



Prescription Order Form

Account Name: _____ Account Number: _____
Clinic Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Patient Name: _____ Age: _____ Ht: _____ Wt: _____
Shoe Type/Size: _____ Shoes Enclosed: Yes: [] No: [] Male: [] Female: []

DIAGNOSIS, TREATMENT GOALS, AND SPECIAL INSTRUCTIONS

Describe patient condition:

- [] Left
[] Right
[] Bilateral

Treatment Goals: (see reverse side for product recommendations)
[] Limit motion of a joint [] Restore motion of a joint
[] Decrease load on soft tissues [] Restore alignment
[] Off-load the plantar surface from ground reaction and shear forces

Special Instructions:

RICHIE BRACE® Prescription Medial and lateral malleoli markings required on cast

Richie Brace® Prescription

Color Options

- [] Black (standard)
[] White
[] Beige

- [] Richie Brace® Standard: -full flexion ankle pivot
[] Richie Brace® Restricted Ankle Pivot: -limits ankle motion, yet allows smooth contact phase of gait
• Indications: DJD ankle & STJ, dropfoot, tarsal coalition, mild Charcot, lateral ankle instability, peroneal tendinopathy.
[] 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)

Color Options

- [] Beige Only

- [] Richie Brace® Solid AFO: -Traditional full leg posterior shell w/ balanced functional orthotic footplate
• Indications: Dropfoot with unstable knee, dropfoot with spasticity, Charcot Arthropathy
STS BERMUDA CASTING SOCK REQUIRED

Color Options

- [] Tan
[] Chocolate

- [] Richie California [] 7" [] 9" (standard)
[] Richie Gauntlet [] 7" (standard) [] 9"
• BOTH GAUNTLET AND CALIFORNIA REQUIRE THE STS MID LEG SOCK / The sock must come up higher than the requested brace height / Has a medial arch suspender unless specified otherwise

RICHIE BRACE® MODIFICATIONS - Note: Non-standard brace modifications may have extra charges - see pricing sheet

- [] Medial Arch Suspender* -Adjustable lifting strap under talo-navicular joint for severe PTTD with cut out in shell
[] Lateral Arch Suspender* -Adjustable lifting strap under calcaneal-cuboid joint for peroneal tendinopathy and severe lateral ankle instability
*Restricted Ankle Pivot Required

Top Cover

- [] EVA (standard)
[] Diabetic (Plastizote/Poron)

Length

- [] to Mets (standard)
[] to Sulcus
[] to Toes
[] 1/8" poron cushion on extension

Heel Cup

- [] 10mm
[] 14mm
[] 18mm
[] 35mm (standard)

Medial Heel Skive

- For severe pronation control
[] 2mm
[] 4mm
[] 6mm

Footplate Accommodation (please mark on cast)

- [] Navicular [] Fascia Band
[] Styloid 5th Met [] Other

Footplate Modification

- [] Medial Arch Flange
[] Lateral Flange

Foot Plate Thickness

- [] 3.0mm (standard < 200 lbs)
[] 4.0mm (standard > 200 lbs)
[] 5.0mm

Extrinsic Posting - Rearfoot

- [] Heel Stabilizer Bar (standard)
[] Rearfoot Post _____°Varus
_____°Valgus
[] Heel Lift (Requires rearfoot post)
_____ (inches)

Other Modifications

- [] Crepe Plantar Arch Fill
[] Sulcus Wedge _____°Varus _____°Valgus

Limb Uprights

- [] Align perpendicular to foot plate (standard)
[] Align 10° inverted to foot plate (<10° tibial varum)



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Accommodation location(s): (mark on illustration and on cast or scanned foot)



[] Check here for a courtesy (Medium) STS casting sock returned with this order

Form 090119



Your Bracing Partners...Every Step of the Way.

Maximize AFO Treatment
Bracing the foot and ankle can have **one or more treatment goals**. Utilize the recommendations below to help determine your **Richie Brace® AFO** treatment plan for each unique patient.

TREATMENT GOAL: Limit motion of a joint

1. Chronic ankle instability - choose the **Restricted Hinge** or **Richie Brace® Standard**
2. Degenerative arthritis of ankle or subtalar joint - choose the **Restricted Hinge**, **Richie® Gauntlet** or **California AFO** (*choose a gauntlet only to stabilize a significant arthritic condition*)

TREATMENT GOAL: Restore motion of a joint (i.e. dropfoot conditions)

1. Post-CVA (stroke) - choose the **Dynamic Assist**
2. Charcot Marie Tooth - choose the **Restricted Hinge**, **Dynamic Assist** or **Solid AFO**
3. Multiple sclerosis - choose **Restricted Hinge**
4. Common peroneal nerve palsy - choose the **Dynamic Assist** or **Restricted Hinge**
5. Brain injury - choose the **Restricted Hinge** or **Solid AFO**
6. Peripheral neuropathy - choose the **Richie Brace® Standard** or **Dynamic Assist**

TREATMENT GOAL: Decrease load on soft tissues

1. Posterior tibial tendon - choose the **Richie Brace® Standard** or **Restricted Hinge** with or without an **Arch Suspender**, or **Richie® Gauntlet** (*choose a gauntlet only for end-stages of this condition*)
2. Peroneal tendon - choose the **Restricted Hinge**
3. Anterior tibial tendon - choose the **Dynamic Assist**
4. Lateral ankle ligaments - choose the **Richie Brace® Standard** or **Restricted Hinge**

TREATMENT GOAL: Restore alignment

1. Varus/valgus deformity of rearfoot or ankle - choose the **Richie Brace® Standard**, **Richie® Gauntlet** or **California AFO** (*choose a gauntlet only for significant immobilization of the ankle joint*)
2. Abduction/adduction of foot - choose the **Restricted Hinge**, **Richie® Gauntlet**, or **California AFO**
3. Flaccid dropfoot - choose the **Dynamic Assist** or **Restricted Hinge**

TREATMENT GOAL: Offload the plantar surface of foot from ground reaction and shear forces

1. Charcot arthropathy - choose the **Richie® Gauntlet**, **California AFO**, or **Restricted Hinge** with an **Arch Suspender**
2. Neuropathic ulceration - choose the **Richie® Gauntlet**, **California AFO** or **Solid AFO**
3. Charcot Marie Tooth - choose the **Restricted Hinge**, **Dynamic Assist** or **Solid AFO**

CAUTION: A gauntlet creates severe restriction of normal foot function and violates certain principles of rehabilitation and mobility,