

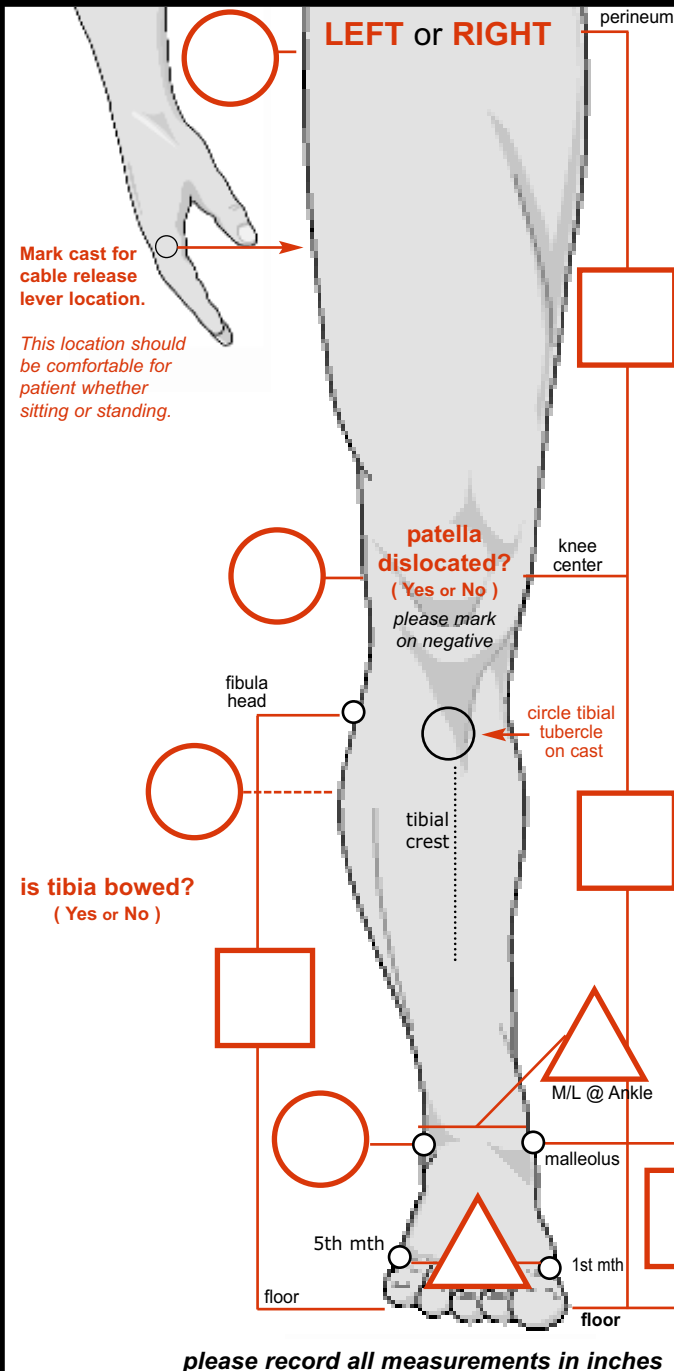
BILL TO: _____ **Practitioner:** _____
O&P Facility: _____ **E-Mail:** _____
Address: _____ **Ship To (if different):** _____
City: _____ **Address:** _____
State: _____ **ZIP:** _____ **City:** _____
State: _____ **ZIP:** _____

P.O.# _____
Shipping Method:
 UPS Ground (No Charge)
 3 Day Ground
 Blue
 Red
 Red Early

Patient : _____
Primary Dx: _____
Secondary Dx: _____
Height: _____ **Weight:** _____ **Age:** _____

MMT SCORE (circle one for each):

	zero	1	2	3	4	5	normal
HIP Extensors	0	1	2	3	4	5	
HIP Flexors	0	1	2	3	4	5	
KNEE Extensors	0	1	2	3	4	5	
KNEE Flexors	0	1	2	3	4	5	
ANKLE Dorsiflexors	0	1	2	3	4	5	
ANKLE Plantarflexors	0	1	2	3	4	5	



CAST CORRECTIONS

- KNEE**
- leave as casted (recommended 0°-5° flexion)
 - to _____° flexion
 - to _____° extension
 - valgus/varus to neutral

- ANKLE**
- leave as casted
 - to 90° (YES for USS AFO)
 - to _____° plantarflexion
 - to _____° dorsiflexion

- FOREFOOT**
- leave as casted
 - correct ADDuction
 - correct ABduction
 - correct supination

ANKLE JOINT TYPE

- USS ankle
- solid
- leaf spring
- articulated
 - Oklahoma S, M, L, XL
 - Tamarac Dorsi 75, 85
 - double action
 - rods
 - springs
- other _____

ANKLE JOINT STOPS

- 90° (PP or equal)
- 90° (screw post)
- other _____

CLOSURES

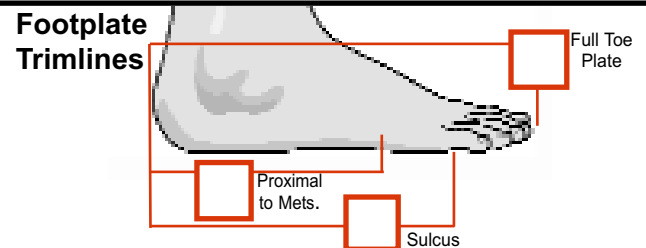
- | | |
|--------------------------------------|-------------------------------------|
| THIGH | TIBIAL |
| <input type="checkbox"/> hinged | <input type="checkbox"/> hinged |
| <input type="checkbox"/> non-hinged | <input type="checkbox"/> non-hinged |
| <input type="checkbox"/> rigid | <input type="checkbox"/> rigid |
| <input type="checkbox"/> flexible | <input type="checkbox"/> flexible |
| <input type="checkbox"/> straps/pads | <input type="checkbox"/> STRAPPING |

STRAPS (COLOR): Black White

PLASTIC (COLOR): Black PolyPro .187 White PolyPro .187

BARS (THICKNESS): 1/8" 3/16" 1/4"

Special/Other Instructions:



please record all measurements in inches

Casting Considerations for Ultraflex Custom Molded Orthoses

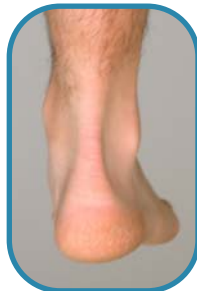
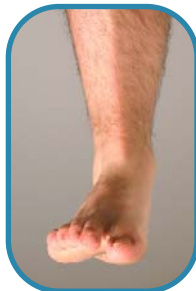
UltraSafeStep™

- 1) Patient evaluation should generally follow ABC “SOAP” procedures - Subjective, Objective, Assessment, & Plan and specifically follow the Ultraflex Manual-Catalog. Note: evaluations & orthoses designs differ for ortho & neuro patients.
- 2) Document all anatomic landmarks & measurements noted on Ultraflex Custom Fabrication Order Form.
- 3) Cast affected limb, maximizing levers inferior & superior to joint, spanning 2/3 to 3/4 of each limb segment. Note areas of open wounds, skin grafts, etc... (that require relief or modification) directly on cast stockinette.
- 4) Introduce gentle hand pressure to extend or flex the limb (as applicable) in the direction of intended correction. For cases requiring both flexion & extension correction, cast in a comfortable mid-range position.
- 5) Place casting tube opposite of where intended shells will provide force (to minimize obscuring anatomy at points of body interface). For example, on a flexion assist KO, place tube on posterior aspect for an anterior shell brace design.

Please note the recommended limb postures for certain orthoses types:

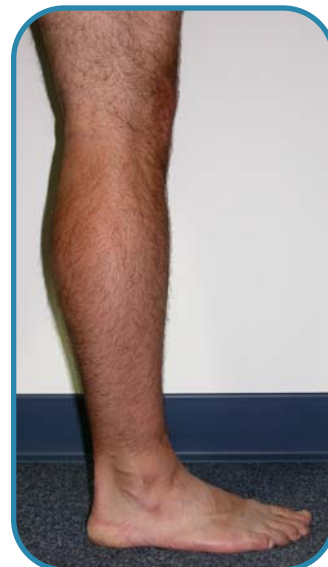
USS AFO

Rear, mid & forefoot should be
in subtalar neutral, maximum dorsiflexion



USS KAFO

Knee should be in between
5° flexion to full extension



Call Ultraflex Clinical Technical Support at 1-800-220-6670 for any questions.