

DATE

MM / DD / YYYY

* **REQUIRED FIELD**

* ACCOUNT NAME/No. _____ * PATIENT NAME FIRST _____ LAST _____

* CLINICIAN NAME FIRST _____ LAST _____ D.O.B. MM / DD / YYYY * WEIGHT _____ LB KG

PHONE _____ FAX _____ FOOTWEAR TYPE _____

* SHOE SIZE _____

US-M UK
 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

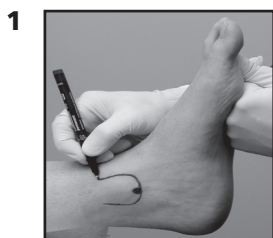
SHELL MODIFICATIONS

-  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

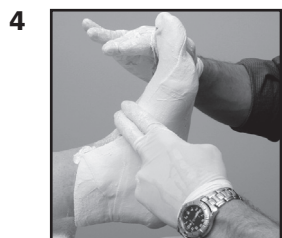
ADDITIONS

-  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**.



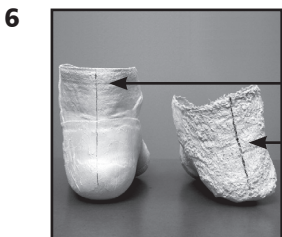
2 Apply dampened strip of plaster above level of malleoli. Leave anterior aspect of ankle exposed to facilitate removal of cast.



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



