

# AFO BRACE PRESCRIPTION FORM

**Orthotic Solutions**  
 "Building Foundations for Healthy Feet"  
 1-866-305-3668

2457 S. Loop 4 Bld 1A  
 Buda, TX 78610

## DOCTOR & PATIENT INFORMATION

Account Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Cast enclosed for  Left  Right  B/L

## CLINICAL INFORMATION

**DIAGNOSIS:** \_\_\_\_\_

**Stance Evaluation**  
 Calcaneus alignment to leg: \_\_\_\_\_ ° inverted or \_\_\_\_\_ ° everted  
 Leg alignment to floor: \_\_\_\_\_ ° varum or \_\_\_\_\_ ° valgum

## RICHIE BRACE® PRESCRIPTION

**RICHIE BRACE® (standard):** *Full Flexion Ankle Hinge Pivot.*  
 Medial Heel Skive  2mm  4mm  6mm      Navicular Accommodation  (please mark negative cast)

**RICHIE BRACE® RESTRICTED ANKLE PIVOT:** *Limits ankle motion. Indications: DJD ankle & STJ, tarsal coalition, mild Charcot, lateral ankle instability, peroneal tendinopathy.*  
**ENHANCEMENTS (optional):**  
 **MEDIAL ARCH SUSPENDER** or  **LATERAL ARCH SUSPENDER**

**RICHIE BRACE® DYNAMIC ASSIST:** *Full flexion pivot with spring hinges for dorsiflexion assist. Patient requirements:*  
 1. Dropfoot 2. Ankle dorsiflexion to at least 90° to leg 3. Stable knee

**RICHIE GAUNTLET BRACE® :** *Medial and Lateral Arch Suspender, Legitimate Varus/Valgus control of hind foot. Frontal lace up with velcro strap on top. Fulfills true definition of Code L2275*  
 7" Tall (standard) - or -  9" Tall  
 Optional:  **MEDIAL ARCH SUSPENDER** - or -  **LATERAL ARCH SUSPENDER**

**RICHIE CALIFORNIA BRACE® :** *Adjustable total restraint closure system. Leather closure over tibia & forefoot.*  
 7" Tall - or -  9" (standard) Tall  
 **MEDIAL ARCH SUSPENDER** - or -  **LATERAL ARCH SUSPENDER**

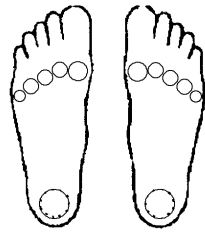
**The OS-M BRACE® :** *The Awesome Brace. Designed to stabilize the foot/ankle.\* Functionally balanced AFO \* Polyester cloth covering*  
 6"  7"  8"  9" Tall

## RICHIE BRACE® MODIFICATIONS

Top Cover	Length	Heel Cup	Medial Heel Skive
<input type="checkbox"/> Swirly (standard)	<input type="checkbox"/> to Mets	<input type="checkbox"/> 10 mm	For severe pronation control
<input type="checkbox"/> Spenco	<input type="checkbox"/> to Sulcus	<input type="checkbox"/> 14 mm	<input type="checkbox"/> 2mm
<input type="checkbox"/> Diabetic (Plastazote/Poron)	<input type="checkbox"/> to Toes	<input type="checkbox"/> 18 mm	<input type="checkbox"/> 4mm
	<input type="checkbox"/> add poron cushion to extension	<input type="checkbox"/> 35 mm (standard)	<input type="checkbox"/> 6mm

## CAST AND ORTHOTIC MODIFICATIONS

<input type="checkbox"/> Heel Lift _____ (inch) <input type="checkbox"/> Add Medial Arch Flange <input type="checkbox"/> Add Lateral Clip	<input type="checkbox"/> <b>Orthotic Plate Accommodation (please mark on cast)</b> <input type="checkbox"/> Navicular <input type="checkbox"/> Medial Fascia Band <input type="checkbox"/> Styloid 5 <sup>th</sup> Met <input type="checkbox"/> Other: _____	<b>Forefoot Posting</b> _____ ° Varus _____ ° Valgus <b>Note:</b> Not recommended as this will tilt entire brace to exact degree of posting.
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<b>SPECIAL INSTRUCTIONS:</b> _____ _____ _____	<b>Accommodation location(s):</b> (mark on illustration and on cast) _____ _____	
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**PLEASE MARK MEDIAL AND LATERAL MALLEOLI ON NEGATIVE CAST!**