

# Custom Carbon AFO

## iFab Order Form



Account Information	Ship To Information
Date	Name
Account Number	Address
Bill to	City/State/Zip
Phone Number	Phone Number
Email	Email
Buyer	Desired Delivery Date
PO Number	

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, you may submit via email, or print and include in the shipment with the patient's negative impression.

- Order**     **Quote Only**    [Click to Email Form](#)

**For clinical questions, call 800 328 4058.**

### Notes:



### Patient Information:

Patient Name  Patient Weight  lbs. Pathology

Activity Level:  Low (household ambulator)  Moderate (community ambulator)  High (unrestricted ambulator)

### LEFT

#### Range of Motion (passive)

Dorsiflexion:  +0  5  7  10  15  20

Plantarflexion:  -0  5  7  10  15  20

#### Manual Muscle Testing

Plantarflexors:  5  4  3  2  1  0

Dorsiflexors:  5  4  3  2  1  0

Quads:  5  4  3  2  1  0

#### Manual Muscle Testing

ABducted (out):  0  5  10  12  12  15  20

ADducted (in):  0  5  10  12  12  15  20

### RIGHT

#### Range of Motion (passive)

Dorsiflexion:  +0  5  7  10  15  20

Plantarflexion:  -0  5  7  10  15  20

#### Manual Muscle Testing

Plantarflexors:  5  4  3  2  1  0

Dorsiflexors:  5  4  3  2  1  0

Quads:  5  4  3  2  1  0

#### Manual Muscle Testing

ABducted (out):  0  5  10  12  12  15  20

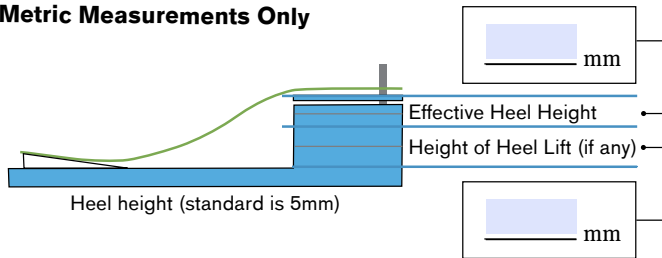
ADducted (in):  0  5  10  12  12  15  20

### Casting Instructions

When casting for a dynamic AFO, accurate shoe heel height representation in the cast is critical and we recommend using a foot casting aid (part # 743A9) or equivalent. The line of progression is critical for placement of toe break in the fabrication and carbon layup of the foot section with the CCAFO. This line of progression is established in the impression with the patella and popliteal landmark, and should be noted if it is more than 7°. Please ensure the height of the impression is at or proximal to the patella to accurately model both landmarks. Make sure to end your wrap distal to the phalanges utilizing another roll of casting material, if necessary. The patient's thigh, knee, tibia, and foot must all be maintained in line of progression during casting. Your cast height has to be at least 1cm higher than your finished orthosis height. We will not extend casts higher or fill in missing phalanges.

Please make sure your cast removal strip is placed lateral to the proximal half of the tibial crest, and your model provides accurate representation of the patient's proximal tibial crest.

### Metric Measurements Only

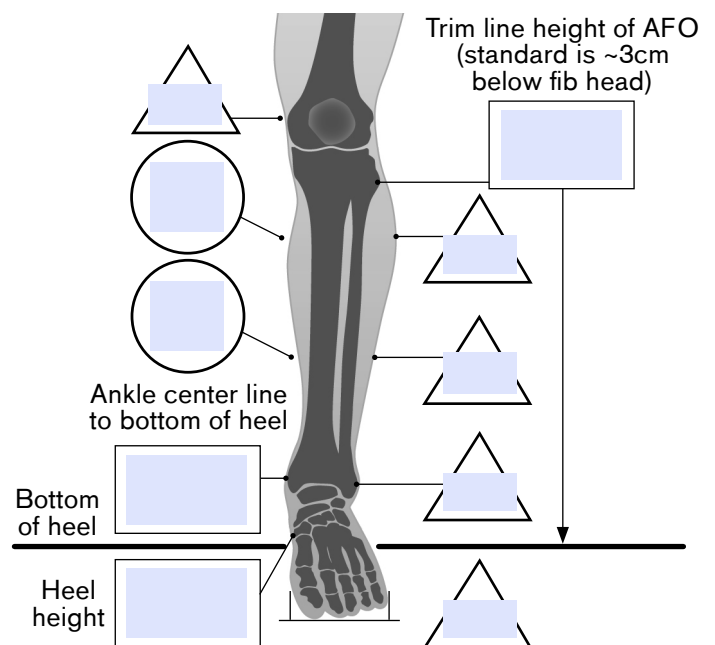


### Correction to Cast

Frontal:  Leave as casted  
 Forefoot to neutral (standard)  
 Hindfoot to neutral (standard)

Sagittal with Heel Height:  
 Leave as casted  
 to 90° (standard)  
 to ° plantarflexion  
 to ° dorsiflexion

### Metric Measurements Only



**Standard AFO Configuration**

Includes:

- Pre-preg exterior frame
- Satin carbon finish
- 2mm MPE SMO removable inner book
- 2mm MPE split front opening
- Dacron calf strap with chafe
- Hook-and-loop lay over ankle strap
- No padding included

**Add-On Options** (additional charges apply)**Padding**

- Malleolus pad
- Arch pad
- Calf liner
- Anterior shell

**Material**

- Microcel Puff       2mm
- Bocklite               3mm
- Other

Please check one:

- Varus correction
- Valgus correction

**Anterior Shell** (standard length extends just proximal to malleoli)

- Removable clamshell
  - MPE
  - Carbon

**Ankle Strap**

- Dacron strap and chafe

**AFO Finish**

- Black finish
- Custom sleeve (Fred's Legs)
- Specify

**Special Instructions / Comments:**