

## Contact Information

☐ Clinician ☐ Fitter/Assistant/Tech ☐ Other: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Ordering Clinician

☐ CPO ☐ CO ☐ CP ☐ Other: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Billing & Shipping

PO#: \_\_\_\_\_

Billing Account#: \_\_\_\_\_

Shipping Account#: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Shipping Preference

☐ Ground

☐ Next Day AM

☐ Next Day PM

☐ 2-Day AM

☐ 2-Day PM

(If no preference is indicated, this order will be shipped 2 Day PM) Note: We do not ship products directly to patients.

## Patient Information

By filling this order form and placing an order for this device, I hereby certify that I am authorized to dispense this medical device in virtue of any national law governing the fitting and adjustment of orthopedic medical devices

Please do not provide any personal information (name etc) regarding the patient, but only provide health information necessary to the fabrication of this medical device

Fit Date: \_\_\_\_\_ Patient ID: \_\_\_\_\_

Age \_\_\_\_\_ ☐ Male ☐ Female

Weight \_\_\_\_\_ ☐ Lbs. ☐ Kg. Height \_\_\_\_\_ ☐ in. ☐ cm.

Leg: ☐ Left ☐ Right

Diagnosis: \_\_\_\_\_

Shoe Size: \_\_\_\_\_

- ☐ Appropriately scaled 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)

## PLEASE PROVIDE MEASUREMENTS

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

Heel \_\_\_\_\_ ☐ in. ☐ cm.

Forefoot \_\_\_\_\_ ☐ in. ☐ cm.



## Please Follow Step-By-Step Cast Protocol Instructions

## Range Of Motion

a. Knee ROM: \_\_\_\_\_° extension to \_\_\_\_\_° flexion

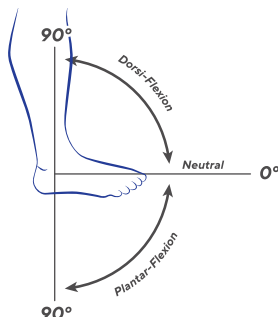
b. Ankle ROM, with knee extended

Dorsi-Flexion \_\_\_\_\_°

Plantar-Flexion \_\_\_\_\_°

c. Plantarflexion contracture

☐ Yes \_\_\_\_\_° ☐ No



## Perpendicular measurement from the casting platform to the Fibula head

### Height Measurement

\_\_\_\_\_ ☐ in. ☐ cm.

Final brace height will be 1" below this measurement



Heel height of blocks used on the casting platform \_\_\_\_\_ ☐ in. ☐ cm.

## Cast Info

Cast Adjustments Required (coronal and sagittal plane)

## Activity Level (Check one)

- ☐ Limited ambulator: sits to stands and transfers
- ☐ Household ambulator: level surfaces with walking aids
- ☐ Limited community ambulator: level surfaces with walking aids
- ☐ Active community ambulator: mild inclines and declines with or without walking aids
- ☐ Independent ambulator: varied cadence, uneven surfaces and no walking aids
- ☐ Active ambulator: walking, running, some athletic activity

## Observational Gait Analysis (Check all that apply)

- ☐ Footslap ☐ Crouch in stance
- ☐ Footdrop ☐ Knee hyperextension in stance
- ☐ Excessive dorsiflexion in terminal stance

## Biomechanical objectives (Check all that apply)

- ☐ Control dorsiflexion weakness ☐ Control ankle varus instability
- ☐ Control plantar flexion weakness ☐ Resist knee hyperextension in stance
- ☐ Control ankle valgus instability ☐ Resist knee flexion in stance

Other: \_\_\_\_\_

Received Date Thuasne USA's shipping department use only

## Brace Options

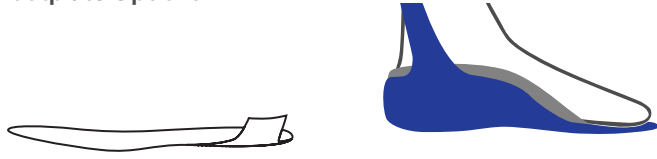
- ☐ SpryStep® Flex    ☐ SpryStep®    ☐ SpryStep® Plus



### Optional pre-tib Shell (SpryStep® & SpryStep® Flex only)

- ☐ Yes    ☐ No

### Footplate Options



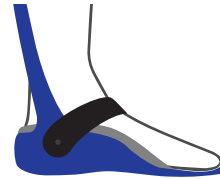
- ☐ Contoured footplate  
(no molded inner boot)
- ☐ Molded arch footplate  
with molded inner boot  
(must select one below)

## Molded Inner Boot Options (if ordered)



- ☐ Molded Inner Boot (Low)    ☐ Molded Inner Boot (Dorsal wrap)
- ☐ Leave inner boot unattached

## Strap Option



- ☐ Include ankle strap
- ☐ Leave ankle strap unattached

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

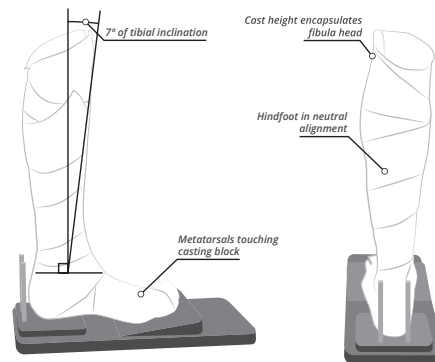
\_\_\_\_\_

## AFO Cast Parameters

Accurate representation of heel height must be captured in the negative cast (use of Thuasne USA casting platform)

### Markings on the cast

- Fibula head
- Tibial tubercle
- Tibial crest
- Medial & lateral malleolus
- Navicular bone
- 1st metatarsal head
- 5th metatarsal head
- Base of 5th metatarsal
- If applicable deformity, tissue or any other area of concern



## Product #    Production Description

<b>35700</b>	<i>SpryStep Original, Contoured Footplate</i>
<b>35700-PT</b>	<i>SpryStep Original, Contoured Footplate, Pre-tibial shell</i>
<b>35700-MIB</b>	<i>SpryStep Original, Molded inner boot</i>
<b>35700-PTMIB</b>	<i>SpryStep Original, Molded inner boot, Pre-tibial shell</i>
<b>37810</b>	<i>SpryStep Flex, Contoured Footplate</i>
<b>37810-PT</b>	<i>SpryStep Flex, Contoured Footplate, Pre-tibial shell</i>
<b>37810-MIB</b>	<i>SpryStep Flex, Molded inner boot</i>
<b>37810-PTMIB</b>	<i>SpryStep Flex, Molded inner boot, Pre-tibial shell</i>
<b>37820</b>	<i>SpryStep Plus, Contoured Footplate</i>
<b>37820-MIB</b>	<i>SpryStep Plus, Molded inner boot</i>

## Suggested L-Codes\*

<b>L1940 / L1945 / L1950</b>	Base code
<b>L2820</b>	Below knee padding
<b>L2280</b>	Molded inner boot
<b>L2755</b>	Carbon graphite construction
<b>L2340</b>	Pre-tibial Shell

\*Thuasne USA's suggested uses of Medicare billing codes are developed based on nationally accepted industry standards and billing practices, they do not ensure a specific device will be reimbursed. It is the responsibility of the provider to abide by lawful Medicare billing practices and Thuasne USA is not liable for the denial of reimbursements when it comes to the use of suggested billing codes