BILL TO:

O&P Facility: ______________________

Address: ______________________

City: ______________________

State: __________ ZIP: __________

Practioner: ______________________

E-Mail: ______________________

Ship To (if different): ______________________

Address: ______________________

City: ______________________

State: __________ ZIP: __________

P.O.#

Shipping Method:
- ❒ UPS Ground *(No Charge)*
- ❒ 3 Day Ground
- ❒ Blue
- ❒ Red
- ❒ Red Early

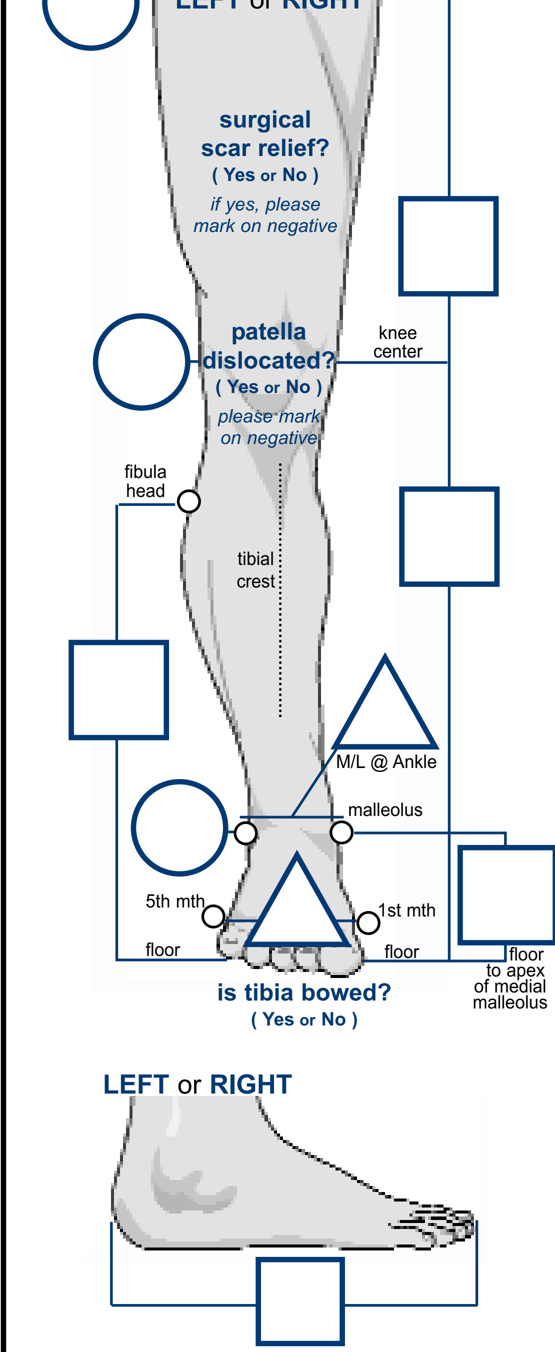
Patient: ______________________

Primary Dx: ______________________

Secondary Dx: ______________________

Ht: ______ Wt: ______ Age: ______ LOM (in degrees): ______

Affected Limb's Skin Integrity (circle one)	POOR	FAIR	GOOD
Affected Limb's Circulation (circle one)	POOR	FAIR	GOOD
Affected Limb's Sensation (circle one)	POOR	FAIR	GOOD



ATTN: BEFORE CASTING, PLEASE REVIEW CONSIDERATIONS
(located on reverse side)

Notes:

(M/L) (M/L)

ANKLE

CONFIGURATION:
- ❒ "T" stirrup
- ❒ lively subtalar pivot
  - ❒ free motion
  - ❒ neutral lockout
  - ❒ progressive l/out

MEDIAL:

TYPE:
- ❒ pediatric
- ❒ adult
- ❒ other __________

STATIC CONTROLS: (check all that apply)
- ❒ limit dorsiflexion
- ❒ limit plantarflexion
- ❒ full lockout

ASSIST NEEDED: (check all that apply)
- ❒ dorsiflexion assist
- ❒ plantarflexion assist

LATERAL:

TYPE:
- ❒ pediatric
- ❒ adult
- ❒ other __________

STATIC CONTROLS: (check all that apply)
- ❒ limit dorsiflexion
- ❒ limit plantarflexion
- ❒ full lockout

ASSIST NEEDED: (check all that apply)
- ❒ dorsiflexion assist
- ❒ plantarflexion assist

please record all measurements in inches

KNEE

MEDIAL:

TYPE:
- ❒ pediatric
- ❒ adult
- ❒ other __________

STATIC CONTROLS: (check all that apply)
- ❒ limit extension
- ❒ limit flexion
- ❒ full lockout

ASSIST NEEDED: (check all that apply)
- ❒ extension assist
- ❒ flexion assist

LATERAL:

TYPE:
- ❒ pediatric
- ❒ adult
- ❒ other __________

STATIC CONTROLS: (check all that apply)
- ❒ limit extension
- ❒ limit flexion
- ❒ full lockout

ASSIST NEEDED: (check all that apply)
- ❒ extension assist
- ❒ flexion assist

CLOSURES

THIGH:
- ❒ hinged
- ❒ non-hinged
- ❒ rigid
- ❒ flexible
- ❒ straps/pads

TIBIAL:
- ❒ hinged
- ❒ non-hinged
- ❒ rigid
- ❒ flexible
- ❒ straps/pads

FOOT:
- ❒ hinged
- ❒ non-hinged
- ❒ rigid
- ❒ flexible
- ❒ straps/pads
  - ❒ heel
  - ❒ midfoot
  - ❒ forefoot

FOOTPLATE MODS:
- ❒ anatomical
- ❒ tone reducing
- ❒ SMO insert

FOOTPLATE BOTTOM:
- ❒ non-skid
- ❒ crepe sole

Does the joint need to allow for hyperextension? (Yes or No)

Is there equinovarus deformity? (Yes or No)
If yes, can it be corrected in the negative? (Yes or No)

Is the patient ambulating in brace? (Yes or No)

Migration prevention mods? (Yes or No)
(purchase mods at epicondyles, post. gastroc suspension strap)

PLASTIC: ❒ Blue HDPE (standard) .140 - .187
HDPE: ❒ Yellow.140 ❒ Black.140, .187 ❒ Red.140 ❒ White.140, .187 ❒ Pink.125 ❒ Purple.125

POLYPRO .187: ❒ Black ❒ White

STRAPS: ❒ Black ❒ White

FOAM: ❒ 1/4" (standard) ❒ 1/8" ❒ 3/8"

UltraflexSystemsInc.
237 South Street, Suite 200 • Pottstown, PA 19464 • 800-220-6670 • Fax: 610-906-1420

Custom Fab Order Form LE

Casting Considerations for Ultraflex Custom Molded Orthoses

LOWER EXTREMITY

1) Patient evaluation should generally follow ABC "SOAP" procedures - Subjective, Objective, Assessment, & Plan and specifically follow the Ultraflex Manual-Catalog. Note: evaluations & orthoses designs differ for ortho & neuro patients.

2) Document all anatomic landmarks & measurements noted on Ultraflex Custom Fabrication Order Form.

3) Cast affected limb, maximizing levers inferior & superior to joint, spanning 2/3 to 3/4 of each limb segment. Note areas of open wounds, skin grafts, etc... (that require relief or modification) directly on cast stockinette.

4) Introduce gentle hand pressure to extend or flex the limb (as applicable) in the direction of intended correction. For cases requiring both flexion & extension correction, cast in a comfortable mid-range position.

5) Place casting tube opposite of where intended shells will provide force (to minimize obscuring anatomy at points of body interface). For example, on a flexion assist KO, place tube on posterior aspect for an anterior shell brace design.

Please note the recommended limb postures for certain orthoses types:

AFO - subtalar & rearfoot neutral (plantarflexed as necessary to achieve this)

BKA - mark all boney prominences & healing wound areas

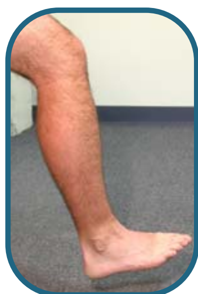
KAFO - for neuro cases with gastroc involvement, flexing knee may help achieve better ankle posture for subtalar & rearfoot neutral with greater dorsi-flexion (assuming design is to extend knee and dorsiflex ankle as would be required for tight hamstrings, gastroc & soleus muscles.)

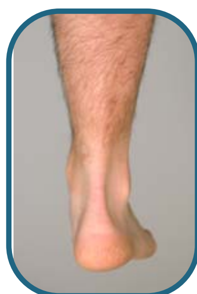
Orthopedic

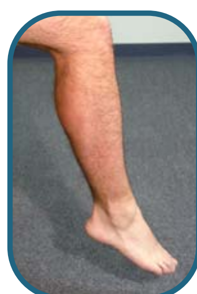
Knee in midrange with ankle plantarflexed with subtalar neutral

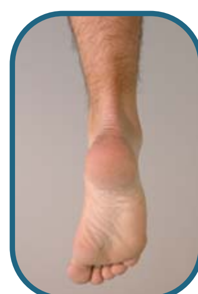
Neurological

Knee in midrange with ankle subtalar neutral to extent feasible









Call Ultraflex Clinical Technical Support at 1-800-220-6670 for any questions.