



PRESCRIBER / LAB SERVICE CUSTOMER

ACCOUNT NAME _____
 CLINICIAN _____
 ADDRESS _____

 PHONE _____ FAX _____

P L E A S E P R I N T

PATIENT **FIRST** _____ **LAST** _____
 ADDRESS _____
 _____ P. CODE _____
 PHONE (H) _____ (W) _____ D.O.B. DAY / MO / YR Sex _____
 Footwear Type _____ Weight _____ Shoe Size _____

RICHIE BRACE PRESCRIPTION FORM

BRACE SELECTION

- ORIGINAL RICHIE™ BRACE**
 - Full Articulation (Original Richie™ Brace Standard)
 - Temporarily Fixed
- DYNAMIC ASSIST** (Mild Drop Foot)
 - Permanently Fixed (Dynamic Assist standard)
 - Tamarac (Dynamic Assist Option)
- RICHIE™ SOCCER** (Shin Guard)
- LITTLE RICHIE™**
 - Cast and separate order form enclosed for orthotic for non-braced foot.

LEFT RIGHT PAIR

CASTING CHECKLIST



Medial and Lateral malleoli accurately landmarked with water soluble/transferable marker.



Foot dorsiflexed to 90° to eliminate false equinus and 1st Ray dorsiflexed to resistance to eliminate supinatus.

(Please see reverse for complete casting guide and common pathology specific prescriptions.)

SPECIAL INSTRUCTIONS

POSTING

- post according to lab evaluation
- post to calcaneal vertical
- post to these measurements from vertical:
 - REARFOOT** L _____° varus / valgus R _____° varus / valgus
 - FOREFOOT** L _____° varus / valgus R _____° varus / valgus
- L _____ MM Skive R _____ MM Skive
- neutral (as they sit)
- FF post type intrinsic extrinsic extended to sulcus corner

SHELL MODIFICATIONS

- heel cup depth 15 MM 25 MM 35 MM Standard L / R
- 1st met cut-out with supporting post L / R
- brace width wide narrow L / R
- flange medial lateral L / R
- fascial accommodation L / R
- navicular/cuneiform sweet spot & flange (as marked) L / R
- medial arch suspender L / R
- lateral arch suspender L / R

OPTIONAL TOP COVER SELECTIONS

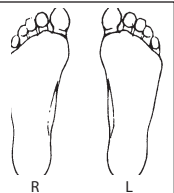
- 1.5 MM poron/1.5 MM puff 3.0 MM poron/1.5 MM puff
- 1.5 MM poron/3.0 MM puff 3.0 MM poron/3.0 MM plastizote

LENGTH

- mets sulcus toes
- glue posterior only

ADDITIONS

- heel lift _____ MM L / R
- heel pad 1.5 MM 3.0 MM L / R
- horseshoe spur L / R
- metatarsal pad L / R
- metatarsal bar L / R
- metatarsal raise L / R
- neuroma pad L / R
- Morton's extension L / R
- reverse Morton's extension (2-5) L / R
- functional hallux limitus accommodation L / R
- cuboid pad L / R
- lesion accommodation sub _____ MPJ L / R



RICHIE BRACE CASTING – PLASTER GAUZE



1. Outline **medial and lateral** malleoli with water soluble marker. Place dot at central apex of each malleolus to highlight axis location.



2. Apply dampened strip of plaster above level of malleoli. Leave anterior aspect of ankle exposed to facilitate removal of cast.



3. Apply 1 or 2 strips of plaster onto foot as with traditional orthotic casting.



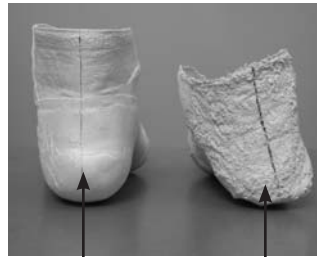
4. Establish casting position:

- **eliminate supinatus** by pressing down on the 1st ray at the level of the medial cuneiform – 1st ray joint
- ensure foot dorsiflexed to 90°



5. Remove cast:

- do not splay ankle section during removal of cast



CORRECT

INCORRECT

6. Cast evaluation
Note: cast may not sit at calcaneus vertical if structural forefoot varus/valgus present.

ADDITIONAL EVALUATION NOTES

ADJUSTMENTS AND MODIFICATIONS

DATE	NOTES
___/___/___	_____
___/___/___	_____
___/___/___	_____
___/___/___	_____

The following are some common pathology-specific prescriptions that are known to be effective:

Posterior tibial tendon dysfunction

Original Richie™ brace, full articulation pivot, 4 or 6 mm medial skive, 35 mm heel cup. Medial flange & navicular sweet spot optional.

Lateral ankle instability

Original Richie™ brace, full articulation pivot, 2 to 4 degree valgus fore-foot post extended to sulcus, 35 mm heel cup.

Dropfoot deformity

Original Richie™ brace, permanently fixed or Tamarac pivot, 15 or 25 mm heel cup. **Note that the Richie™ brace is not indicated for patients with total dorsiflexion paralysis, an unstable knee or if patient weighs over 250 lbs.**

Charcot deformity

Original Richie™ brace, permanently fixed pivot, 15 or 25 mm heel cup, Poron and Plastizote cover. **Note that the Richie™ brace is not indicated for patients with severe "rocker bottom" deformity.**

DJD of the ankle or Subtalar joint

Original Richie™ brace, permanently fixed pivot, 35 mm heel cup, medial flange.

Caution: The Richie™ brace is not recommended if equinus is a primary deformity or for high risk diabetic patients.