle joints must be shipped with the appropriate stirrup or molding dummy with the cast mold





Total Height of AFO

☐ 12 inches ☐ 14 inches ☐ 16 inches

☐ Other _____

AFO Selections *(Material, Length, Pad)*

☐ Polypropylene *(stiff, heat adjustable)*

☐ Co-Polymer *(softer, more flexible, heat adjustable)*

☐ Black Poly Pro *(good all around and heat adjustable)*

☐ Trim Proximal to the Metatarsal Heads

☐ Trim to Toe Sulcus

☐ Trim to Toes – Outline of full foot required!!!

☐ Plastic Transfer # *(Additional Charge)* _____

Choose Shell Padding & Material

☐ No Padding

☐ Line entire Proximal Shell

☐ Aliplast 1/8" *(Soft-White)*

☐ Aliplast 3/16" *(Soft-White)*

☐ Pelite 1/8" *(Medium white)*

☐ Plastizote 1/8" *(Pink)*

☐ Plastizote 1/4" *(Pink)*

☐ Aliplast 1/8" *(Soft Black)*

Choose Foot Plate Padding & Material

☐ Fabricate entire foot plate with no padding

☐ Line entire foot plate with padding

☐ Aliplast 1/8" *(Soft-White)*

☐ Aliplast 3/16" *(Soft-White)*

☐ Pelite 1/8" *(Medium white)*

☐ Plastizote 1/8" *(Pink)*

☐ Plastizote 1/4" *(Pink)*

☐ Aliplast 1/8" *(Soft Black)*

Trim Line Options

☐ Solid ankle ☐ Semi-Rigid Ankle ☐ Leaf Spring

☐ Articulated with Thermo-Plastic Ankle Joints

Thermo-Plastic Ankle Joints

☐ Becker Camber Axis *(Model 750-M)*

☐ Becker Oklahoma HD *(Model 765-M)*

☐ Proteor Urethane Standard *(Model 2C160)*

☐ Proteor Urethane Dorsi Assist *(Model 2C162)*

Posterior Stops

☐ No Stops *(Full ROM)*

☐ Becker Motion Control Limiter *(Model 655)*

☐ Becker Motion Control Limiter *(Model 755)*

Traditional Metal Ankle Joints

(Becker modular ankle joints attached with "Y" insert stirrups)

☐ Double Adjustable *(Model SLI-2825-A)*

☐ Dorsi-Flexion *(Model 3225-A)*

☐ Standard Action *(Model 3025-A)*

☐ Dorsi-Flexion One Piece Aluminum *(Model 3245)*

Ankle Joint Options

☐ Set ankle joint M/L to _____" *(standard spacing is 1/4 inch)*

☐ Attach to shoe *(Practitioner must send footwear with cast. Footwear must have solid stirrup or split caliper pre-attached with appropriate toe out and M/L)*

Additions *(Additional Charge Will Apply)*

☐ Additional Strap (Set _____" Above Ankle Center)

☐ Anterior ☐ Posterior ☐ Both

☐ Kydex Shell

☐ Anterior ☐ Posterior ☐ Specific Location _____

☐ Dorsal Foot Strap

☐ Lateral Strap With Medial Chafe

☐ Lay Over Strap With Velcro

☐ Tone Inhibiting Foot Plate *(Tracing Required)*

☐ Durr-Flex Test fit