

### Ordering Clinician


CPO     CO     CP     Other: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Billing & Shipping

PO#: \_\_\_\_\_

Billing Account#: \_\_\_\_\_  
 Shipping Account#: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Your Patient Profile

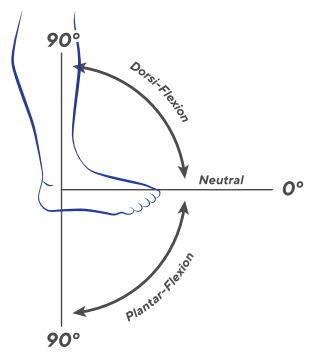
Weight  lbs  kgs \_\_\_\_\_ Height  in  cm \_\_\_\_\_ Age \_\_\_\_\_  
 Shoe size \_\_\_\_\_  
 Effective heel height of shoe  in  cm \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Patient's diagnosis \_\_\_\_\_

### Patient Range of Motion (ROM), Manual Muscle Test (MRC) and Modified Ashworth Scale (MAS)

#### Foot Posture Index (customer will select one)

-2     -1     0     1     2

- Hip ROM: \_\_\_\_\_° extension to \_\_\_\_\_° flexion
- Knee ROM: \_\_\_\_\_° extension to \_\_\_\_\_° flexion
- Ankle ROM, with knee extended  
 Dorsi-Flexion \_\_\_\_\_°  
 Plantar-Flexion \_\_\_\_\_°
- Plantarflexion contracture  
 Yes \_\_\_\_\_°     No
- Knee Flexion contracture  
 Yes \_\_\_\_\_°     No



#### Hip Flexion



MMT \_\_\_\_\_  
MAS \_\_\_\_\_

#### Hip Extension



MMT \_\_\_\_\_  
MAS \_\_\_\_\_

#### Knee Extension




MMT \_\_\_\_\_  
MAS \_\_\_\_\_

#### Knee Flexion



MMT \_\_\_\_\_  
MAS \_\_\_\_\_

#### Ankle Dorsiflexion



MMT \_\_\_\_\_  
MAS \_\_\_\_\_

#### Ankle Plantarflexion



MMT \_\_\_\_\_  
MAS \_\_\_\_\_

### SpryStep® Brace - Which product is being returned?

- SpryStep® Flex     SpryStep® Max  
 SpryStep®     SpryStep® Pediatric  
 SpryStep® Plus

Brace size \_\_\_\_\_ Brace side \_\_\_\_\_

### Where on the brace is the failure located?

(choose all that apply)

- Strut     Footplate  
 Strut-footplate junction     Calf cuff

### Batch number located on the inside of the calf cuff and/or label of the strap:

### How long was the AFO functioning before the failure occurred

### Apart from standing and walking what other activities did the patient participate in while wearing the AFO? (running, hiking, kneeling)

### Were any modifications made to the AFO to improve its fit or function? (posting or insoles, trimming of the carbon fibre, alternative strapping)

### Did the failure of the brace occur during an isolated incident or did it occur gradually over time with use?

### If the AFO failed during an isolated incident, please describe the incident

### Observational Gait Analysis (choose all that apply)

- Footdrop     Hypertonic Presentation  
 Footslap     Knee hyperextension in stance  
 Ankle inversion/eversion     Knee flexion in stance  
 Internal/external rotation of the knee     Knee instability in stance  
 Hypotonic Presentation     Antalgic gait

### Biomechanical Objectives (choose all that apply)

- Control dorsiflexion weakness     Control plantarflexion weakness  
 Control ankle varus instability     Control ankle valgus instability  
 Resist knee flexion in stance     Resist knee hyperextension in stance

### Use of walking aids?

Yes     No

### Please send pictures and/or video of the failure and any labels on the brace.