

COMPANY: _____
ACCOUNT NO.: _____
ADDRESS LINE 1: _____
ADDRESS LINE 2: _____
CITY, STATE, ZIP: _____
PRACTITIONER: _____
PHONE: _____
EMAIL: _____
PURCHASE ORDER: _____
PATIENT ID: _____

PRELIMINARY INTAKE

	Measurement	Indicated	Call Fillauer (Code to Proceed)	Not Indicated
Height	<input type="checkbox"/> in. <input type="checkbox"/> cm			
Body weight plus average weight of frequently carried items over 20 lbs. Higher patient weights increase likelihood of bar failure.	<input type="checkbox"/> lbs. <input type="checkbox"/> kg	< 275 lbs. (125 kg)	275 – 350 lbs. (125 – 159 kg)	> 350 lbs. (159 kg)
Age				
Side	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both			
Range of Motion	Measurement	Indicated	Call Fillauer	Not Indicated
Knee flexion contracture	°	< 10°		> 10°
Knee varus or valgus deformity	°	< 10°		> 10°
Genu recurvatum (Knee hyperextension)	°	< 10°		> 10°
Hip extension range	°	> 5°		< 5°
Manual Muscle Testing — Oxford Scale	Measurement	Indicated	Call Fillauer	Not Indicated
Ankle plantarflexion	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
Knee flexion	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
Knee extension	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	≥ 2	1	0
Hip flexion	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	≥ 2	1	0
Hip extension	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	≥ 4	3	≤ 2
Contraindications		Indicated	Call Fillauer	Not Indicated
Thigh corset, ischial, or gluteal support for weight bearing needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	No		Yes

☐ DCO (Diagnostic Check Orthosis)

UPRIGHT, THIGH, AND CALF OPTIONS

	Standard Plastic	Standard Lamination	Standard Metal
Patient Weight: ≤ 220 lbs. (100 kg) Height: ≤ 72 in. (183 cm) Meets ALL criteria above	<input type="checkbox"/> Single Upright <input type="checkbox"/> Double Knee, Lateral Ankle <input type="checkbox"/> Double Upright	<input type="checkbox"/> Single Upright <input type="checkbox"/> Double Knee, Lateral Ankle <input type="checkbox"/> Double Upright	<input type="checkbox"/> Single Upright <input type="checkbox"/> Double Knee, Lateral Ankle <input type="checkbox"/> Double Upright
Patient Weight: > 220 lbs. (100 kg) Height: > 72 in. (183 cm) Meets ANY criteria above	<input type="checkbox"/> Double Upright	<input type="checkbox"/> Double Upright	<input type="checkbox"/> Double Upright
Upright Material Stainless steel uprights will be used for patients over 250 lbs. (113 kg)	<input type="checkbox"/> $\frac{3}{16} \times \frac{3}{4}$ Aluminum (Standard) <input type="checkbox"/> $\frac{3}{16} \times \frac{3}{4}$ Stainless Steel	<input type="checkbox"/> $\frac{3}{16} \times \frac{3}{4}$ Aluminum (Standard) <input type="checkbox"/> $\frac{3}{16} \times \frac{3}{4}$ Stainless Steel	<input type="checkbox"/> $\frac{3}{16} \times \frac{3}{4}$ Aluminum (Standard) <input type="checkbox"/> $\frac{3}{16} \times \frac{3}{4}$ Stainless Steel
	Standard Plastic	Standard TFC	Standard Metal
Thigh	<input type="checkbox"/> Posterior (Standard) <input type="checkbox"/> Anterior	<input type="checkbox"/> Posterior (Standard) <input type="checkbox"/> Anterior	<input type="checkbox"/> Posterior (Standard) <input type="checkbox"/> Anterior
Calf	Posterior Cuff	Posterior Cuff	Posterior Band
Flares	Thigh Proximal <input type="checkbox"/> Flared <input type="checkbox"/> Not Flared Thigh Distal <input type="checkbox"/> Flared <input type="checkbox"/> Not Flared Calf Proximal <input type="checkbox"/> Flared <input type="checkbox"/> Not Flared Calf Distal <input type="checkbox"/> Flared <input type="checkbox"/> Not Flared	Thigh Proximal <input type="checkbox"/> Flared <input type="checkbox"/> Not Flared Thigh Distal <input type="checkbox"/> Flared <input type="checkbox"/> Not Flared Calf Proximal <input type="checkbox"/> Flared <input type="checkbox"/> Not Flared Calf Distal <input type="checkbox"/> Flared <input type="checkbox"/> Not Flared	
Cosmetics	<input type="checkbox"/> Black (Standard) <input type="checkbox"/> White <input type="checkbox"/> Transfer Paper Friddles PN _____		<input type="checkbox"/> Black Leather (Standard) <input type="checkbox"/> White Leather <input type="checkbox"/> Brown Leather
Padding		<input type="checkbox"/> Velfoam <input type="checkbox"/> $\frac{1}{8}$ in. Black AliPlast™	$\frac{1}{8}$ in. Black AliPlast™ on Proximal Cuff
Closures (2 Thigh and 1 Calf)	Black Dacron Straps with Velcro®	Black Dacron Straps with Velcro®	Black Dacron Straps with Velcro®

ANKLE JOINTS

Ankle Plantarflexion — Oxford Scale	Ankle Joint
1/5 – 3/5	<input type="checkbox"/> Double Action Joints (Standard) <input type="checkbox"/> Solid Ankle (Double Action Joints with Pins for TFC / Carbon Reinforced for Plastic) <input type="checkbox"/> Clinician Supplied (No Warranty)
4/5 – 5/5	<input type="checkbox"/> Double Action Joints (Standard) <input type="checkbox"/> Neutral Modular Dynamic AFO (Double Upright Knee Only) <input type="checkbox"/> No Ankle Joint <input type="checkbox"/> Free Motion <input type="checkbox"/> Clinician Supplied (No Warranty)

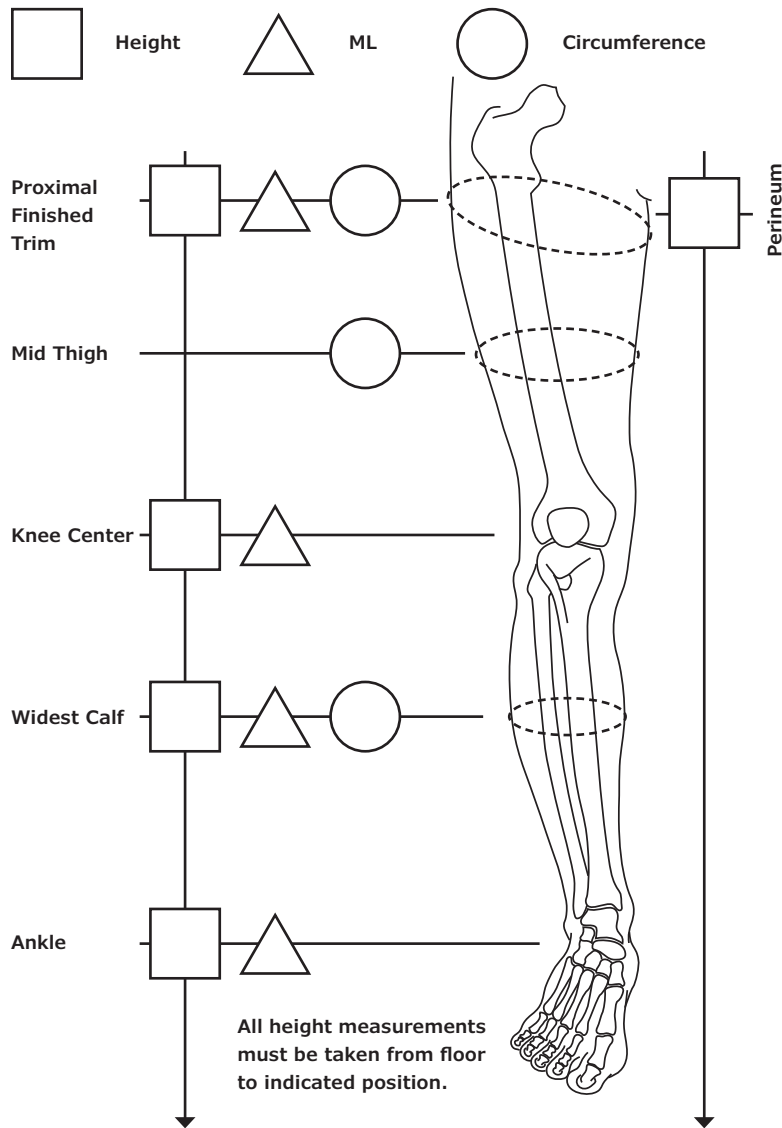
FOOTPLATE

Footplate
<input type="checkbox"/> Plastic Footplate

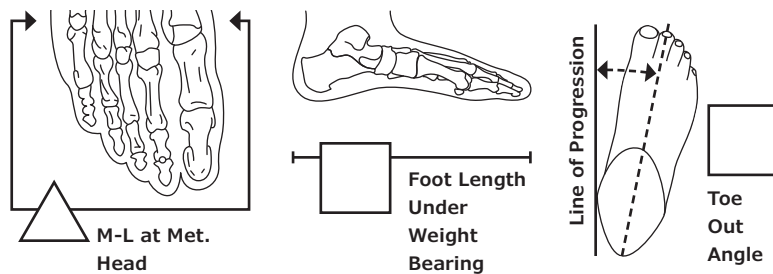
PATIENT MEASUREMENTS

Please complete all necessary measurements:

All measurements **MUST** be provided, even when you are sending a cast.



FOOT MEASUREMENTS



CASTING REQUIREMENTS

Fillauer recommends a segmental casting technique with footboard.

1. Cast Foot and Ankle in desired position.
2. Cast Knee and Thigh in desired position while weight-bearing.

IMPORTANT: When casting, add 5° of knee flexion to the patient's full range of knee extension; this will allow proper locking and unlocking in the SPL2. This casting method will ensure the SPL2 always comes to full extension **BEFORE** the leg comes to full extension.

Example:

- Patient Full extension at 0° - Cast at 5° Flexion
- Patient Full extension at 5° - Cast at 10° Flexion
- Patient Hyperextension at 5° - Cast at 0° Flexion

To find knee center:

Divide approximately half the distance between the adductor tubercle and the medial tibial plateau (MTP) to find the mechanical knee center.

CAST MOLD CORRECTIONS

ANKLE

Specify up to 10°

- ☐ Please correct forefoot to _____
- ☐ Please correct hindfoot to _____
- ☐ No Corrections, casted in correct position

KNEE

Specify up to 10° extension reduction or 20° of flexion reduction

- ☐ Please correct, set knee hinges at 0°
- ☐ Please correct, set knee hinges at _____° of flexion
- ☐ No Corrections, set knee hinges at casted position

ADDITIONAL INSTRUCTIONS