

**Contact Information**

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

**Billing and Shipping**

PO# \_\_\_\_\_ Billing Account #: \_\_\_\_\_ Shipping Account #: \_\_\_\_\_

**Shipping Preference**

- ☐ Ground  
☐ Next Day A.M.  
☐ Next Day P.M.  
☐ 2-Day A.M.  
☐ 2-Day P.M.

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

City: \_\_\_\_\_ City: \_\_\_\_\_

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

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

Thuasne USA's shipping department use only

**To The Clinician**

Thuasne USA will determine the stiffness category of the Vector AFO based on the Orthotist's objective measures and patient goals.

**Detailed completion of all requested information is required for our CPOs to select the AFO stiffness.**
**Clinical Evaluation**
**Fit Date:** \_\_\_\_\_

**Patient's Last Name:** \_\_\_\_\_

**Patient's First Name:** \_\_\_\_\_

☐ Male ☐ Female Age \_\_\_\_\_

**Weight** \_\_\_\_\_ (LBS) **Height** \_\_\_\_\_ (IN)

**Leg:** ☐ Left ☐ Right

**Patient's Diagnosis:** \_\_\_\_\_

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

- ☐ Patient's shoe shipped with cast (preferred)  
☐ Tracing of shoe insole provided with order form  
☐ No reference provided (forefoot segment will be made large and will require trimming by the clinician)

**PLEASE PROVIDE MEASUREMENTS**
**Shoe Height Measurement** (Shoe sole thickness at heel and forefoot)

Heel \_\_\_\_\_"

Forefoot \_\_\_\_\_"


**Range Of Motion**

a) Knee ROM: \_\_\_\_\_ ° extension from \_\_\_\_\_ ° flexion

b) Ankle ROM, with knee extended from \_\_\_\_\_ ° to \_\_\_\_\_ °

**Perpendicular measurement from the casting platform to the Fibula head**
**Height Measurement**

\_\_\_\_\_ "



Heel height of blocks used on the casting platform \_\_\_\_\_ "

**Describe Any Deformity** \_\_\_\_\_

- ☐ Correctable ☐ Not Correctable  
☐ Partial Foot or Transmet Amputation  
**(Vector is not appropriate for Lisfranc, Chopart or Symes)**

**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

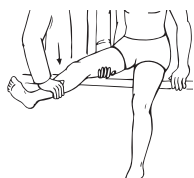
**Is the patient a reciprocator?** ☐ Yes ☐ No

**If yes:** stride length: \_\_\_\_\_ number of steps per day: \_\_\_\_\_

**Thuasne USA**

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www.ThuasneUSA.com

 **TOWNSEND**  
**THUASNE USA**

**Manual Muscle Tests (MMT)**

**Quadriceps strength**

0 1 2 3 4 5


**Hamstrings strength**

0 1 2 3 4 5


**Dorsiflexion strength**

0 1 2 3 4 5


**Plantar-flexor strength**

number of single limb heel raises \_\_\_\_\_

**Observational Gait Analysis** (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Footslap                 | <input type="checkbox"/> External rotation             | <input type="checkbox"/> Knee instability in stance |
| <input type="checkbox"/> Footdrop                 | <input type="checkbox"/> Hypertonic presentation       | <input type="checkbox"/> Vaulting                   |
| <input type="checkbox"/> Ankle inversion tendency | <input type="checkbox"/> Hypotonic presentation        | <input type="checkbox"/> Contralateral trunk lean   |
| <input type="checkbox"/> Ankle eversion tendency  | <input type="checkbox"/> Knee hyperextension in stance | <input type="checkbox"/> Antalgic Gait              |
| <input type="checkbox"/> Internal rotation        | <input type="checkbox"/> Crouch in stance              | <input type="checkbox"/> Fluctuating Oedema         |

**Desired Level of Control** (Check one)

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Flexible:</b> guides the lower limb during swing with minimal restriction to tibial advancement in stance | <input type="checkbox"/> <b>Firm:</b> strong foot and ankle control with resistance to tibial advancement forcing a ground reaction response in stance.                         |
| <input type="checkbox"/> <b>Moderate:</b> supports the foot and ankle in swing with mild resistance and spring to tibial advancement. | <input type="checkbox"/> <b>Rigid:</b> strong foot and ankle control with rigid resistance to tibial advancement in stance blocking movement and influencing proximal segments. |

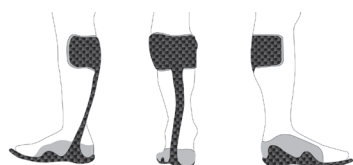
**Biomechanical objectives** (Check all that apply)

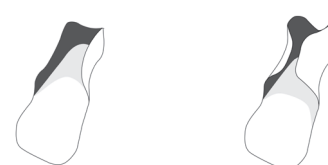
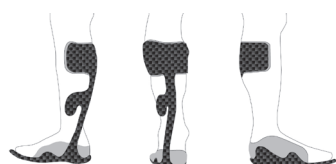
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Control dorsiflexion weakness    | <input type="checkbox"/> Control ankle valgus instability | <input type="checkbox"/> Resist knee hyperextension in stance |
| <input type="checkbox"/> Control plantar flexion weakness | <input type="checkbox"/> Control ankle varus instability  | <input type="checkbox"/> Resist knee flexion in stance        |

Other \_\_\_\_\_

**Ordering Options**

The base structure of all models includes a spiral strut, posterior shell and molded inner boot.


**SpryStep® Vector**
☐ Left (17V1030)    ☐ Right (17V2030)

**SpryStep® Vector with Pre-Tibial Shell**
☐ Left (17V1031)    ☐ Right (17V2031)

☐ **Molded Inner Boot (Low)**    ☐ **Molded Inner Boot (Dorsal Wrap)**
☐ **Leave inner boot unattached**

**SpryStep® Vector with Varus Correction**
☐ Left (17V1033)    ☐ Right (17V2033)

**SpryStep® Vector with Pre-Tibial Shell and Varus Correction**
☐ Left (17V1032)    ☐ Right (17V2032)

**STRAP OPTION**
☐ **Include ankle strap**
☐ **Leave ankle strap unattached**

**Comments/Special Instructions:** \_\_\_\_\_