

***REQUIRED FIELDS**

*ACCOUNT NAME / No. _____

*PATIENT NAME FIRST _____ LAST _____

*CLINICIAN NAME FIRST _____ LAST _____

GENDER M F D.O.B. MM / DD / YY *WEIGHT _____ LB KG

PHONE _____ FAX _____

FOOTWEAR TYPE _____ *SHOE SIZE _____ US-M US-W EU

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

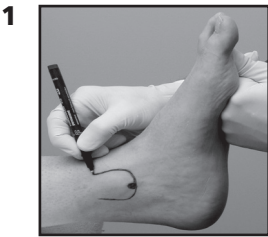
SHELL MODIFICATIONS

- 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

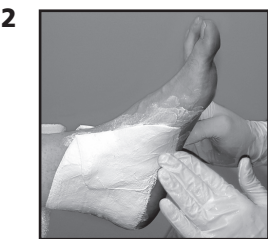
CASTING - PLASTER GAUZE



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**.



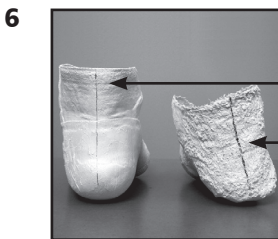
2 Apply dampened strip of plaster above level of malleoli. Leave anterior aspect of ankle exposed to facilitate removal of cast.



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 For optimal results, casts should rest near calcaneus vertical.

PLEASE SEE REVERSE FOR COMMON PATHOLOGY SPECIFIC RXs.

4 SPECIAL INSTRUCTIONS



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

**ADULT ACQUIRED FLAT FOOT – CASE A
(mild to moderate Posterior Tibial Tendon Dysfunction)**

Richie™ Brace Standard, full articulation, 4 to 6 mm medial skive, 35 mm heel cup. Medial flange and navicular sweet spot option.

**ADULT ACQUIRED FLAT FOOT – CASE B
(moderate to severe Posterior Tibial Tendon Dysfunction)**

Richie™ Brace Standard, permanently fixed restricted hinge pivot, 35 mm heel cup, medial arch suspender.

LATERAL ANKLE INSTABILITY

Richie™ Brace Standard, full articulation, 2 to 4 degrees valgus forefoot post extended to sulcus, 35 mm heel cup.

**MILD DROPFOOT DEFORMITY – CASE A
(with equinus, spasticity and stable knee)**

Richie™ Brace Standard, permanently fixed restricted hinge pivot, 15 to 25 mm heel cup.

**MILD DROPFOOT DEFORMITY – CASE B
(without equinus, spasticity and unstable knee – must have ALL 3)**

Richie™ Dynamic Assist, Tamarack hinge with 15 to 25 mm heel cup. **Note** the Richie™ Brace is not indicated for patients with total dorsiflexion paralysis, an unstable ankle, or if patient weighs over 250 lbs.

CHARCOT DEFORMITY

Richie™ Brace Standard, permanently fixed restricted hinge pivot, 15 or 25 mm heel cup, Poron and Plastazote cover. **Note** the Richie™ Brace is not indicated for patients with severe "rocker bottom" deformity.

DJD OF THE ANKLE OR SUBTALAR JOINT

Richie™ Brace Standard, permanently fixed restricted hinge 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.

ADDITIONAL EVALUATION NOTES

ADJUSTMENTS AND MODIFICATIONS

DATE	NOTES
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