

CUSTOMER: _____ **DATE & ORDERED BY:** _____

PATIENT REFERENCE/ORDER NUMBER: _____ **(mark cast/model, trace of insert, with this reference)**

PHONE: _____ **EMAIL:** _____

CASTING/MOLD INSTRUCTIONS:

Dynamic walk is not a corrective orthosis. The cast/mold should be possible to align with 90° in the ankle and close to neutral in the frontal and transverse plane, to achieve good function. If this is not achievable you need to contact Fillauer prior to order: **order@fillauer.com**.

- If the patient uses a foot orthotic, cast/mold with the foot orthotic on.
- Send a negative/positive plaster cast or a positive foam model
- Mark pressure points and sensitive areas and if trimlines should be different from standard
- Please make a smooth cast with **4 layers** of plaster, the cast/mold must be **5 cm longer** than the desired height of the finished orthosis
- Reinforce cast if necessary
- If you send a positive cast be sure that the rebar reaches the forefoot and is sticking out >10 cm from the proximal end
- If possible, attach a trace of the shoe insert, the brace is going into
- Fill in the whole measurement form and send it together with the cast/mold
- The cast will be discarded 6 months after delivery

PATIENT INFORMATION:

AGE: _____ **WEIGHT (KG):** _____

SIDE: ☐ Left ☐ Right

ACTIVITY LEVEL: ☐ Low ☐ Medium ☐ High
☐ Cast/mold with foot orthotic on

BASE OF PRODUCTION:

☐ Negative Plaster Cast 700 100 146 ☐ Positive Plaster Cast 700 100 145 ☐ Positive Foam Model 700 100 147

TYPE (CHOOSE ONE): 700 100 105

☐ Standard ☐ Double Double
☐ Single Side Lateral ☐ Shoe Mount
☐ Single Side Medial

MATERIAL OPTIONS:

Foot Plate:

☐ Standard
☐ Rigid foot plate (for diabetics)
☐ Flexible foot plate (high activity users)

Calf Plate:

☐ Standard
☐ Rigid calf band (more stability)

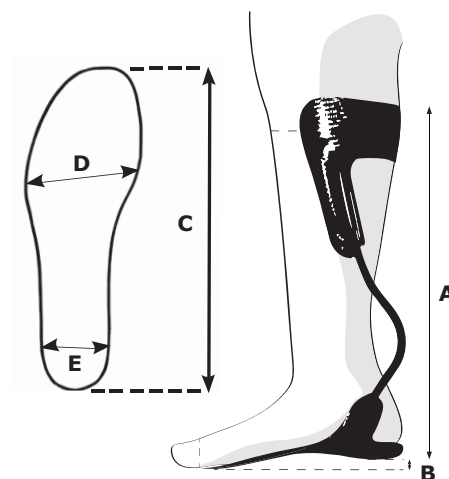
PEEK THICKNESS:

☐ 6 mm (Adult Standard)
☐ 5 mm (standard pediatric/less assist)
☐ 4 mm (only small children)

For help on making product selections, please contact Fillauer to discuss.

Individual padding is not available for custom orthotics, but material can be ordered with the orthotic to be adjusted by the clinician.

☐ Sheet of padding: 700100149



Measurements:

☐ mm
☐ inches

Desired measurements of finished brace:

A _____ B _____ C _____

D _____ E _____

Explanation:

A - Height of orthosis (usually just above the highest point of the calf)

B - Heel height

C - Foot plate length

D - Foot plate width at MTP

E - Foot plate width at the middle of the heel

ADDITIONAL INSTRUCTIONS

