SpryStep® Ligament Knee
U33501

Contact Information

☐ Clinician ☐ Fitter/Assistant/Tech ☐ Other: _____

Name: _____

Email: _____ Phone: _____

Billing & Shipping

PO#: _____

Billing Account#: _____

Shipping Account#: _____

Ordering Clinician

☐ CPO ☐ CO ☐ CP ☐ Other: _____

Name: _____

Email: _____ Phone: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Shipping Preference

☐ Ground ☐ Next Day AM ☐ Next Day PM ☐ 2-Day AM ☐ 2-Day PM

(If no preference is indicated, this order will be shipped 2 Day PM) Note: We do not ship products directly to patients.

Patient Information

Fit Date: _____ **Patient ID:** _____

Age _____ ☐ **Male** ☐ **Female**

Weight _____ ☐ *Lbs.* ☐ *Kg.* **Height** _____ ☐ *in.* ☐ *cm.*

Leg: ☐ Left ☐ Right

Diagnosis: *(ex: Ligament laxity, ROM limitations, etc.)*

_____

_____

Measurement Data

These measurements are required to check the accuracy of the patient model submitted, a patient model must be provided for fabrication (scan).

_____ **Proximal circumference**
7 in / 175mm above mid-patella

_____ **Medial-Lateral Knee Width (not circumference) at knee center**

_____ Distal circumference
7 in / 175mm below mid-patella

Brace Configuration

NB by default: riveted anchor tabs + d-rings + 1/4" padding + condylar pads + 2 additional thicker condylar pads + synergistic suspension strap

Hinge *(Extension stop kit inclued with hinges)*

☐ TM5 Aluminum ☐ TM5 Stainless

Optional Hinge Accessories

☐ Flexion stop kit* ☐ Extension assist bands/posts*

Tibia Straps

☐ No straps ☐ 1 strap ☐ 2 straps

Brace Rigidity/ Stiffness

For larger and heavier framed patients- increased rigidity / stiffness is recommended

☐ Level 1 *(default)* ☐ Level 2 *(medium)* ☐ Level 3 *(high)*
recommended for Impact Sports

Femoral shell length

☐ 7 in *175mm (default)* ☐ -1 in *150mm* ☐ +1 in *200mm*

Femoral shell configuration

☐ Anterior ☐ Posterior

Tibial shell length

☐ 7 in *175mm (default)* ☐ -1 in *150mm* ☐ +1 in *200mm*

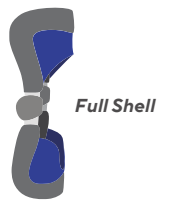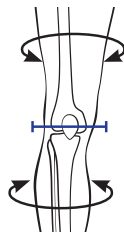**Custom length requests require pre-fabrication consultation, additional charges will be applied.*

Tibial shell configuration

☐ Anterior ☐ Posterior

Options

Please select only one of the following selections

☐ Full Shell*
☐ C/S Package (not available with FullShell)
☐ Combined Instability Strap(PCL)
not available with Full Shell

Full Shell

Accessories

☐ Spooner Patella Stabilizing Attachment*
☐ Brace cover (pull-on style)*
☐ Cotton Undersleeve 18 in *(46cm)**
☐ Neoprene Undersleeve 18 in *(46cm)**
☐ CS wrap*
☐ X-treme Guard*
☐ Anti-migration silicon infused strap pads*

Comments: _____

_____

_____

*Indicates additional charges apply

Received Date *Thuasne USA's shipping department use only*

Distributed by Thuasne USA
4615 Shepard Street, Bakersfield, CA 93313
Tele: 800.432.3466 • Fax: 844.261.5628
ThuasneUSA.com