



HiTek Fab
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PF & DF block

HT-SAFO



Pediatric Solid Ankle AFO

Patient

Last name: _____

First Initial: _____

P. ID. _____ N W

Bilateral Left only Right only

Practitioner: _____ Please change to your name if necessary.

Facility: _____

Finished Brace Angles

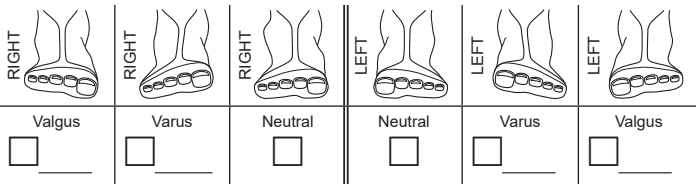
ANKLE ALIGNMENT (Dorsiflexion-Plantarflexion)

Correct to 3-4° DF Correct to _____° DF Do not correct
 PF (Cast alignment OK)

HINDFOOT ALIGNMENT

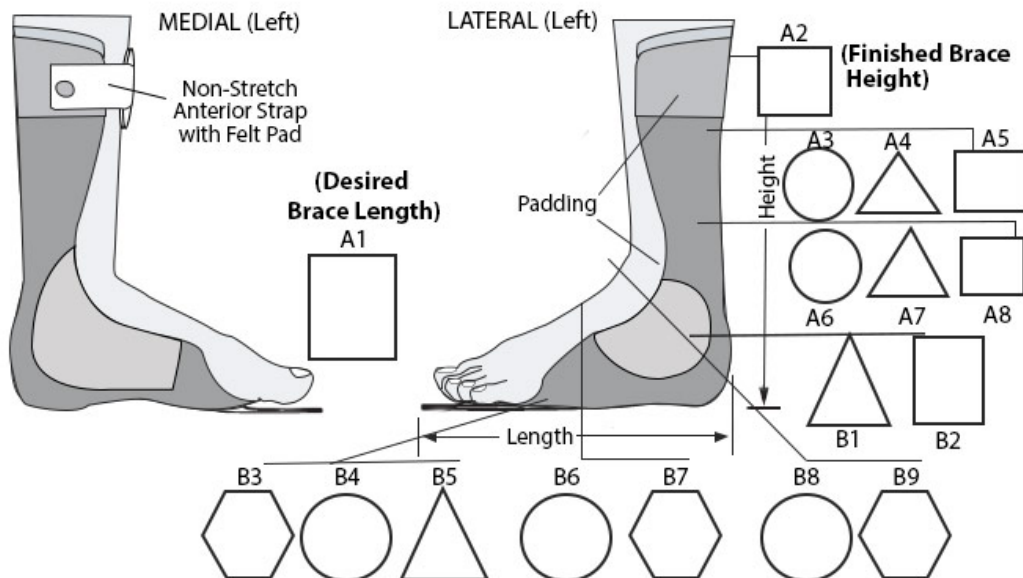
Correct to vertical (if misaligned) Do not correct

FOREFOOT ALIGNMENT NOTE: Drawings show finished orthosis.
 Choose forefoot alignment. Write posting height - in mm - if needed.



Construction • Features • Options

All measurements should be in mm.



LEGEND

- A1: Brace Length
- A2: Brace Height
- A3: Calf Circumference
- A4: Calf ML
- A5: Calf Height
- A6: Narrowest Ankle Circ.
- A7: Narrowest Ankle ML
- A8: Narrowest Ankle Height

- B1: Ankle ML
- B2: Ankle Height
- B3: 1st MET AP
- B4: 1st MET Circumference
- B5: 1st MET ML
- B6: Mid-Arch Circumference
- B7: Mid-Arch AP
- B8: Diagonal Heel Circ.
- B9: Diagonal Heel AP



NOTE: If you don't choose an option, you will receive the **Standard**.

• Cast height must be greater than brace height •

Padding: Shaded areas below are **Standard**

Omit medial pad and / or Omit lateral pad

Add extra navicular padding (boney pronators only)

Padding Color: White is **Standard** _____

Straps: Anterior Strap with D-Ring **Standard** (see drawing)

Add instep strap w/pad*

Instep Strap Options: (If applicable) Color: _____

Transfer Pattern:*

Pattern: _____

Trimlines

Trimline A Standard OR Trimline B



* Additional Charges

Special Instructions

Rush order (adds \$20)

Instructions must not exceed 460 characters. (Could cause error with online submission.)