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CONTACT & PATIENT INFORMATION

Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Ph: _____ Fax: _____ Email: _____

Patient Name: _____ Male Female
Age: _____ Height: _____ Weight: _____ Shoe Size: _____
Shoe Type: _____ Shoes Enclosed: Yes No

Cast enclosed for Left Right B/L Brace
MUST MARK MEDIAL AND LATERAL MALLEOLI ON NEGATIVE CAST!

Also sending cast for standard orthotic – Please enclose separate RX form

CLINICAL INFORMATION (Required)

DIAGNOSIS:

Stance Evaluation

Calcaneus alignment to leg: _____° inverted or _____° everted
Leg alignment to floor: _____° varum or _____° valgum

RICHIE BRACE® PRESCRIPTION (Required)

RICHIE BRACE® (standard): Full Flexion Ankle Hinge Pivot.

Can include enhancements for Posterior Tibial Tendon Dysfunction (check any or all – See price list for additional charges):

Medial Heel Skive 4mm 6mm Navicular Accommodation (please mark negative cast)

Adjust Limb Uprights for Tibial Varum Yes No (see measurements above)

FOR SEVERE PTTD, RECOMMENDED MEDIAL ARCH SUSPENDER (SEE RESTRICTED ANKLE PIVOT BELOW)

MODIFIED VERSIONS OF STANDARD RICHIE BRACE®:

RICHIE SOCCER BRACE® - Includes shin guard.

LITTLE RICHIE BRACE® - Pediatric application for shoe size 4 and under.

RICHIE BRACE® RESTRICTED ANKLE PIVOT: Limits ankle motion, yet allows smooth contact phase of gait.

Indications: DJD ankle & STJ, tarsal coalition, mild Charcot, lateral ankle instability, peroneal tendinopathy.

ENHANCEMENTS (optional):

MEDIAL ARCH SUSPENDER – Adjustable lifting strap under talo-navicular joint for severe PTTD

LATERAL ARCH SUSPENDER – Adjustable lifting strap under calcaneal-cuboid joint for peroneal tendinopathy and severe lateral ankle instability.

RICHIE BRACE® DYNAMIC ASSIST: Full flexion pivot with spring hinges for dorsiflexion assist.

Patient requirements: 1. Dropfoot 2. Ankle dorsiflexion to at least 90° to leg 3. Stable knee (must have all 3)

RICHIE BRACE® SOLID AFO: Traditional full leg posterior shell w/balanced functional orthotic footplate.

Indications: Dropfoot with unstable knee, dropfoot with spasticity, Charcot Arthropathy.

ALL RICHIE BRACES® HAVE THE FOLLOWING STANDARD FEATURES:

◆ Top Cover – EVA
◆ Color – Black
◆ Heel Cup – 30mm

◆ Cover Length - Mets
◆ Orthotic Foot Plate –
Intrinsic
Balance to
Perpendicular

◆ Limb Upright Supports – Aligned
Perpendicular to Foot Plate
◆ Heel Stabilizer Bar - Included

COLOR OPTION - BLACK (STANDARD) FLESH TONE WHITE

Your prescription is now complete, unless you wish to make any modifications:

RICHIE BRACE® MODIFICATIONS (Optional)

NOTE: NON-STANDARD BRACE MODIFICATIONS MAY HAVE EXTRA CHARGES – SEE PRICING SHEET

Top Cover	Length	Heel Cup	Medial Heel Skive	
<input type="checkbox"/> EVA (Standard)	<input type="checkbox"/> to Mets	<input type="checkbox"/> 10 mm	For severe pronation control	
<input type="checkbox"/> Spenco®	<input type="checkbox"/> to Sulcus	<input type="checkbox"/> 14 mm		
<input type="checkbox"/> Implus®	<input type="checkbox"/> to Toes	<input type="checkbox"/> 18 mm		
<input type="checkbox"/> Diabetic (Plastazote/Poron®)	<input type="checkbox"/> add poron cushion to extension	<input type="checkbox"/> 30 mm		<input type="checkbox"/> 2mm
		(standard)		<input type="checkbox"/> 4mm
			<input type="checkbox"/> 6mm	

CAST AND ORTHOTIC MODIFICATIONS (Optional)

Heel Lift _____ (inch)
 Add Medial Arch Flange
 Add Lateral Clip

Orthotic Plate Accommodation (please mark on cast)
 Navicular Medial
Fascia Band
 Styloid 5th Met Other:

Extrinsic Long Forefoot Posting _____° Varus _____° Valgus

Note:

Not recommended as this will tilt entire brace to exact degree of posting.

SPECIAL INSTRUCTIONS:

Accommodation

location(s): (mark on illustration and on cast)



Plantar View

Check here – if you would like a courtesy STS casting sock returned with this order