

Lower Extremity Orthotic Measurement Form

use for Metal & Hybrid AFO/KAFO

NAME OF PATIENT: _____ **CONTACT PHONE:** _____
PO# _____ **TODAY'S DATE:** _____ **REQUESTED BY DATE:** _____
CLINIC NAME: _____
PRACTITIONER'S NAME: _____ **SHIP TO ADDRESS:** _____
CITY: _____ **STATE:** _____ **ZIP:** _____
SHIP VIA UPS: GROUND / 3DAY/2DAYAM / 2ND DAY / NEXT DAY / NDS / NDAM SHIP ID: _____

PLEASE CLEARLY MARK YOUR SELECTIONS

PLASTIC: COPOLY 1/8" 5/32" 3/16" 1/4"
 POLYPRO 1/8" 5/32" 3/16" 1/4"
COLOR: FLESH / BROWN / BLACK / OTHER: _____

UPRIGHTS: DOUBLE / SINGLE

BAR SIZE: 3/16" X 5/8" 1/4" X 5/8" 3/16" X 3/4" 1/4" X 3/4"

KNEE JOINT: FREE MOTION / DROP LOCK or
 OTHER TYPE: _____

LEATHER: ELK / RUSSETT
ELK COLOR: NATURAL / WHITE / BLACK / SMOKE /
 BROWN / CREAM / OTHER _____

SHIN:
CUFF : HALF / FULL **SHELL:** ANT / POST
LACER: MOLDED / NON-MOLDED
MATERIAL: CO POLY / POLY PRO / LAMINATION
CLOSURE: VELCRO / LEATHER
INTERFACE: _____

PATIENT AGE: ____ **M/ F** **HEIGHT:** ____ **WT:** ____
 LEFT / RIGHT
 AFO / KAFO / HKFO / SHOE
 METAL / HYBRID

METAL TYPE: ALUMINUM / STEEL / OTHER

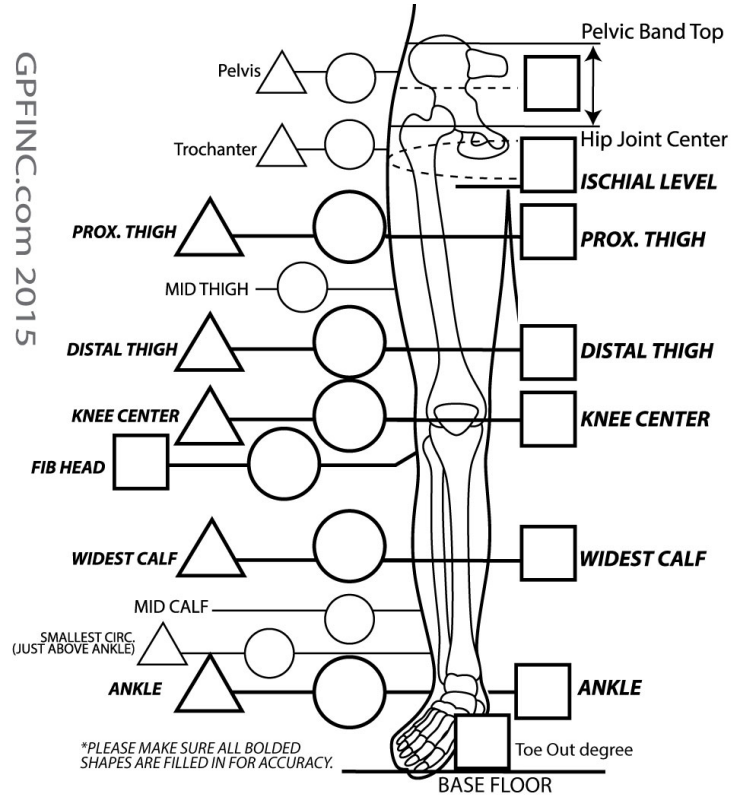
ANKLE-FOOT:
STIRRUP: SOLID / SPLIT / ROUND CALIPER / LONG TONGUE
ANKLE JOINT: FREE /LMTD ACTN. / DBL ACTN./ DORSI FLEX

THIGH:
BAND: PROXIMAL / DISTAL
DISTAL CUFF: HALF / FULL
LACER: MOLDED / NON MOLDED
WEIGHT BEARING: ISCHIAL RING / POLY PRO
QUAD BRIM / LAM / POS SHELL
CLOSURES: VELCRO / LEATHER / LACES / OTHER
T-STRAP: MEDIAL / LATERAL / PADDED

HIP-PELVIC:
BELT: LEATHER / WEBBING
JOINT: FREE / LOCK / C.P. OTHER _____
SPECIAL INSTRUCTIONS: _____

SHOE MODIFICATIONS (ORTHOSIS ONLY):
BUILD UP: _____ " **HEEL**
SOLE: _____ " **STEEL SHANK :** Y/ N
WEDGES: MED / LAT **HEEL** _____ "
SOLE: _____ "
MATERIAL: _____

ADDITIONAL INSTRUCTIONS: _____



*PLEASE MAKE SURE ALL BOLDED SHAPES ARE FILLED IN FOR ACCURACY.