

***REQUIRED FIELDS**

*ACCOUNT NAME / No. _____
 *CLINICIAN NAME FIRST _____ LAST _____
 PHONE _____ FAX _____

*PATIENT NAME FIRST _____ LAST _____
 GENDER M F D.O.B. MM / DD / YY *WEIGHT _____ LB KG
 FOOTWEAR TYPE _____ *SHOE SIZE _____ US-M US-W EU

1 *CHOOSE A DEVICE

FOOT / FEET

- LEFT RIGHT PAIR
 Cast and separate order form enclosed for orthotic device for non-braced foot.

BRACE SELECTION

■ RICHIE™ BRACE STANDARD

- Full Articulation
 ■ Restricted Hinge Pivot
 Temporarily Fixed
 Permanently Fixed

■ RICHIE™ DYNAMIC ASSIST

- Tamarack Hinge

2 OPTIONAL SPECIFICATIONS

TOP COVER SELECTIONS

MATERIAL

- Puff 1.5 mm 3.0 mm (standard)
 Plastazote 3.0 mm
 P-Cell 3.0 mm

LENGTH

- Mets Sulcus Toes

**COMBINE MATERIAL
 SELECTED ABOVE WITH:**

- Poron 1.5 mm 3.0 mm

3 POSTING, MODIFICATIONS & ADDITIONS











POSTING

- Post to calcaneal vertical Neutral (as they sit)












FOREFOOT Post Type intrinsic extrinsic L R tip L R sulcus
 L R corner L R toes
 L _____° VR VLG R _____° VR VLG

Skive L _____ mm skive R _____ mm skive

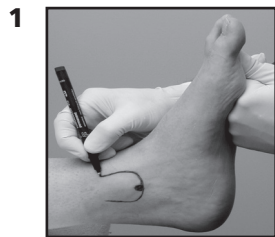
SHELL MODIFICATIONS

-  L R Heel Cup Depth 15 mm 25 mm 35 mm (standard)
 L R 1st Met Cut Out with extrinsic tip (support) post
 L R 1st Ray Cut Out
 L R Fascial Accommodation
 L R Medial Flange
 L R Lateral Flange
 L R Navicular/Cuneiform Sweet Spot w/ medial flange - AS MARKED
 L R Heel Spur Accommodation
 L R Heel Hole with poron plug
 L R Orthotic Width wide narrow

ADDITIONS

-  L R Heel Lift EVA loose _____ mm
 L R Heel Pad 1.5mm 3.0mm
 L R Horseshoe Spur
 L R Metatarsal Pad
 L R Metatarsal Bar
 L R Metatarsal Raise
 L R Morton's Extension
 L R Reverse Morton's Extension cushion cork poron EVA
 L R Functional Hallux Limitus Accommodation
 Lesion Accommodation L 1 2 3 4 5 R 1 2 3 4 5
 L R Arch Suspender – Medial

CASTING - PLASTER GAUZE



1 Outline **medial and lateral** malleoli with transferable marker. Place dot at central apex of each malleolus.



4 Establish casting position and **eliminate supinatus**. Ensure ankle joint is **dorsiflexed to resistance**.



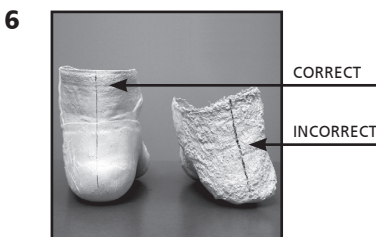
2 Apply dampened strip of plaster above level of malleoli. Leave anterior aspect of ankle exposed to facilitate removal of cast.



5 Upon cast removal **do not** splay ankle section.



3 Apply 1 or 2 strips of plaster to foot as with traditional orthotic casting.



6 For optimal results, casts should rest near calcaneus vertical.

PLEASE SEE REVERSE FOR COMMON PATHOLOGY SPECIFIC RXs.

4 SPECIAL INSTRUCTIONS



