

## E-MAG Active Stance Control KAFO

### Patient Data and Order Form

Company \_\_\_\_\_

Practitioner \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Patient Name \_\_\_\_\_

Requested Due Date \_\_\_\_\_

PO Number \_\_\_\_\_

For clinical questions call 800.328.4058.

NOTE: Training required

#### Shipping Options:

- Next Day       Ground  
 2-Day       Other \_\_\_\_\_

	Weight	Joint Range of Motion			Muscle Strength*			Joint Deviations**	
		Hip	Knee	Ankle	Hip	Knee	Ankle	Knee Valgum/Varum	Ankle Valgus/Varus
<b>E-MAG Active</b>	Up to 220 lbs/ 100 kg	Accommodates full R.O.M	Up to 15° knee flexion contracture with dorsal stop at ankle	Accommodates full R.O.M.  No minimum patient requirements	Flex 3-5	Flex 0-5	Flex 0-5	Accommodates up to 15° valgum/varum. Patient must generate extension moment in terminal stance.	No minimum patient requirements
					Ext 3-5	Ext 0-5	Ext 0-5		

Ottobock recommends a corrected negative wrap/cast for best results.

#### Knee Joint Flexion

(Patient must be cast in 5° knee flexion)

- 5       7.5°       10°

#### Specify

- Left       Right       Centimeters

#### Fitting Stage

- Test Orthosis  
 KAFO Laminated with Double Action Ankle Joint<sup>†</sup>  
 KAFO Laminated with Solid Ankle<sup>†</sup>  
 KAFO Laminated with Carbon Ankle Seven<sup>†</sup>  
 KAFO Prepreg with Double Action Ankle Joint<sup>†</sup>  
 KAFO Prepreg with Solid Ankle<sup>†</sup>

<sup>†</sup>Check orthosis required at additional cost

#### Fabrication Specifications – Correction to Cast

- |   |   |
|---|---|
| <input type="checkbox"/> Ankle                    | <input type="checkbox"/> Knee   |
| <input type="checkbox"/> Leave as Casted          | <input type="checkbox"/> Leave as Casted                                  |
| <input type="checkbox"/> To 90°                   | <input type="checkbox"/> To _____° Flexion<br>(may not exceed 15 degrees) |
| <input type="checkbox"/> To _____° Plantarflexion | <input type="checkbox"/> Correct to neutral                               |
| <input type="checkbox"/> To _____° Dorsiflexion   | <input type="checkbox"/> Valgus/varus to neutral                          |
| <input type="checkbox"/> Valgus/varus to neutral  | <input type="checkbox"/> Valgus/varus fixed                               |

#### Liner

- Bocklite       SpaceTex       Microcell Puff

#### Liner Thickness

- 3mm       4mm       5mm       6mm       Other

#### Finish

- Unfinished matte carbon design  
 Finished satin carbon design  
 High gloss clear-coat carbon finish  
 (additional time and charges may apply)  
 Fabric design; specify: \_\_\_\_\_

\* Based on Kendall and Kendall scale presented in "Muscle Testing and Function," Williams and Wilkins Co., ©1971. Five point grading system: 5 = Motion against gravity, with full resistance; 4 = Motion against gravity, with some resistance; 3 = Motion against gravity, with no resistance; 2 = Motion, with gravity omitted; 1 = Some muscle contractility with no joint motion; 0 = No muscle contractility.

\*\* Indicates whether the device accommodates the degree of corrected joint deviation, from anatomical neutral position.

