

BOSTON (H)KAFO ORDER FORM (1 of 2)

Date: _____ Due Date: _____ Contact: _____
 Ship To: _____ Account: _____ E-mail: _____
 Address: _____ PO#: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Ship Via: _____ Fax: _____

PATIENT INFORMATION

Patient Name: _____
 Age: _____ Sex: _____ Ht: _____ Wt: _____
 Diagnosis: _____
 Non-Ambulatory

Side: Cast Scan Existing Mold
 Left Right Bilateral

Device Type: KO KAFO HKAFO Other: _____

Add On's: Molded Inner Boot (1/8" opflex) Clamshell (full 3/16" liner)
 Heel post (1/4" SPP) Tongue (Foam) Tongue (PE)
 Other: _____ Thigh Thigh
 Tibia Tibia

Joints on order from clinic PO #: _____
 Boston O&P to order PO #: _____

<p>Ankle Alignment:</p> <input type="checkbox"/> Lab Std- 90° <input type="checkbox"/> As is <input type="checkbox"/> Correct ankle to: °DF: _____ °PF: _____ <input type="checkbox"/> Feet are asymmetrical <input type="checkbox"/> Other: _____ <input type="checkbox"/> Toe out <input type="checkbox"/> Toe in Degrees: _____	<p>Hindfoot/ Forefoot Alignment</p> <input type="checkbox"/> Lab Std Neutral <input type="checkbox"/> Correct FF to: <input type="checkbox"/> As is °Varus: _____ °Valgus: _____ <input type="checkbox"/> Correct HF to: <input type="checkbox"/> As is °Varus: _____ °Valgus: _____	<p>Knee Alignment, ROM & Joints</p> <p>Lab Std - Slight flexion Varus/valgus as is</p> <input type="checkbox"/> Correct to: <input type="checkbox"/> As is °Varus: _____ °Valgus: _____ <input type="checkbox"/> Free motion <input type="checkbox"/> Hyperextended _____° <input type="checkbox"/> Knee flexion contracture Degrees: _____° <input type="checkbox"/> Drop lock <input type="checkbox"/> Retainer <input type="checkbox"/> Step lock <input type="checkbox"/> Dial Lock <input type="checkbox"/> Specify Joint: _____ <input type="checkbox"/> Lateral Only
<p>Hip Alignment, ROM & Joints</p> <p>Lab Std - Neutral in sagittal and coronal planes</p> <input type="checkbox"/> Correct to: °Abduction: _____ <input type="checkbox"/> Free motion <input type="checkbox"/> Limit range <input type="checkbox"/> Drop locks <input type="checkbox"/> Retainer <input type="checkbox"/> Dial Lock <input type="checkbox"/> Specify Joint: _____	<p>Ankle</p> <input type="checkbox"/> Solid <input type="checkbox"/> Articulated -Standard Tamarack <input type="checkbox"/> PF stop <input type="checkbox"/> Silencer <input type="checkbox"/> Adjustable <input type="checkbox"/> Elite <input type="checkbox"/> 795 <input type="checkbox"/> Free motion <input type="checkbox"/> Pre-articulated (uncut) <input type="checkbox"/> Tamarack- DA 85 <input type="checkbox"/> Other: _____	<p>KAFO Plastic</p> <input type="checkbox"/> Standard material copoly . Under 80 lbs = 1/8" . 80-120 lbs = 5/32" . 120-200 lbs = 3/16" . 200+ lbs = 1/4" Specify Other: _____
	<p>Padding</p> <input type="checkbox"/> Standard- 1/8" malleolus pad white colored foam before pull <input type="checkbox"/> Unlined <input type="checkbox"/> After Pull <input type="checkbox"/> Other: _____	<p>Trimlines</p> <input type="checkbox"/> Lab Std <input type="checkbox"/> Proximal Thigh Flare <input type="checkbox"/> Distal thigh Flare <input type="checkbox"/> Proximal Calf Flare <input type="checkbox"/> High L / M wall <input type="checkbox"/> Long L / M wall <input type="checkbox"/> Other: _____
	<p>Orthosis Color/ Transfer</p> <input type="checkbox"/> Brace: _____ <input type="checkbox"/> Straps: _____ Straps standard per HKAFO Other: _____	<p>For Avon Use: Mold (s) / Cast (s) Received</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral</p> Date: _____

Rev.15

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- Becker Pelvic Band
- Metal and Leather
- Standard LSO Bucket
3/16" copoly / 1/4 liner
(Standard Metal Band)
- Other: _____

Measurement: Cast Scan Measure Only

***Mark hip center**

Scan Label: _____

Metal and Leather Pelvic Band (cast and/or tracing req'd)

LSO Modifications: As-is 50% Full symmetry

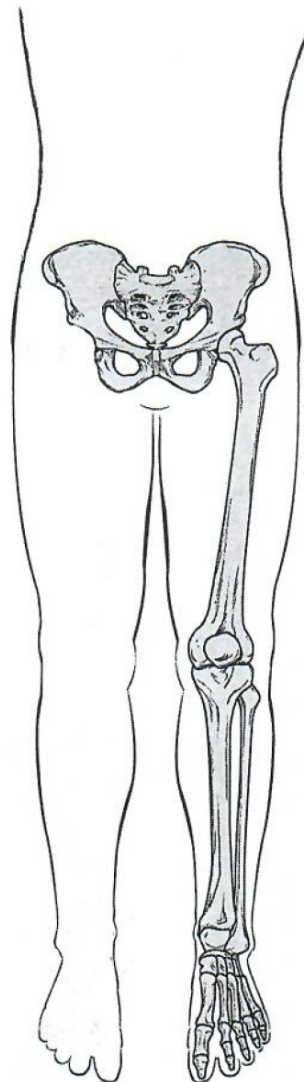
Lordosis: As-is 15° Other: _____

Provide all measures in cm

Measures in bold are required

LSO section

	Circ.	M/L	A/P
Xyphoid	<input type="text"/>	<input type="text"/>	<input type="text"/>
Waist	<input type="text"/>	<input type="text"/>	<input type="text"/>
ASIS	<input type="text"/>	<input type="text"/>	<input type="text"/>
Troch	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prox thigh	<input type="text"/>	<input type="text"/>	
Dist. thigh	<input type="text"/>	<input type="text"/>	
Knee ctr	<input type="text"/>	<input type="text"/>	
Ankle	<input type="text"/>	<input type="text"/>	



Length

<input type="text"/>	Hip to top of band/ LSO
<input type="text"/>	Waist to seat
<input type="text"/>	Waist to Troch
<input type="text"/>	Troch to knee ctr

Thigh section

L		R
<input type="text"/>	Lateral height to knee	<input type="text"/>
<input type="text"/>	Medial height to knee	<input type="text"/>
<input type="text"/>	Knee center to floor	<input type="text"/>

L

AFO section

R

L		R
<input type="text"/>	Lateral height	<input type="text"/>
<input type="text"/>	Medial height	<input type="text"/>
<input type="text"/>	Posterior height	<input type="text"/>
<input type="text"/>	Footplate length	<input type="text"/>

Notes