

FreeWalk™ Stance Control KAFO



iFab Order Form

Account Information		Ship To Information	
Date	<input type="text"/>	Name	<input type="text"/>
Account Number	<input type="text"/>	Address	<input type="text"/>
Bill to	<input type="text"/>	City/State/Zip	<input type="text"/>
Phone Number	<input type="text"/>	Phone Number	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
Buyer	<input type="text"/>	Desired Delivery Date	<input type="text"/>
PO Number	<input type="text"/>	FreeWalk does not include a footplate. Please mail a negative impression of the patient's limb to the address below. You may include the order form with the shipment, or submit via email below.	

Shipping Options: UPS Next Day UPS Ground UPS 2-Day Other

Once this form is complete, please send to Ottobock via fax or email.

Order Quote Only [Click to Email Form](#) **For clinical questions, call 800 328 4058.**

Patient Information:

Patient Name Patient Weight lbs. Male Female
 Patient Shoe Size Left Side Right Side
 Activity Level: Low (household ambulator) Moderate (community ambulator) High (unrestricted ambulator)

Clinical & Counter Indications

Complete the information below to help determine if the FreeWalk is appropriate for your patient.

Muscle Strength of	Suitable			Not Suitable				
	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hip extensors	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	Has minimum mobility of ankle joint 10°	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hip flexors	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	Spasticity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Soleus	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	Hyperextension of the knee joint	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inverters	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	Severe instability of the ankle joint	<input type="checkbox"/> Yes <input type="checkbox"/> No
Everters	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0		

Knee-flexion contracture (Passive ROM) Yes No (A passive knee-flexion contracture below 10° is acceptable.)
 Unstable valgus position of the knee when fully extended Yes No (A reduced valgus angle below 10° is acceptable.)
 Unstable varus position of the knee when fully extended Yes No

Summary of clinical picture
 Remarks

FreeWalk™ Options

Footplate
 Laminated
 Thermoplastic
 Prepreg
 Attach footplate to base? (additional charges will apply)
 Yes No

Knee angle

In case of hyperextension of the knee joint, please indicate the angle °
 In case of knee flexion contracture, please indicate the angle °
 For patients that present genurecurvatum, would you like the 2 distal bands reversed?
 Yes No

FreeWalk recommended practices for best outcomes

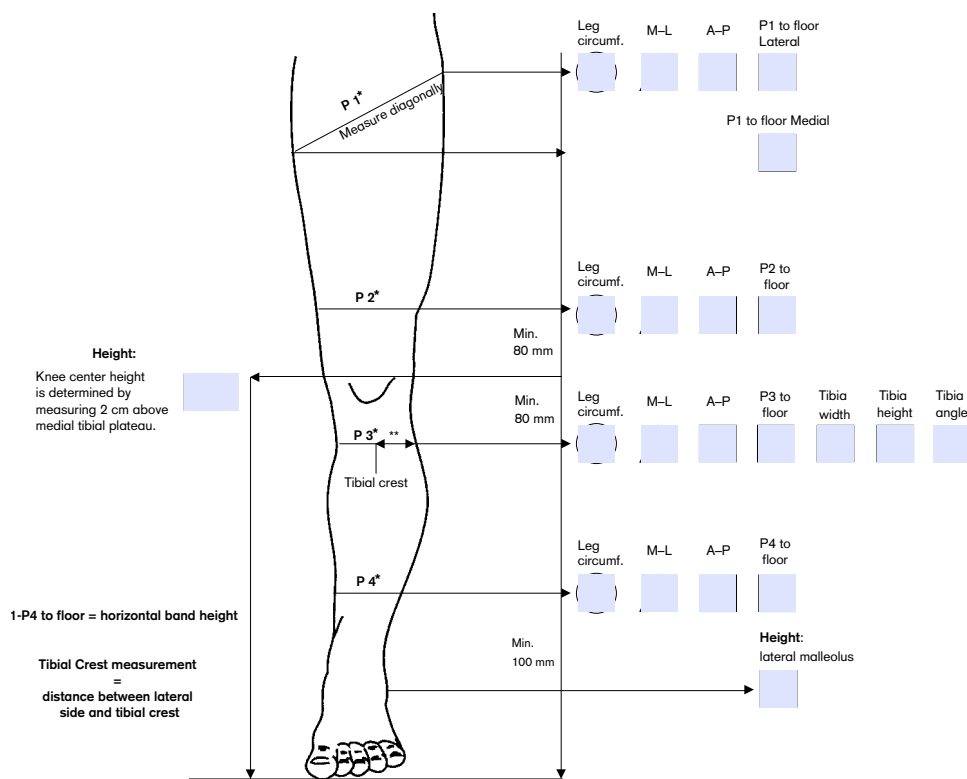
For Tracing

- Position patient on tracing paper with care to pad under seat and popliteal space as needed to prevent splaying of flesh during tracing.
- Use delineation tool to ensure a good capture of the shape of the limb.
- Take care to keep toe pointing up in the same position while doing tracing. A leg that is allowed to rotate during tracing will alter the finished tracing and product.
- Fill out all measurements on measurement form.
- When taking measurements do not compress flesh.

For Casting

- Take a negative impression of the patient's limb in the desired corrected position.
- Take care to wrap bandage so you don't have "roping".
- Take care not to position the patient so that the flesh on the thigh and calf splay during capture.
- If further corrections are needed, make those corrections to the negative cast before shipping to us.
- With a cast, you don't have to fill in measurements for entries asking for "Tibia width" and "Tibia height" and "Tibia angle".

Measurements



Short Instructions for Taking Measurements

1. Contour drawing frontal view.
2. Mark patella, knee center, medial and lateral malleolus.
3. Mark P1 40 mm below the perineum. Use a measuring tape to measure thigh circumference, then use a caliper to measure height and width of the femur at that point. Measure the distance between P1 and sole plate.
4. Mark P2 60 mm above the upper edge of the patella. Take the same measurements that were taken for P1.
5. Mark P3 approx. 60 mm below the patella edge. If the fibular head can be palpated here, position the pad retainer more distally. Take the same measurements that were taken for P1 and P2. Measure tibia width (middle of tibia to lateral side) and tibia angle. The pivot point of the goniometer should be aligned vertically with the tibial crest. The marks on the goniometer should touch the leg on the medial and lateral sides. Select the desired pad retainer.
6. Mark P4 80 mm above the malleolus. Take the same measurements that were taken for P1, P2 and P3.
7. Contour drawing sagittal view.
8. Determine the height of the tibial crest (see drawing).

