

# UltraSafeStep™ ADR Order Form

P.O. # \_\_\_\_\_  
 Bill To: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

Practitioner: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Ship To (if different): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Shipping Method

- UPS Ground  
 3 Day Ground  
 Blue  
 Red  
 Red Early

**Need By Date:** \_\_\_\_\_

## Patient Evaluation

Patient: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Age: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_ Presentation:  Recurvatum  Equinus  Crouch

**Cast Requirements to Process Order** (Note - casts and complete paperwork receive expedited scheduling, delivery and guaranteed fit. Fit will not be guaranteed with poor casts and incomplete order form. Repairs will be charged labor at \$75 per hour plus materials.)

- 1.) Apply form fitting stockinette to limb segment, adequate to smooth and control soft tissue. Outline medial and lateral proximal brim heights, patella, knee center, fibular head, malleoli, navicular, metatarsals.
- 2.) Use a casting strip on anterior/lateral aspect - do not cover patella or fibular head.
- 3.) Cast in weight or semi-weight bearing position if possible and apply posting so the subtalar joint is properly aligned for standing. If a heel or forefoot post is needed, attach to cast. 5° knee flexion is preferred for KAFO molds.
- 4.) Use 2-3 layers of synthetic material. Mark hash lines to realign cast after removal. Remove cast, tape together along lines, remove stockinette. (If cast is weak, apply over-wrap with an extra layer for sufficient strength to fill cast with plaster.)
- 5.) Put patient name on cast.

### Weight bearing ankle position is:

Neutral  Inverted \_\_\_\_\_ degrees  Everted \_\_\_\_\_ degrees

**Ankle movement is**  Flexible  Rigid

### Dorsiflexion & Plantarflexion range of motion:

Full ROM  Limited ROM  Fused  
 Dorsiflexion \_\_\_\_\_ degrees Plantarflexion \_\_\_\_\_ degrees

**Forefoot position:**  Pronated  Supinated

**When casting, use external posts for inverted/everted correction. Indicate what posting was done during casting.**

Lateral Heel Post \_\_\_\_\_ mm  Medial Heel Post \_\_\_\_\_ mm  
 Lat. Forefoot Post \_\_\_\_\_ mm  Med. Forefoot Post \_\_\_\_\_ mm

**Toe Out** \_\_\_\_\_ degrees **Toe In** \_\_\_\_\_ degrees

(use medial border of foot during standing in relationship to knee axis)

### Heel Height of Shoe (use casting block)

0"  1/4"  3/8"  1/2"  3/4"

Cast Weight Bearing;  Semi WB  Non WB

### ANKLE

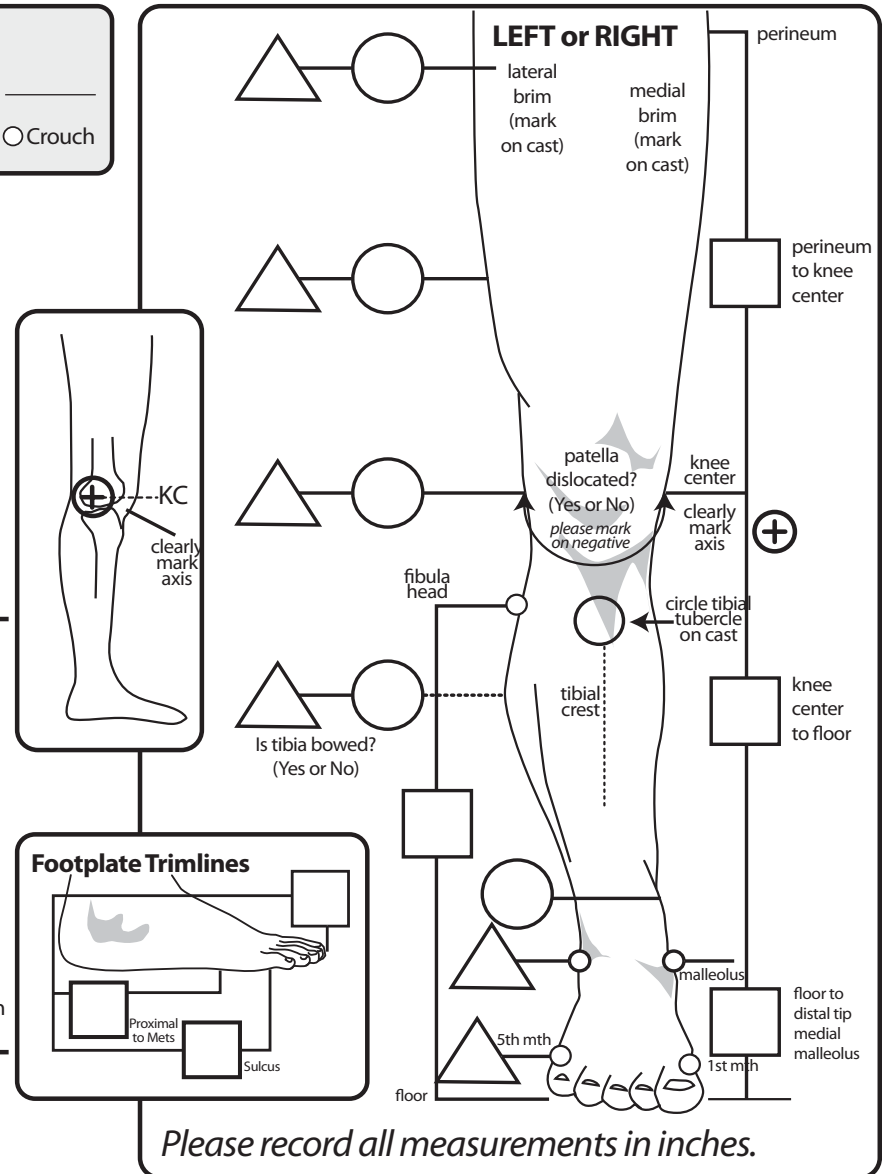
- Cast in corrected position  
 Cast was NOT corrected... Please correct:  
 Forefoot Supination  Hindfoot Inversion  
 Forefoot Pronation  Hindfoot Eversion

### KNEE

- Cast in corrected position  
 Correct varus/valgus condition \_\_\_\_\_ degrees

### Set struts to accommodate knee at:

- Casted position  At (zero) degrees  
 At \_\_\_\_\_ degrees flexion  At \_\_\_\_\_ degrees hyperextension  
 (max - 10° degrees) (max - 10° degrees)



Please record all measurements in inches.



800-220-6670  
 www.ultraflexsystems.com  
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