

FreeWalk™

Stance Control KAFO

Order Form

Company _____ Account # _____

Practitioner _____

Mailing Address _____

Phone _____ Fax _____

Email Address _____

Patient Name _____ PO Number _____

Requested Due Date _____ Date of Submission _____

Patient Data Male Female Left Right Weight _____ Shoe Size _____

For clinical questions call 800.328.4058.
Note: FreeWalk does not include a foot plate.

Shipping Options:

- UPS Next Day UPS Ground
 UPS 2-Day Other _____

Clinical & Counter Indications

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

- Muscle strength of hip extensors (scale 0-5)
- Muscle strength of hip flexors (scale 0-5)
- Muscle strength of soleus (scale 0-5)
- Muscle strength of inverters (scale 0-5)
- Muscle strength of everters (scale 0-5)

<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3
<input type="checkbox"/> 5	<input type="checkbox"/> 4	
<input type="checkbox"/> 5	<input type="checkbox"/> 4	
<input type="checkbox"/> 5	<input type="checkbox"/> 4	

Suitable

<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	
<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	
<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Not Suitable

- Unilateral paresis or paralysis yes no
- Flaccid paresis or paralysis yes no
- Hyperextension of the knee joint yes no
- Severe instability of the ankle joint yes no

- Has minimum mobility of ankle joint 10° yes no
- Functional control over knee muscles yes no
- Spasticity yes no

- 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 redressed valgus angle below 10° is acceptable.)
- Unstable varus position of the knee when fully extended yes no

Summary of clinical picture _____

Remarks _____

FreeWalk Options

Knee angle

- Footplate: Laminated In case of hyperextension of the knee joint, please indicate the angle _____°
- Footplate: Thermoplastic In case of knee flexion contracture, please indicate the angle _____°
- Footplate: Prepreg For patients that present genurecurvatum, would you like the 2 distal bands reversed? yes no
- Attach foot plate to base? (additional charges will apply) 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

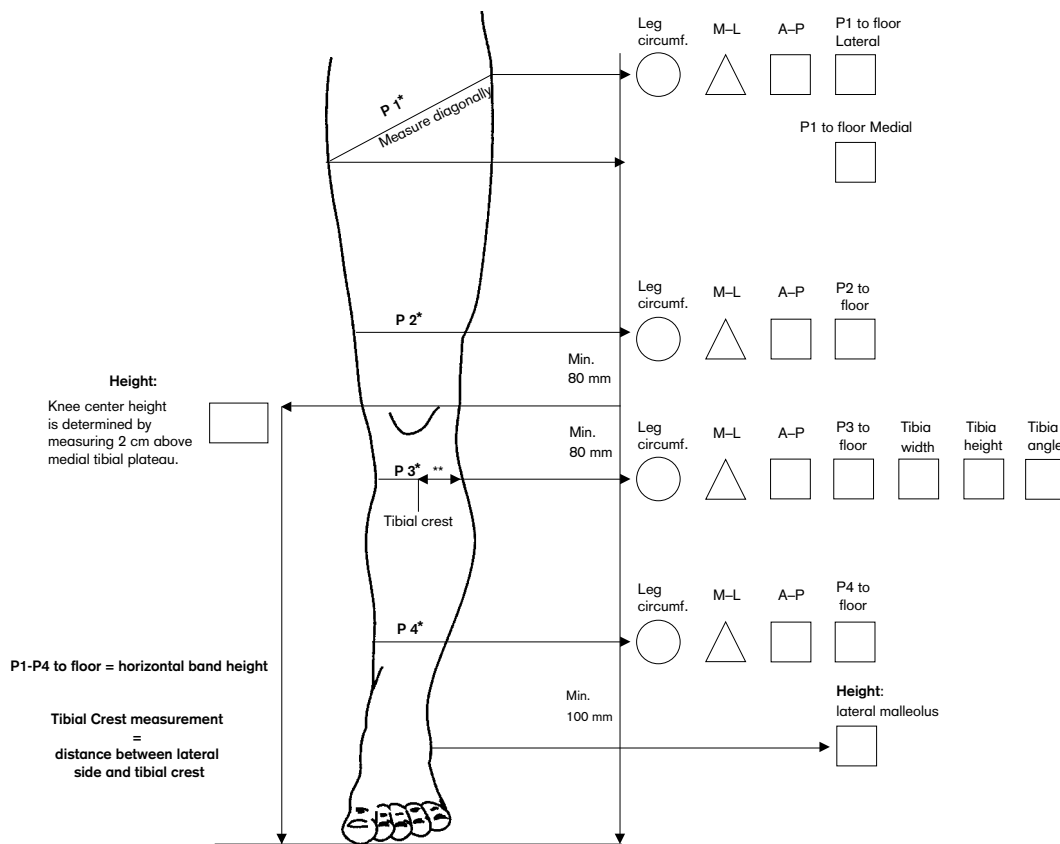
- Take a negative impression of the patient's limb in the desired corrected position.
- Take care to wrap bandage so you don't have "roping"
- Take care not to position the patient so that the flesh on the thigh and calf splay during capture.
- If further corrections are needed, make those corrections 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".

Please complete both sides of this form completely. Attach patient label to tracing or cast and forward all to:

Ottobock Fabrication Services

3820 West Great Lakes Dr.
Salt Lake City, UT 84120

If you have any questions, please call 1-800-795-8846.



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. Continue as with 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. Continue as with 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 same measurements as P1 and P2.
7. Contour drawing sagittal view.
8. Determine the height of the tibial crest (see drawing).

