

Practitioner \_\_\_\_\_ ORIGINAL ORTHOTIC # WHEN ORDERING A SECOND PAIR OR CHILD OUTGROWTH \_\_\_\_\_  
 Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Patient last name \_\_\_\_\_  
 Bill to: \_\_\_\_\_ Patient first name \_\_\_\_\_  
 \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F  
MO DA YR  
 Ship to: \_\_\_\_\_ Weight \_\_\_\_\_ lbs Height \_\_\_\_\_  
 \_\_\_\_\_ Shoe size \_\_\_\_\_

Please fill out this form completely to ensure accurate orthotic fabrication

**ORTHOTIC TYPE**

- EXPRESS UFO (Cad)
  - RIGID  STANDARD  FLEXIBLE
- UNITIZED ORTHOTIC
  - RIGID  STANDARD  FLEXIBLE
- ELITE RX
- SPORT ORTHOTIC
- STANDARD SEMI-FLEXIBLE
- STANDARD FLEXIBLE
- MOLD  Poron  Korex
- EVA MOLD (No Poly Shell)
- DIABETIC ARTHRITIC ORTHOTIC
- ELITE COBRA
- XT SPRINT
- TL-2100™
  - With Heel Cup  Without Heel Cup
- HH DRESS™ (HIGH HEEL)
- NS DRESS™ (NARROW SHOE)
- ACCOMMOTHOTICS™
- GAITPLATE
- ROBERT WHITMAN
- SHAFFER
- Use your discretion.

**PATIENT HISTORY**

1. OCCUPATION \_\_\_\_\_
2. DOES THE PATIENT ENGAGE IN SPORTS?  
Specify: \_\_\_\_\_
3. STREET FOOTWEAR
  - Laced Oxford  Full Boot
  - Slip-on  High Heels/Fashion
  - Casual  Sports Shoe

**CHIEF COMPLAINT**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EXAMINATION FINDINGS**

1. FOOT APPEARANCE (Non-weight bearing)
  - High Arch
  - Medium Arch
  - Low Arch
2. FOOT APPEARANCE (Weight bearing)
  - High Arch
  - Medium Arch
  - Low Arch
3. FOOT MOTIONS
  - Average  Loose L/R
  - Tight L/R  Rigid L/R
4. TOE POSITIONS
  - Straight L/R  Subluxed L/R
  - Contracted L/R  Hav L/R
5. GAIT PATTERN
  - In-toe  Straight  Out-toe
6. LIMB LENGTH DIFFERENCE  
L \_\_\_\_\_ R \_\_\_\_\_
7. FIRST METATARSAL RAY POSITION
  - Normal L/R  Plantarflexed L/R
  - Dorsiflexed L/R
8. FIRST METATARSAL LENGTH
  - WNL  Short
9. RANGE OF MOTION
  - Subtalar Joint
    - Within normal limits
    - Loose L/R  Restricted L/R
  - Ankle Dorsiflexion
    - 10° or more L/R  5°-6° L/R
    - 7°-8° L/R  3-4° or less L/R
  - First Metatarsal Segment
    - Flexible L/R  Semi-Rigid L/R
    - Rigid L/R  Hypermobile
  - Hallux Dorsiflexion
    - 65° L/R  25° L/R
    - 45° L/R  None L/R
    - FHL (Limited dorsiflexion on weight bearing)

**10. LOCATION OF CORNS/ CALLUSES**

L \_\_\_\_\_  
 R \_\_\_\_\_

**11. OTHER COMPLAINTS**

- Leg  Knee  Hip  Back

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Aetrex or Apex Shoe Style \_\_\_\_\_

Size and Width \_\_\_\_\_

*Comes with orthotic unless specified*

**YOUR DIAGNOSIS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEASUREMENTS**

If you take measurements place values below

	LEFT	RIGHT
Subtalar	____° Varus <input type="checkbox"/>	____° Varus <input type="checkbox"/>
	____° Varus <input type="checkbox"/>	____° Varus <input type="checkbox"/>
Forefoot	____° Valgus <input type="checkbox"/>	____° Valgus <input type="checkbox"/>
Tibial Varum	_____°	_____°

**POSTING INSTRUCTIONS**

- Use your discretion and post according to laboratory evaluation of data and positive models.
- No Posts - Neutral shells only.
- Post these values instead:

	LEFT	RIGHT
Rearfoot	____° Varus <input type="checkbox"/>	____° Varus <input type="checkbox"/>
	____° Varus <input type="checkbox"/>	____° Varus <input type="checkbox"/>
Forefoot	____° Valgus <input type="checkbox"/>	____° Valgus <input type="checkbox"/>

- RF Posting
  - Extrinsic  Intrinsic
- FF Posting
  - Extrinsic  Intrinsic
- 2 - 5 1/8 Bar with 1st cutout.
- 1st met. cutout
- Medial Heel Skive
- Minimum Archfill

**USE FOR ADDITIONAL INFORMATION**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WIDTH**

- Narrow cut to fit dress shoes
- Wide cut

**ADDITIONS**

- Heel Raise  
Left \_\_\_\_\_ amount Right \_\_\_\_\_ amount
- Deep Heel Seat
  - LT  RT  Both
- Shallow Heel Cup
  - LT  RT  Both
- Heel Pad
  - LT  RT  Both
- Heel Spur Accommodation
  - LT  RT  Both
- Met Pads  Thin Met Pads
  - LT  RT  Both
- PMP (Plantar Met Pad)
  - LT  RT  Both
- Morts Extension
  - LT  RT  Both
- Reverse Morts Ext.
  - LT  RT  Both
- Functional Hallux Limitus Accommodation
  - LT  RT  Both
- Heel Aperature
- Flange  Medial  Lateral
- Shaffer cut
- Other \_\_\_\_\_
  - LT  RT  Both

**TOP COVERS (Check One) from Heels**

- To Sulcus  to Toes
  - To Met Heads
  - No Covers
- MATERIALS**
- 1/8" Poron & Vinyl
  - 1/16" Poron & Vinyl
  - Diabetic Puff  1/8"  1/16"
  - 1/8" Spenco
  - 1/16" Lunasoft  Black  Quattro
  - Other \_\_\_\_\_

**ADDING EXTENSIONS**

- (All extensions must have top covers.)
- Mets To Sulcus  Mets to Toes
- MATERIALS**
- 1/8"  1/16"  Poron  Luna Soft
  - Distal Strip
  - Plantar Vinyl Extension
  - Other \_\_\_\_\_

**PLEASE SEND**

- Rx Forms  Catalogue
- Address Labels
- DOC™ (Digital Orthosis Compound)
- Foam Impressions (6)
- Poron - each strip measures 4" x 42"
  - \_\_\_\_ strips of 1/16"  Tan  Black
  - \_\_\_\_ strips of 1/8"  Tan  Black
- Vinyl - simulated leather
  - \_\_\_\_ strips 4"x42"  Tan  Black

**USE FOR ADDITIONAL INFORMATION**

Please use diagram to indicate where accommodations are needed.



**R** Plantar View **L**

■ Accommodation Required \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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