bracemasters
911 Empire Drive
Mukwonago, WI 53149
P 888.790.6880 F 888.790.6881

DRAFO

HP, MP, LP, TAM, SA, DSA, SM

Patient Name:______________________

DX:______________________

Age:__________ Height:__________ Weight:__________

☐ Left ☐ Right ☐ Bilateral → ☐ Symmetrical Pathology ☐ Asymmetrical Pathology

Heel Height of Shoe:__________

Company:______________________

Location:______________________

Contact:__________ Phone:__________

PO#:__________ Date Needed:__________

☐ Non-Ambulatory ☐ Transfers ☐ Therapeutic ☐ Household ☐ Community ☐ High: Running / Jumping

REQUIRED FIELDS

DF / PF ALIGNMENT: (Required)

Left: ☐90 ☐-3 ☐-5 ☐-7 ☐-10 ☐ Other

Right: ☐90 ☐-3 ☐-5 ☐-7 ☐-10 ☐ Other

POSITION TO CONTROL: (Required)

L R ☐ ☐ SUPINATION

L R ☐ ☐ PRONATION

HINDFOOT ALIGNMENT: Frontal Plane (Required)

	Inversion (Varus)		Eversion (Valgus)
LEFT	Amount	☐ Neutral	Amount
RIGHT	Amount	☐ Neutral	Amount

FOREFOOT ALIGNMENT: Frontal Plane (Required)

	Inversion (Varus)		Eversion (Valgus)
LEFT	Amount	☐ Neutral	Amount
RIGHT	Amount	☐ Neutral	Amount

Please:
Limit next selections to only one section.
Select either A, *or* B, *or* C

A ☐ INSUFFICIENT SHANK,

(selections reqd. in box 1)

1

L R **Shank Control:**

- ☐ ☐ Shank controllable in Terminal Stance, (MP)
- ☐ ☐ Requires Shank Control in Terminal Stance (HP)
- ☐ ☐ ROM Adjustability Required, (Static Adjustable HP)

L R **Inner Boot Style Option: (Full Height PLS Std.)**

- ☐ ☐ SMO Inner Boot, (Not available on Static Adjustable)

B ☐ EXCESSIVE SHANK (Crouch)

Full Height PLS Inner Boot Standard

L R **Shank Control:**

- ☐ ☐ Shank controllable in Terminal Stance, (HP)
- ☐ ☐ Requires Shank Control in Terminal Stance (Transformer)
- ☐ ☐ ROM Adjustability Required, (Static Adjustable)

C ☐ FREE DORSIFLEXION

L R

- ☐ ☐ Low Profile, For pronation control only
- ☐ ☐ High Profile Tamarack
- ☐ ☐ Mid Profile Tamarack
- ☐ ☐ Stop Type:__________
- ☐ ☐ Sport Max, Mid-Profile Tam, Free motion only

SPACER *OR* PAD OPTIONS, (Use for selections in A, B, or C)

	L	R			L	R	
Spacer	☐	☐	Medial Ankle	Spacer	☐	☐	Navicular Only
Pad	☐	☐		Pad	☐	☐	
Spacer	☐	☐	Lateral Ankle	Spacer	☐	☐	Base of 5th
Pad	☐	☐		Pad	☐	☐	
Spacer	☐	☐	Medial Ankle & Navicular		☐	☐	Base of 5th to end of toe, Leave-in spacer
Pad	☐	☐					

SPECIAL FEATURES, (Use for selections in A, B, or C)

L R ☐ ☐ Max Control Strap

Transfer Paper: __________

Finished Ht. (reqd.)

Foot Length (reqd.)

Special Instructions: (Use back if Necessary)

____

____

V111612

Date:

Job Number: