

DATE

MM / DD / YYYY

* ACCOUNT NAME/No. _____

* REQUIRED FIELD

* PATIENT NAME FIRST _____ LAST _____

* CLINICIAN NAME FIRST _____ LAST _____

D.O.B. MM / DD / YYYY _____

* WEIGHT _____ LB KG

* SHOE SIZE _____

US-M UK
 US-W EU

PHONE _____ FAX _____

FOOTWEAR TYPE _____

1 * CHOOSE A DEVICE

FOOT / FEET

LEFT RIGHT PAIR

Cast and separate order form enclosed for orthotic device for non-braced foot.

BRACE SELECTION

■ RICHIE™ BRACE STANDARD

Full Articulation

■ Restricted Hinge Pivot

Temporarily Fixed

Permanently Fixed

■ RICHIE™ DYNAMIC ASSIST

Tamarack Hinge

2 OPTIONAL SPECIFICATIONS

TOP COVER SELECTIONS

MATERIAL

■ Puff 1.5 mm 3.0 mm (standard)

Plastazote 3.0 mm

P-Cell 3.0 mm

LENGTH

Mets Sulcus Toes

COMBINE MATERIAL SELECTED ABOVE WITH:

■ Poron 1.5 mm 3.0 mm

3 POSTING, MODIFICATIONS & ADDITIONS

POSTING

Post to calcaneal vertical Neutral (as they sit)

FOREFOOT Post Type intrinsic extrinsic L / R tip L / R sulcus

L _____° VR VLG R _____° VR VLG
L / R corner L / R toes

Skive L _____ mm skive R _____ mm skive

SHELL MODIFICATIONS



L R Heel Cup Depth 15 mm 25 mm 35 mm (standard)



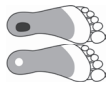
L R 1st Met Cut Out with extrinsic tip (support) post

L R 1st Ray Cut Out

L R Fascial Accommodation

L R Medial Flange

L R Lateral Flange



L R Navicular/Cuneiform Sweet Spot w/ medial flange - AS MARKED

L R Heel Spur Accommodation

L R Heel Hole with poron plug

L R Orthotic Width wide narrow

ADDITIONS



L R Heel Lift EVA loose _____ mm



L R Heel Pad 1.5mm 3.0mm



L R Horseshoe Spur



L R Metatarsal Pad



L R Metatarsal Bar



L R Metatarsal Raise



L R Morton's Extension



L R Reverse Morton's Extension cushion cork poron EVA



L R Functional Hallux Limitus Accommodation



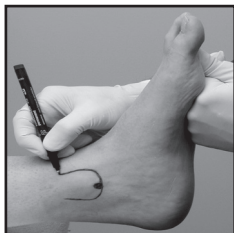
L R Lesion Accommodation sub _____ mpj



L R Arch Suspender - Medial

CASTING - PLASTER GAUZE

1



Outline **medial and lateral** malleoli with transferable marker. Place dot at central apex of each malleolus.

4



Establish casting position and **eliminate supinatus**. Ensure ankle joint is **dorsiflexed to resistance**.

2



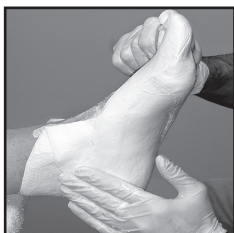
Apply dampened strip of plaster above level of malleoli. Leave anterior aspect of ankle exposed to facilitate removal of cast.

5



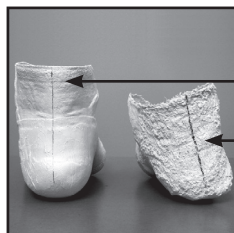
Upon cast removal **do not** splay ankle section.

3



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

6



CORRECT
INCORRECT

For optimal results, casts should rest near calcaneus vertical.

PLEASE SEE REVERSE FOR COMMON PATHOLOGY SPECIFIC RXs.

4 SPECIAL INSTRUCTIONS



