

Ordered by: _____ Phone # (_____) _____

BILLING: P.O. Number _____ Townsend Account # _____

Bill To: _____

Ship To: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip Code: _____ Country: _____

State: _____ Zip Code: _____ Country: _____

Phone: (_____) _____ Fax: (_____) _____

Phone: (_____) _____ Fax: (_____) _____

Fit Date: please provide the date you are scheduled to fit the patient (Routine Fabrication Schedule: 4-5 business days): _____

Shipping Preference: Ground 2-Day P.M. 2-Day A.M. Next Day P.M. Next Day A.M.
(If no preference is indicated, this order will be shipped 2 Day P.M.) Note: We do not ship products directly to patients.

Patient's Last Name: _____

Patient's First Name: _____

Male Female Age _____ Height _____ Weight _____

Leg: Left Right

Patient's Clinical Diagnosis: _____

Surgeries (type/date): _____

Is the patient currently using any assistive device?

Brace/KAFO Cane Crutch

Walker Wheel Chair

Comments: _____

Casted Postion:

Seated Standing Supine

Weight Bearing Semi Weight Bearing Non Weight Bearing

It is imperative to compare angular and motion differences when evaluating the patient's static (non weight bearing) and dynamic (standing-walking) alignments.

Ankle:

Casted in corrected position

Cast was NOT corrected.. Please correct:

Forefoot Supination Hindfoot Inversion

Forefoot Pronation Hindfoot Eversion

Knee:

Casted in corrected position

Correct varus condition _____ degrees

Correct valgus condition _____ degrees

What control do you want this KAFO to provide?

Please check all that apply

Knee: Flexion Hyperextension Valgus Varus

Ankle: Dorsiflexion Plantarflexion Inversion Eversion

Ankle/Foot evaluation (weight bearing)

Weight bearing ankle position is:

Neutral Inverted _____ degrees Everted _____ degrees

Ankle movement: Flexible Rigid

Dorsiflexion & Plantarflexion range of motion:

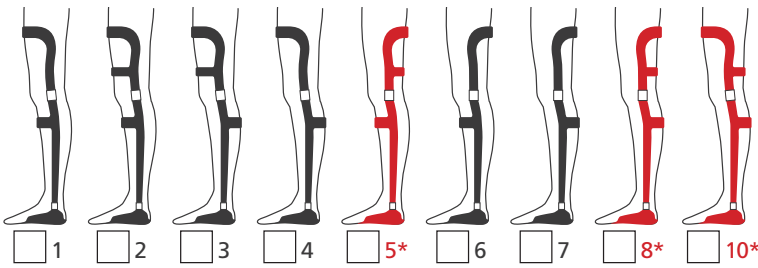
Full ROM Limited ROM Fused

Forefoot position: Pronated Supinated

Townsend's shipping department use only

Empty rectangular box for shipping department use.

Received Date



- 1) Varus/Valgus deformities for lightweight, less active patients
- 2) Varus/Valgus deformities for heavier or active patients
- 3) Hyperextension control for active patients
- 4) Hyperextension control for lightweight or less active patients
- 5) Flexion control for heavier or active patients
- 6) Flexion control for lightweight or less active patients
- 7) Traditional style KAFO for lightweight and less active patients
- 8) Traditional style KAFO for heavier or active patients
- 10) Maximum genu recurvatum control (see information, below)

* For KAFO models 5, 8 & 10 the top band must be at least NINE INCHES above knee center. For model #10, the patient must be able to step through the anterior and posterior thigh bands.

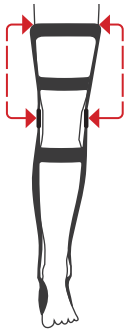
- Add Strap: _____ inches from KC Add Band: _____ inches from KC
 Add posterior distal calf band for anterior stop ankle joints

Thigh band height (proximal edge)

From knee center, indicate desired height of the TOP of the thigh band (medial & lateral sides can be up to 2 inches different)

Medial Thigh Band Height

- 13 Inches
- 12 inches
- 11 inches
- 10 inches
- 9 inches
- 8 inches
- 7 inches
- Other _____



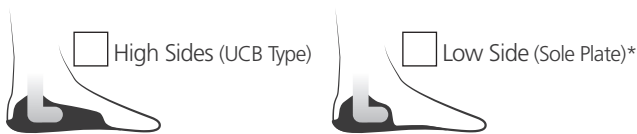
Lateral Thigh Band Height

- 13 Inches
- 12 inches
- 11 inches
- 10 inches
- 9 inches
- 8 inches
- 7 inches
- Other _____

7 inch height only available for KAFO Models #1, 4, 6 & 7

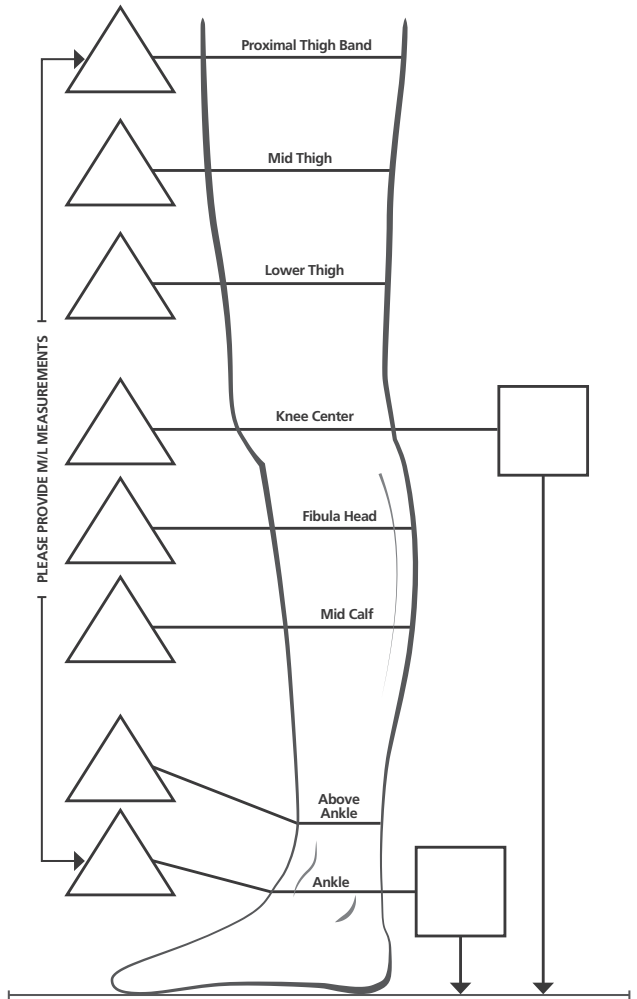
Foot Plate Selections (Material, Sides, Length, Heel, Pad)

- Graphite Lamination (rigid, max control, less adjustable)
- Polypropylene (stiff, heat adjustable)
- Co-Polymer (softer, more flexible, heat adjustable)
- Black Poly Pro (good all around and heat adjustable)



* DO NOT use low side foot plate with anterior stop ankle joints.

- Heel Cup (proximal to the base of the 5th metatarsal)
- Trim Proximal to the Metatarsal Heads
- Trim to Toe Sulcus
- Trim to Toes -- Outline of full foot required!!!
- Fabricate entire foot plate with no padding
- Line entire foot plate with 1/8 inch padding
- Line entire foot plate with 1/4 inch padding
- Line sides with 1/8 inch; sole with 1/4 inch
- Line sole with 1/8 inch; no padding on sides
- Open Heel (graphite footplate only)
- Half Heel (graphite footplate only)
- Full Heel (Closed)



Bend knee to 90 degrees and check toe out

Desired Toe Out is _____ degrees

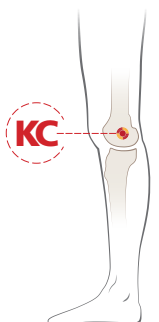
Heel Height of Shoe _____ "

Used Casting Block? _____ "

Townsend's Definition of Knee Center

Femoral Epicondyle
(Apex of the Lateral Condyle)

Please palpate the condyle and make a mark on the cast to indicate knee center. All M.L. and A.P. measurements should be made at the appropriate position on the leg as it relates to your knee center mark. In terms of fabrication, the hinge and band heights will be based on TOWNSEND'S definition of knee center.



(CRITICAL -- must select one option) Set Knee Hinges At:

- Casted Position 0 (zero) degree _____ degrees of flexion
 _____ degrees of hyperextension Make KC M/L _____

Townsend Knee Joints**Free Knee Townsend Motion Joints**

- 5 Bar Free Knee (heavy duty for larger or more active patients)
 5 Bar Free Knee Extension Stop Kit*
 5 Bar Flexion Stop kit: __15; __30; __45; __60; __75; __90 degrees
(factory installed only)
 Aluminum TM5+
(lightweight, less active patients, no significant hyperextension)
 Loadshifter Medial Lateral Dual
 Stainless TM5+ (less active patients, no significant hyperextension)
 TM5+ Flexion Stop Kit
 Install Extension Assist Bands/Posts

Locking Joint Options

- Single Pivot With No Free Motion Cable Manual Droplock
 Single Pivot With Free Motion (requires Cables with Twist Release)
 Townsend Motion 5 Bar Trigger Locks With No Free Motion
 5 Bar Trigger Locks With Free Motion
 Cable 5 Bar Manual Droplock 5 Bar Manual Free Motion
 Install Extension Assist Bands/Posts
 5 Bar Extension Stop kit: __15; __30; __45; __60; __75; __90 degrees
(factory installed only)

Cable Release Options

- Cables With Twist Release (routinely centered on anterior thigh band)
 Cables With Push Down Lever
 Thigh Band, Lateral Side (recommended)
 Centered On Thigh Band

Becker Knee Joints (Townsend stocked items)

- Modular Ring Lock Model 1402-B
 Automatic Angled Levered Lock Model 1017A
 Modular Ratchet Lock Model 1018A
 Bend Levers As A Bail Rod

Becker External Lock Release Options

- Bail Lock Integrated Strap System (BLISS) Model MX-003-BLISS
(for use on model 1017 and 1018)

Townsend Twist and Lever Release System CAN NOT be used with Becker knee joints

Stance Control

- Becker Safety Stride Becker Full Stride Becker Stride 4

Stance GX Assist

- GX Assist 75 (9006-GX-A-RL-75)
 GX Assist 125 (9006-GX-A-RL-125)
 GX Assist 175 (9006-GX-A-RL-175)

Ankle Joint Options

- Set ankle joint M/L to _____ "
(standard spacing is ¼ inch)
 Attach to shoe (Practitioner must send footwear with cast. Footwear must have solid stirrup or split caliper pre-attached with appropriate toe out and M/L)

Townsend Ankle Joints

- Free Ankle Dorsi Assist Single Adj. With Anterior Stop
 Single Adj. With Posterior Stop Single Adj. With Ant. Stop & Assist
 Double Adjustable Double Adjustable With Assist
 Solid Lamination (Fused Ankle)
 _____ degrees dorsi flexion _____ degrees plantar flexion

Becker Ankle Joints (Townsend stocked items)

- Double Action Ankle Joint (Model#SLM-2825-A)
 Dorsi-Flexion Assist (Model # 3225-A)
 Standard Action (Model # 3025-A)

Brace Color (Select One)**Powdercoat Finish** (Lightest, Most Durable Finish)

- Black Antique Pewter (Silver)
 Royal Blue Burgundy

Paint Finish

- High Gloss
 Black Royal Blue Burgundy Beige
 Emerald Green White Burnt Orange Dark Violet
 Steel Blue Indy Yellow Quicksilver

Custom High Gloss Paint Finish (Additional Charge)

- Provide Custom Paint # _____

Custom Hydro Dip Finish (Additional Charge)

- Provide Hydro Dip Film # _____

Condylar Pads

- None Medial and Lateral Medial Only Lateral Only

Extra Shell Liners

- 1 Extra Set of Liners 2 Extra Sets of Liners

Notes: _____
