

FOR ORTHOTISTS ONLY



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Lower Extremity Custom Order Form

Patient Information

First Name: _____
Last Name: _____
Specify Sides(L/R/B) _____
Date of Cast: _____

Orthotic Information

- Perfect Response Orthotic® (PRO)
- PRO Insole™
- PRO Prep (Must be ordered with PRO)
- PRO KAFO
- Transitional PRO

Facility Information

Practitioner: _____
Facility: _____
Address: _____

Email: _____
Phone: _____
Fax: _____

Referring Therapist

Name: _____

Shipping Information

Address: _____

Special Instructions

Casting Information

We cannot over-emphasize enough the importance of a cast meeting our specifications. The less modifications and cast correction that is required for a cast to meet our position standards, the better the brace will fit and perform. If a cast is taken and it does not meet the specifications as indicated in your casting video, and if it requires major cast modifications, please recast the patient. Please recast the patient if the ankle is in more than 5 degrees plantarflexion, if the hindfoot is in a varus position, if the forefoot is in a position toward inversion, or if the toes are curled or not fully enclosed in cast.

WHEN SHIPPING A PACKAGE TO OUR POST OFFICE BOX, YOU MUST SEND VIA THE UNITED STATES POSTAL SERVICE (USPS). IF YOU SEND BY ANY OTHER MODE (I.E. FEDEX OR UPS), WE WILL NOT GET YOUR PACKAGE! IF YOU CANNOT SHIP A PACKAGE VIA USPS, PLEASE CONTACT US AND WE WILL PROVIDE YOU WITH A STREET ADDRESS.

WITHIN 48 HOURS OF RECEIPT OF YOUR ORDER, WE WILL FAX AN ESTIMATE AND EXPECTED SHIP DATE

Casting Specifications

- Cast the ankle in 5-10 degrees dorsiflexion
- Position toes in at least 20 degrees extension
- Keep the hindfoot neutral (some patients with a strong tendency toward inversion can be casted with their calcaneus toward valgus)
- Cast with the forefoot and midfoot positioned in the corrected eversion position
- Cast coverage should encompass the belly of the calf. For PRO Insole™ cast coverage should encompass patient's malleoli. Please cast just past the toes so an accurate footbed can be fabricated.
- For the PRO KAFO Cast the knee in 5-15 degrees of flexion and include a floor to knee center measurement. Coverage should encompass ¾ of the height of the thigh.

Construction & Features

Brace Height- Indicate desired height on cast (2/3 leg height recommended)

Straps- If additional strapping is needed please indicate in special instructions if a midfoot or forefoot(mp) strap is needed.

Ankle Joints- Select the strength of dorsiflexion assist desired

- Tamarack L75 - 75 Durometer
- Tamarack L85 - 85 Durometer
- Tamarack L95 - 95 Durometer

Cast Correction (Must be completed)

Ankle Alignment (Plantarflexion/Dorsiflexion)

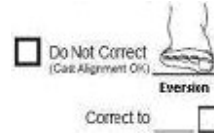
- Do not correct
- Correct to _____

Hindfoot Alignment

- Do not correct
- Correct to neutral

Forefoot Alignment

Below indicate height of 5th met head desired



Toes

- Do not correct
- Correct to _____