SECTION II

Central Fabrication

BECKER ORTHOPEDIC CENTRAL FABRICATION

Otto K. Becker, Sr. began offering central fabrication services to the orthotic profession in 1938. He established rigorous quality control procedures, timely delivery schedules, and opened lines of communication to the orthotist. These principles continue today, and as the market changes, our central fabrication services will continue to grow with the needs of the O & P professional. Central fabrication combines quality with quick delivery to compete in the changing managed care market. Central fabrication fixes your costs, which allows practitioners to see patients, develop referrals and cut overhead. Please refer to the chart at the bottom of this page for our delivery schedules.

CENTRAL FABRICATION SERVICES PROVIDE:

- Highly trained technicians with direct access to the largest orthotic componentry selection available
- Quick turnaround time and open lines of communication
- Guaranteed customer satisfaction

DELIVERY SCHEDULE

HKAFO	5 Days
RGO	5 to 7 Days
KAFO	2 to 5 Days
AFO	1 to 3 Days
Cranial Orthoses	1 to 3 Days
Upper Extremity	1 to 3 Days

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Phone: 800-521-2192
Fax: 800-923-2537

MODEL 227
BILATERAL HKAFO

Model 227 is a bilateral metal and leather hip-knee-ankle-foot orthosis which can provide a variety of functions depending upon the type of hip, knee, and ankle joints chosen. Please pick from the following options:

- Any Becker Hip, Knee, Ankle Joint and Stirrup. Please be sure to specify model and size.
- Black, Brown, Beige, or White Leather
- Hook and Loop, or Buckle Closures
- Thermo-Clad™, High Buff, or Sand Blasted Finish of Uprights

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options.

- Shown with optional knee pads and growth adjustments

Order No.	Description	Leg
227	Bilateral HKAFO	Both
228	Unilateral HKAFO	Left or Right

NOTE: Please send tracing, or negative cast impression, shoes to be attached, and completed orthometry form with all necessary measurements. Other manufacturers components may also be specified, however these options will include additional charges.

KAFO/HKAFO ORTHOMETRY FORM:

Today's Date: _____ Patient: _____

Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

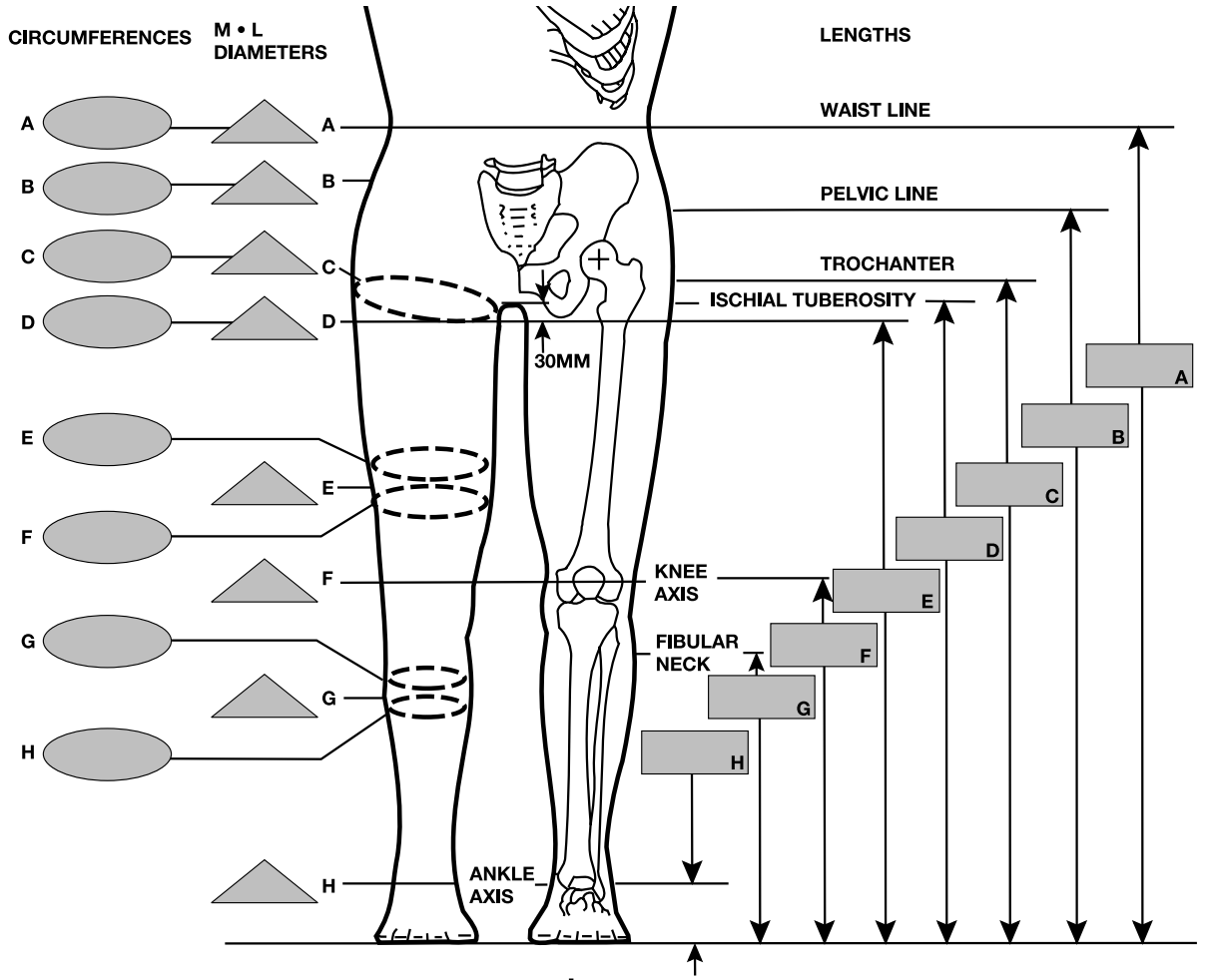
Street: _____ Diagnosis: _____

City: _____ State: ____ Zip:_____ _____

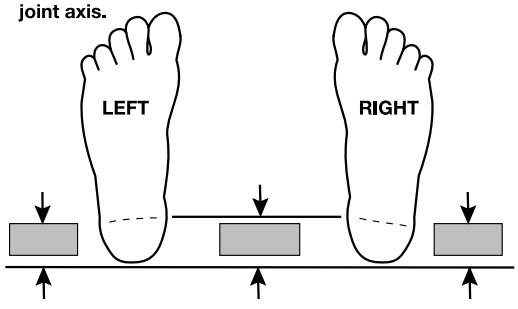
Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____

MEASUREMENTS: ☐ Inches ☐ Centimeters



Please fill in the chart below if you want the orthosis to have external rotation of the ankle joint axis.



Ankle

☐ Varus ☐ Valgus

☐ Flexible ☐ Rigid

Degrees: _____

☐ Toe Out ☐ Toe In

☐ Medial Plane

☐ Lateral Plane

Degrees: _____

Heel Height: _____

Knee

☐ Varum ☐ Valgum

☐ Flexible ☐ Rigid

Degrees: _____

☐ Hyperextended

☐ Knee Flexion Contracture

Degrees: _____

BeckerOrthopedic.com

Phone: 800-521-2192
Fax: 800-923-2537

KAFO/HKAFO ORTHOMETRY FORM CONTINUED:

Today's Date: _____ Patient: _____

Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

Street: _____ Diagnosis: _____

City: _____ State: ____ Zip:_____ _____

Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____

LEG: ☐ Left ☐ Right ☐ Bilateral **MATERIAL:** ☐ Thermoplastic ☐ Metal and Leather **TYPE:** ☐ KAFO ☐ HKAFO

Thermoplastic Options

Plastic *(select one from each column)*

Type	Thickness	Location	Flares
☐ Polypropylene	☐ 1/8"	☐ Anterior	☐ Proximal
☐ Copolymer	☐ 5/32"	☐ Posterior	☐ Medial
☐ Polyethylene	☐ 3/16"		☐ Lateral
	☐ 1/4"		

Correct cast to: _____ ☐ Do not correct cast

Liner *(select one from each column)*

Type	Thickness	Location	
☐ Aliplast	☐ 1/8"	☐ Thigh	☐ Posterior
☐ Med-Density Pelite	☐ 5/32"	☐ Anterior	☐ Foot Plate
☐ Heavy-Density Pelite	☐ 3/16"	☐ Plantar Surface	
	☐ 1/4"	☐ Other _____	

Ankle Joints *(select type)*

☐ Tamarack	☐ Gillette
☐ Tamarack Dorsi Assist	☐ Gillette Heavy Duty
☐ Tamarack Variable Assist™	☐ Gillette Dorsi Assist
☐ Tamarack Clevisphere™	☐ Camber Axis Hinge®
☐ Oklahoma (Polypro)	☐ Other _____
☐ Oklahoma (Heavy Duty Nylon)	_____

Size: ☐ A (Adult) ☐ B (Youth) ☐ C (Child)

Posterior Stops

☐ 655 ☐ 755 ☐ 795 ☐ Other _____ ☐ None

Metal and Leather Options

Leather *(select one from each column)*

Color	Closure	T-Strap	Knee Pad	Condyle Pad
☐ Black	☐ Hook & Loop	☐ Medial	☐ 3-Buckle	☐ Round*
☐ Beige	☐ Leather Strap & Buckle	☐ Lateral	☐ 4-Buckle	☐ Pear
☐ Smoked Elk		☐ None	☐ 5-Buckle	* Cannot use with 1002 KJT
☐ Brown				
☐ White				

Ankle Joints *(select type)*	**Stirrup** *(select type)*
☐ Dorsiflexion Assist	☐ Solid
☐ Dorsiflexion Plus Assist	☐ Solid Wide Flange
☐ Slim Line Double Action	☐ Split
☐ Original Double Action	☐ UCBL
☐ Standard Action	☐ Other _____

Size: ☐ A (Adult) ☐ B (Youth) ☐ C (Child)

Range of Motion

☐ Plantarflexion _____ ☐ Dorsiflexion _____

Hip Joint Options

Hip Joints *(select one from each column)*
Please see catalog section 3 for model numbers

Type	Size
☐ Free Motion	☐ A (Adult)
☐ Ring Lock	☐ B (Youth)
☐ Adjustable R.O.M.	☐ C (Child)
Model Number: _____	☐ I (Infant)

Knee Joint Options

Knee Joints *(select one from each column)*
Please see catalog section 4 for model numbers

Type		Material	Size	Upright Finish
☐ Free Motion	☐ E-Knee (9001)	☐ Aluminum	☐ 1/4" x 3/4"	(Select Type)
☐ Ring Lock	☐ LR-9002 (9002)	☐ Stainless Steel	☐ 3/16" x 3/4"	☐ High Buff
☐ Lever Lock (Bail)	☐ G-Knee (9003)	☐ Titanium*	☐ 1/4" x 5/8"	☐ Bead Blast
☐ Ratchet Lock		☐ Carbon Fiber (9003 only)	☐ 3/16" x 5/8"	**Thermoclad**
☐ Model Number: _____		* Not available on all Joints	☐ 3/16" x 1/2"	☐ Black
			☐ 1/8" x 1/2"	☐ White
				☐ Blue

Contoured: ☐ Medial ☐ Lateral ☐ Both ☐ None

Specials

Growth Adjustments	Laminated Thigh
☐ AK	☐ Anterior Cuff
☐ BK	☐ Posterior Cuff

Additional add-ons

☐ Ball Catch
☐ Thigh Lacer
☐ Calf Lacer
☐ HD Lever Release Kit
☐ SS Footplate (please provide cast)
☐ Tongue: ☐ AK ☐ BK
☐ Other:_____

Additional Instructions: _____

_____

_____

MODELS 328 & 329
ISOMETRIC AND BIOMETRIC RECIPROCATING GAIT ORTHOSES (RGO)

Models 328 and 329 are custom made **R**eciprocating **G**ait **O**rthoses that are designed to assist pediatric and adult paraplegics achieve functional walking. Both models utilize low friction bearings that permit smooth articulation. The dual pivot Biometric System, model 329, has a wider range of adjustment and therefore should be considered when hip flexion contractures are present. Both models 328 and 329 use an easy to operate Thumb Post to lock and unlock the hip joints.

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options.

ISO-METRIC RGO

Order No.	Description
328	Iso-Metric RGO Pelvic Section Only
328-A	Iso-Metric RGO with AFOs
328-K	Iso-Metric RGO with KAFOs

BIO-METRIC RGO

Order No.	Description
329	Bio-Metric RGO Pelvic Section Only
329-A	Bio-Metric RGO with AFOs
329-K	Bio-Metric RGO with KAFOs

NOTE: Please send negative cast impression and completed orthometry form with all necessary measurements.

Phone: 800-521-2192
Fax: 800-923-2537

RGO ORTHOMETRY FORM

Today's Date: _____ Patient: _____

Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

Street: _____ Diagnosis: _____

City: _____ State: ____ Zip:_____ _____

Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____

Pelvic Section

☐ **328** Iso-Metric Pelvic section only
☐ **328-K** Iso-Metric RGO with KAFOs
☐ **328-A** Iso-Metric with AFOs
☐ **329** Bio-Metric Pelvic section only
☐ **329-K** Bio-Metric RGO with KAFOs
☐ **329-A** Bio-Metric with AFOs

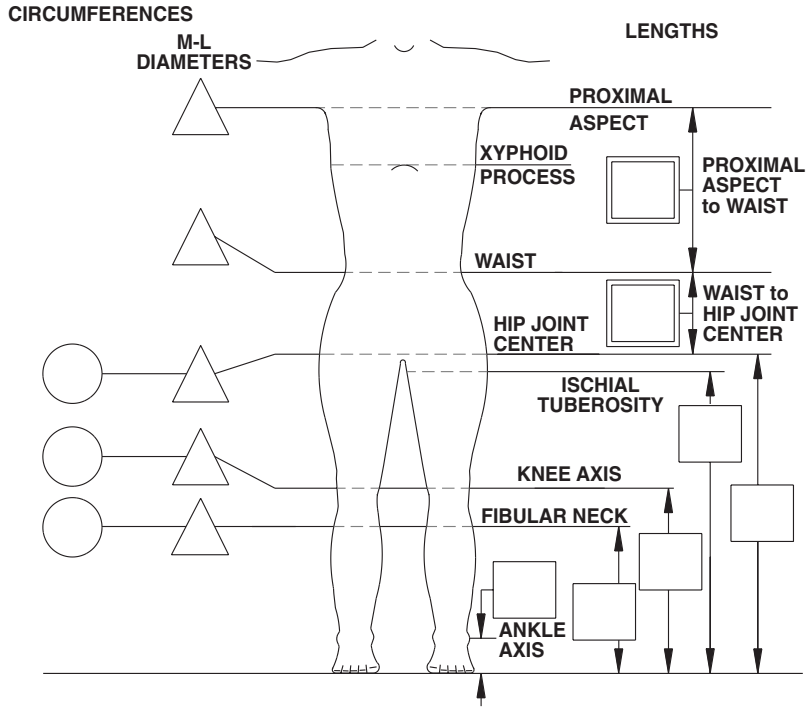
Plastic (Kydex): ☐ Ivory ☐ Black ☐ Beige ☐ Gray ☐ Blue
Liner: ☐ White ☐ Pink
Chest Straps: ☐ White ☐ Black ☐ Beige ☐ Rainbow
Options: ☐ Padded Strap ☐ Abdominal Strap ☐ Extra Liner ☐ Vacuum Formed TLSO

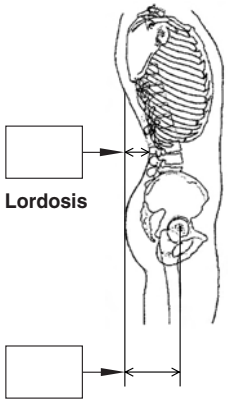
ISO-Metric System

BIO-Metric System

Please Complete Entire Orthometry Form For Best Fit

MEASUREMENTS: ☐ Inches ☐ Centimeters ☐ Millimeters





Additional Instructions: _____

_____

_____

_____

MODEL 225
METAL AND LEATHER KAFO

Model 225 is a metal and leather knee-ankle-foot orthosis. All bands are padded and covered with leather. Please pick from the following options:

- Any Becker Knee, Ankle Joint and Stirrup. Please be sure to specify model and size.
- Black, Brown, Beige, or White Leather
- Hook and Loop, or Buckle Closures
- Thermo-Clad™, High Buff, or Sand Blasted Finish of Uprights

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options.

Order No.	Description	Side
225-L	Metal and Leather KAFO	Left
225-R	Metal and Leather KAFO	Right
225-P	Metal and Leather KAFO	Pair

MODELS 230 & 235
GENU VALGUM/VARUM KAFOS

Models 230 and 235 are single upright, metal and leather, knee-ankle-foot orthoses. Both may be fabricated with or without a knee joint. Below knee growth adjustments are standard. Please pick from the following options:

- Any Becker Knee, Ankle Joint and Stirrup. Please be sure to specify model and size.
- Black, Brown, Beige, or White Leather
- Hook and Loop, or Buckle Closures
- Thermo-Clad™, High Buff, or Sand Blasted Finish of Uprights

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options.

GENU VALGUM KAFO

Order No.	Description	Side
230-L	Genu Valgum KAFO	Left
230-R	Genu Valgum KAFO	Right
230-P	Genu Valgum KAFO	Pair

GENU VARUM KAFO

Order No.	Description	Side
235-L	Genu Varum KAFO	Left
235-R	Genu Varum KAFO	Right
235-P	Genu Varum KAFO	Pair

NOTE: Please send tracings, or negative cast impression, shoes to be attached, and completed orthometry form with all necessary measurements. Other manufacturers components may also be specified, however these options will include additional charges.

Phone: 800-521-2192
Fax: 800-923-2537

MODEL 327
PLASTIC KAFO WITH ARTICULATING ANKLE

Model 327 consists of a plastic thigh section attached to a pair of knee joints and a plastic AFO with an articulating ankle. A soft liner may be added upon request. Please pick from the following options:

- Any Becker Knee, Ankle Joint, and Motion Control Limiter. Please be sure to specify model and size.
- Plastic Type, Color (Natural or Black only) and Thickness
- Thermo-Clad™, High Buff, or Sand Blasted Finish of Uprights

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options.

PLASTIC KAFO WITH SOLID ANKLE

Order No.	Description	Side
325-L	Plastic KAFO with Solid Ankle	Left
325-R	Plastic KAFO with Solid Ankle	Right
325-P	Plastic KAFO with Solid Ankle	Pair

PLASTIC KAFO WITH ARTICULATING ANKLE

Order No.	Description	Side
327-L	Plastic KAFO with Articulating Ankle	Left
327-R	Plastic KAFO with Articulating Ankle	Right
327-P	Plastic KAFO with Articulating Ankle	Pair

NOTE: Please send negative cast impression and completed orthometry form with all necessary measurements. Other manufacturers components may also be specified, however these options will include additional charges.

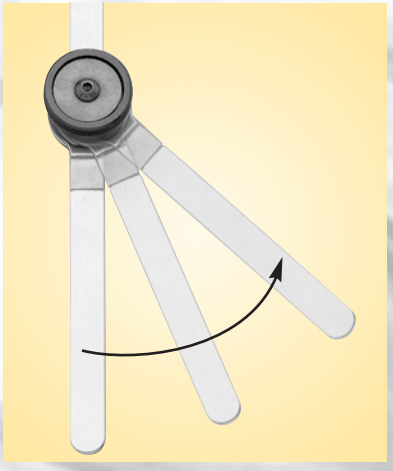
MODEL 332
MONODOS® KAFO

Model 332 is a knee-ankle-foot-orthosis designed for the management of spasticity and joint contracture, often associated with cerebral palsy, stroke and spinal cord injury. The design utilizes our model 1900-A Monodos® Joint which features a one-way clutch and allows rotation in one direction, but blocks all rotation in the opposite direction until released. The Monodos® is a cost-effective alternative to serial casting. Please pick from the following options:

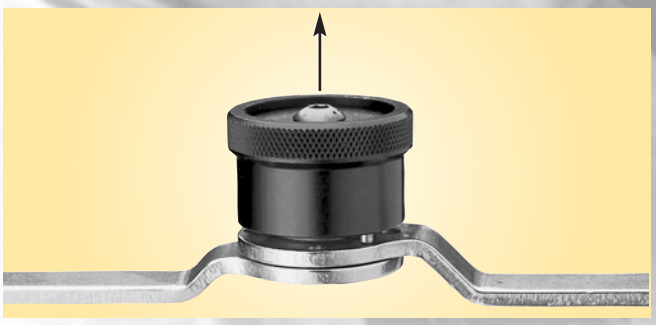
- Monodos® Knee Joint Upright Material (Aluminum or Stainless Steel)
- Plastic Type, Color (Natural or Black only) and Thickness
- Thermo-Clad™, High Buff, or Sand Blasted Finish of Uprights

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options.

US Patent 5,328,446



One-way motion only



Simple release mechanism

- ***The Monodos® KAFO is not intended for weight bearing applications***
- For more details on our Monodos® Knee joint, please see page 4.1.23.

Order No.	Description	Side
332-L	Monodos® KAFO	Left
332-R	Monodos® KAFO	Right
332-P	Monodos® KAFO	Pair

NOTE: Please send negative cast impression and completed orthometry form with all necessary measurements. If you are looking for a positioning orthosis, you may want to consider incorporating our Variloc® joint into your design. Please see page 4.1.22 for details.

Phone: 800-521-2192
Fax: 800-923-2537

KAFO/HKAFO ORTHOMETRY FORM:

Today's Date: _____ Patient: _____

Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

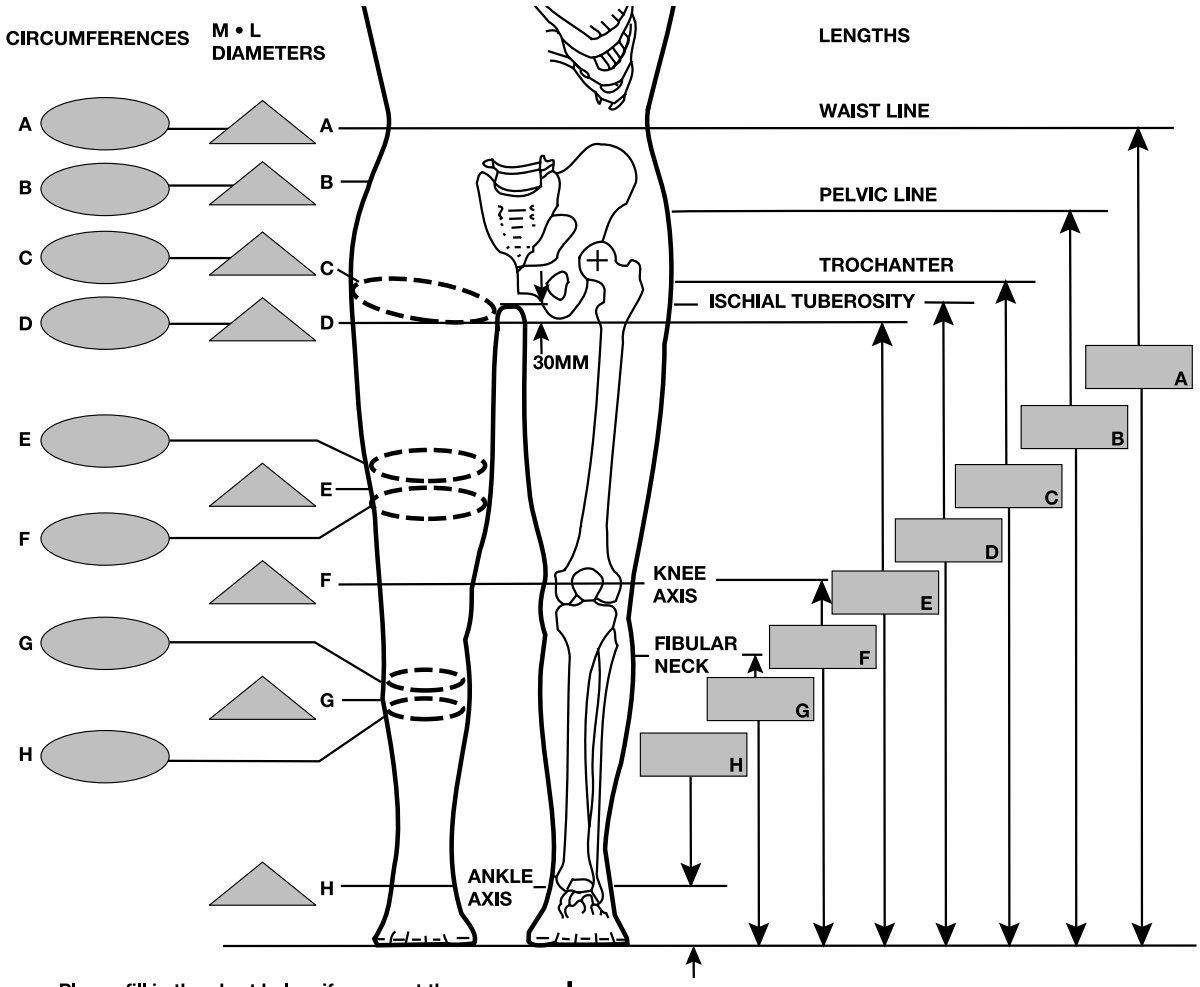
Street: _____ Diagnosis: _____

City: _____ State: _____ Zip: _____ _____

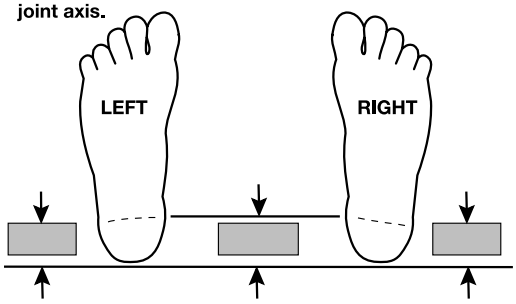
Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____

MEASUREMENTS: ☐ Inches ☐ Centimeters



Please fill in the chart below if you want the orthosis to have external rotation of the ankle joint axis.



Ankle	*Knee*
☐ Varus ☐ Valgus	☐ Varum ☐ Valgum
☐ Flexible ☐ Rigid	☐ Flexible ☐ Rigid
Degrees: _____	Degrees: _____
☐ Toe Out ☐ Toe In	☐ Hyperextended
☐ Medial Plane	☐ Knee Flexion Contracture
☐ Lateral Plane	Degrees: _____
Degrees: _____	
Heel Height: _____	

KAFO/HKAFO ORTHOMETRY FORM CONTINUED:

Today's Date: _____ Patient: _____

Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

Street: _____ Diagnosis: _____

City: _____ State: ____ Zip:_____ _____

Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____

LEG: ☐ Left ☐ Right ☐ Bilateral **MATERIAL:** ☐ Thermoplastic ☐ Metal and Leather **TYPE:** ☐ KAFO ☐ HKAFO

Thermoplastic Options

Plastic *(select one from each column)*

Type	Thickness	Location	Flares
☐ Polypropylene	☐ 1/8"	☐ Anterior	☐ Proximal
☐ Copolymer	☐ 5/32"	☐ Posterior	☐ Medial
☐ Polyethylene	☐ 3/16"		☐ Lateral
	☐ 1/4"		

Correct cast to: _____ ☐ Do not correct cast

Liner *(select one from each column)*

Type	Thickness	Location	
☐ Aliplast	☐ 1/8"	☐ Thigh	☐ Posterior
☐ Med-Density Pelite	☐ 5/32"	☐ Anterior	☐ Foot Plate
☐ Heavy-Density Pelite	☐ 3/16"	☐ Plantar Surface	
	☐ 1/4"	☐ Other _____	

Ankle Joints *(select type)*

☐ Tamarack	☐ Gillette
☐ Tamarack Dorsi Assist	☐ Gillette Heavy Duty
☐ Tamarack Variable Assist™	☐ Gillette Dorsi Assist
☐ Tamarack Clevisphere™	☐ Camber Axis Hinge®
☐ Oklahoma (Polypro)	☐ Other _____
☐ Oklahoma (Heavy Duty Nylon)	_____

Size: ☐ A (Adult) ☐ B (Youth) ☐ C (Child)

Posterior Stops

☐ 655 ☐ 755 ☐ 795 ☐ Other _____ ☐ None

Metal and Leather Options

Leather *(select one from each column)*

Color	Closure	T-Strap	Knee Pad	Condyle Pad
☐ Black	☐ Hook & Loop	☐ Medial	☐ 3-Buckle	☐ Round*
☐ Beige	☐ Leather Strap & Buckle	☐ Lateral	☐ 4-Buckle	☐ Pear
☐ Smoked Elk		☐ None	☐ 5-Buckle	* Cannot use with 1002 KJT
☐ Brown				
☐ White				

Ankle Joints *(select type)*

☐ Dorsiflexion Assist
☐ Dorsiflexion Plus Assist
☐ Slim Line Double Action
☐ Original Double Action
☐ Standard Action

Stirrup *(select type)*

☐ Solid
☐ Solid Wide Flange
☐ Split
☐ UCBL
☐ Other _____

Size: ☐ A (Adult) ☐ B (Youth) ☐ C (Child)

Range of Motion

☐ Plantarflexion _____ ☐ Dorsiflexion _____

Hip Joint Options

Hip Joints *(select one from each column)*
Please see catalog section 3 for model numbers

Type	Size
☐ Free Motion	☐ A (Adult)
☐ Ring Lock	☐ B (Youth)
☐ Adjustable R.O.M.	☐ C (Child)
Model Number: _____	☐ I (Infant)

Knee Joint Options

Knee Joints *(select one from each column)*
Please see catalog section 4 for model numbers

Type		Material	Size	Upright Finish
☐ Free Motion	☐ E-Knee (9001)	☐ Aluminum	☐ 1/4" x 3/4"	(Select Type)
☐ Ring Lock	☐ LR-9002 (9002)	☐ Stainless Steel	☐ 3/16" x 3/4"	☐ High Buff
☐ Lever Lock (Bail)	☐ G-Knee (9003)	☐ Titanium*	☐ 1/4" x 5/8"	☐ Bead Blast
☐ Ratchet Lock		☐ Carbon Fiber (9003 only)	☐ 3/16" x 5/8"	**Thermoclad**
☐ Model Number: _____		* Not available on all Joints	☐ 3/16" x 1/2"	☐ Black
			☐ 1/8" x 1/2"	☐ White
				☐ Blue

Contoured: ☐ Medial ☐ Lateral ☐ Both ☐ None

Specials

Growth Adjustments	Laminated Thigh
☐ AK	☐ Anterior Cuff
☐ BK	☐ Posterior Cuff

Additional add-ons

☐ Ball Catch
☐ Thigh Lacer
☐ Calf Lacer
☐ HD Lever Release Kit
☐ SS Footplate (please provide cast)
☐ Tongue: ☐ AK ☐ BK
☐ Other:_____

Additional Instructions: _____

Phone: 800-521-2192
Fax: 800-923-2537

MODEL 318
G-KNEE KAFO

The G-Knee KAFO, model 318, is intended for individuals with quadriceps weakness. A gas spring, housed in the lateral G-Knee joint, assists knee extension while allowing passive flexion of the knee during the swing phase of gait. The G-Knee offers a manual locking feature and can be equipped with a 50, 75, 100, or 150 Newton gas shock and your choice of stainless steel, or carbon fiber upright. **Note: Model 318 is supplied with a ring lock medial joint and ball catch.** Please pick from the following options:

- Gas Shock Extension Assist available in 50N, 75N (Standard), 100N or 150N to meet individual requirements
- Choice of Stainless Steel or Carbon Fiber on G-Knee distal upright
- Plastic Type, Color (Natural or Black only) and Thickness
- Thermo-Clad™, High-Buff, or Sand Blasted finish of uprights

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options

CONTRAINDICATIONS:

- Patient has Below Normal Hip Strength
- Patient Weight over 190 lbs
- Non-Correctable Knee Valgus Greater than 15°
- Knee Center to Top of Thigh Section Must be Greater than 230mm
- The Contralateral Limb Must be Stable During Free Walking

• For more details on our G-Knee joint, please see page 4.3.5.

Order No.	Description	Side
318-L	G-Knee KAFO	Left
318-R	G-Knee KAFO	Right
318-P	G-Knee KAFO	Pair

NOTE: Please send negative cast impression and completed orthometry form with all necessary measurements.

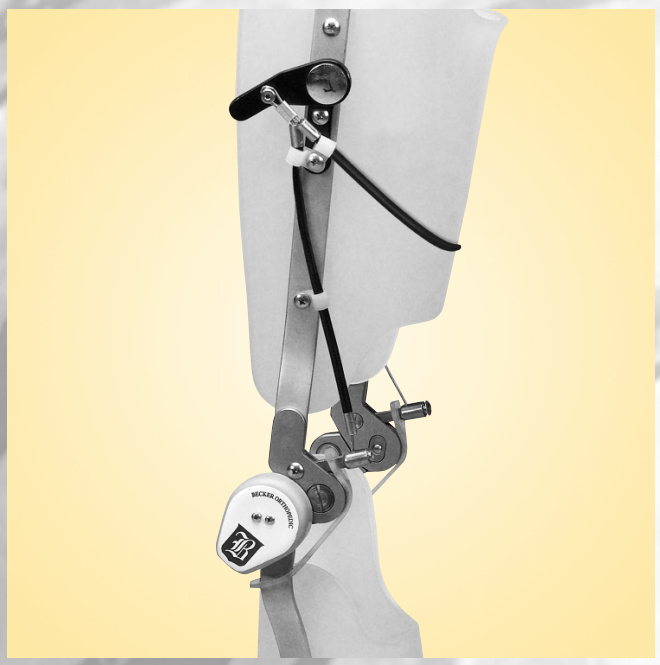
Phone: 800-521-2192
Fax: 800-923-2537

MODEL 319
LOAD RESPONSE KAFO

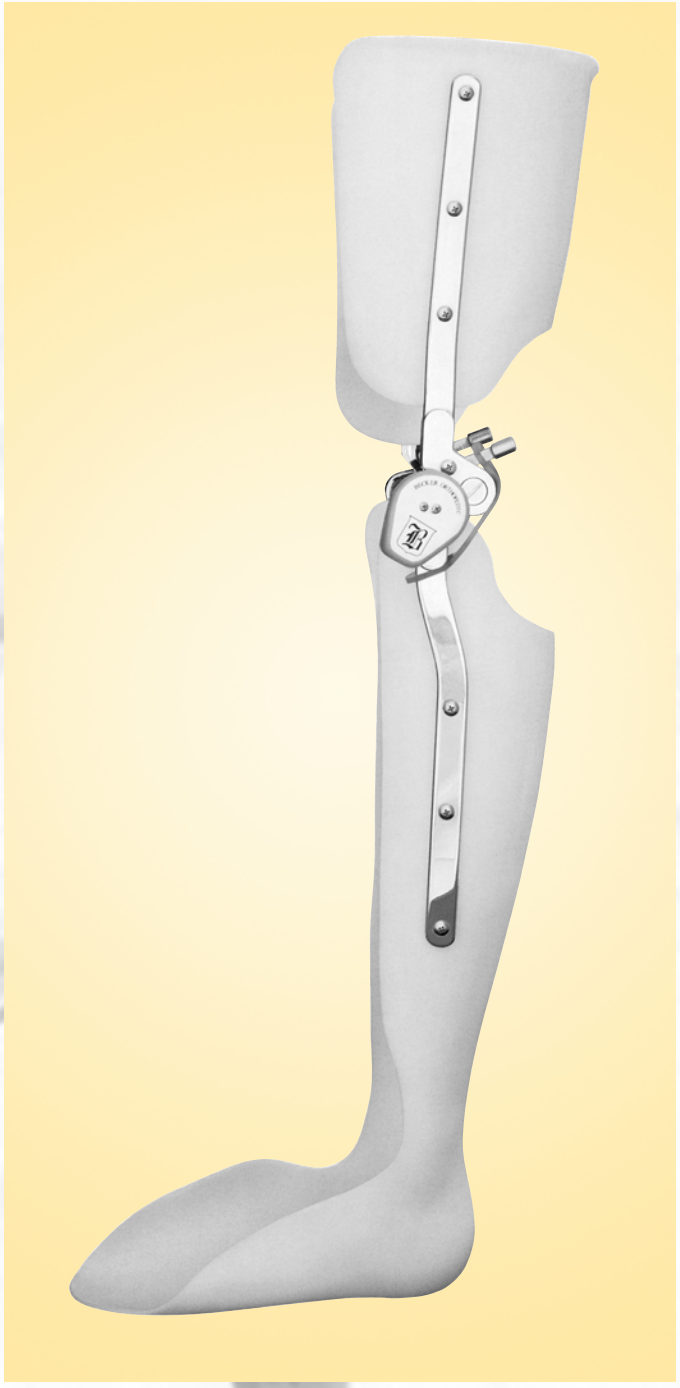
Model 319, is a knee-ankle-foot orthosis that is configured with our LR-9002 knee joints. Load Response knee joints have a preloaded spiral torsional spring and permit 18˚ of stance phase knee flexion. Designed for individuals with severe quadriceps weakness the KAFO provides shock absorption during early stance phase. This system also works very well with our Heavy Duty Lever Release System (see page 2.6.5 for information on our Lever Release Systems). Please pick from the following options:

- Upright material (aluminum, stainless steel, or titanium)
- Plastic Type, Color (Natural or Black only) and Thickness
- Thermo-Clad™, High-Buff, or Sand Blasted finish of uprights

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options.



Model 319 shown with optional Heavy Duty Lever Release System.



- For more details on our LR-9002 Knee joint, please see page 4.3.4.

Order No.	Description	Side
319-L	Load Response KAFO	Left
319-R	Load Response KAFO	Right
319-P	Load Response KAFO	Pair

NOTE: Please send negative cast impression and completed orthometry form with all necessary measurements.

MODEL 320
E-KNEE KAFO

Model 320 is a foot force activated, electromechanical, stance control knee-ankle-foot orthosis that swings freely during swing phase and locks automatically at any angle during weight bearing. The E-Knee will lock regardless of uneven terrain or slope and does not limit KAFO design options. Certification in a Becker E-Knee Course is required to purchase this product. Contact our customer service department for more information. Please pick from the following options:

- Upright material (aluminum, stainless steel, or titanium)
- Plastic Type, Color (Natural or Black only) and Thickness
- Thermo-Clad™, High-Buff, or Sand Blasted finish of uprights

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options.

CONTRAINDICATIONS:

- Any Spasticy in the Hip, Knee, or Ankle Musculature
- Patient Weight over 220 lbs
- Fixed Varus or Valgus Deformity at the Knee in Excess of 15˚
- Knee Hyperextension Not Controlled by the Orthosis

Model 320 comes complete with charger.

- For more details on our E-Knee joint, please see pages 4.3.2 and 4.3.3.

Order No.	Description	Size
320-L	E-Knee KAFO	Left
320-R	E-Knee KAFO	Right
320-P	E-Knee KAFO	Pair

NOTE: Please send negative cast impression and completed orthometry form with all necessary measurements.

BeckerOrthopedic.com

Phone: 800-521-2192
Fax: 800-923-2537

KAFO/HKAFO ORTHOMETRY FORM:

Today's Date: _____ Patient: _____

Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

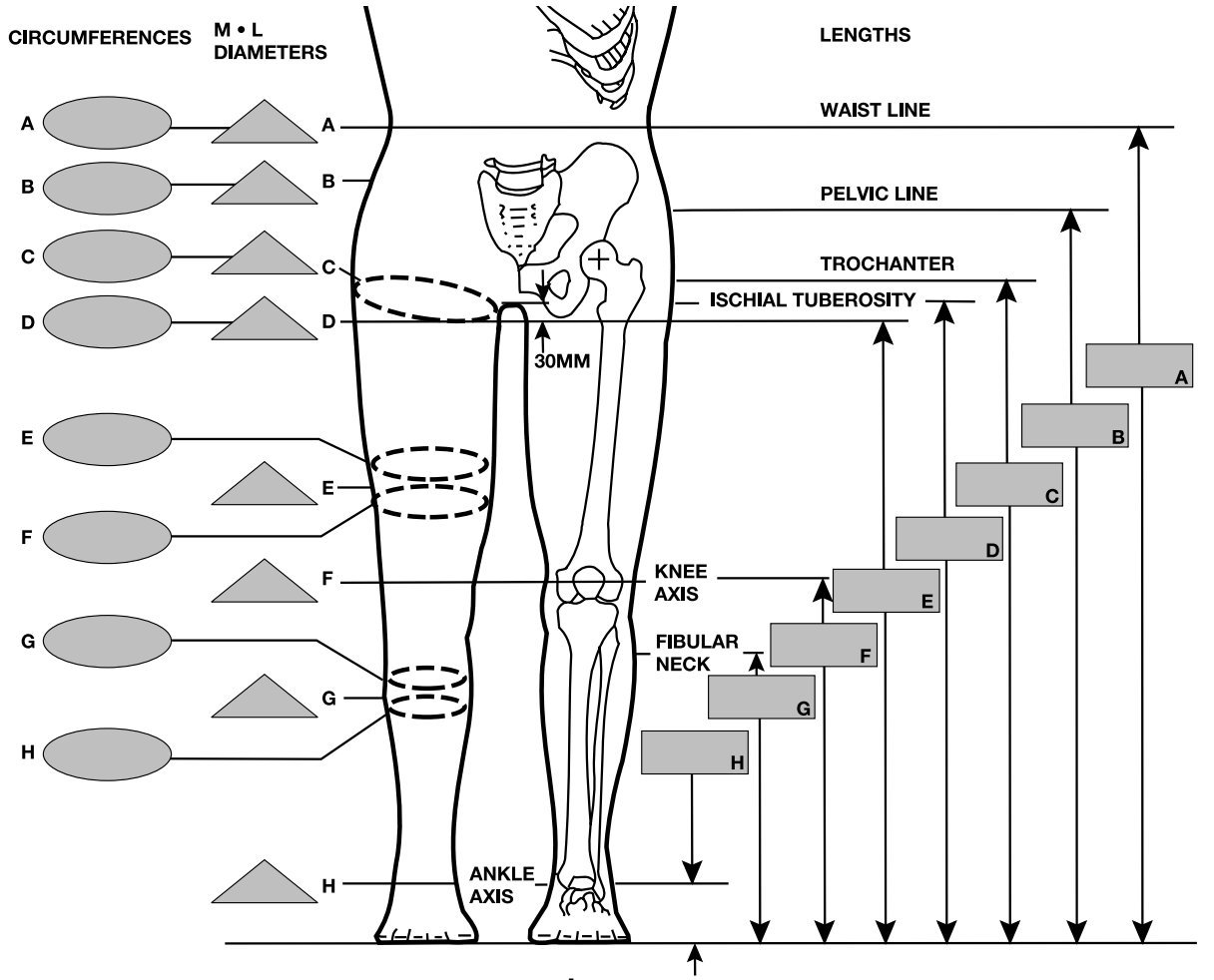
Street: _____ Diagnosis: _____

City: _____ State: ____ Zip:_____ _____

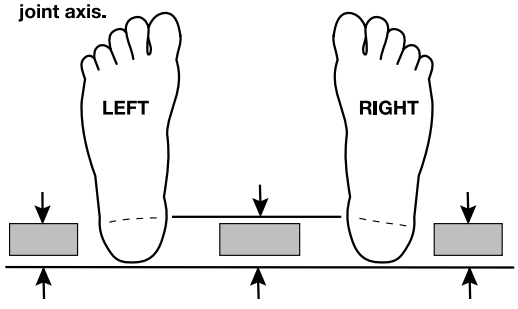
Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____

MEASUREMENTS: ☐ Inches ☐ Centimeters



Please fill in the chart below if you want the orthosis to have external rotation of the ankle joint axis.



Ankle	Knee
☐ Varus ☐ Valgus	☐ Varum ☐ Valgum
☐ Flexible ☐ Rigid	☐ Flexible ☐ Rigid
Degrees: _____	Degrees: _____
☐ Toe Out ☐ Toe In	☐ Hyperextended
☐ Medial Plane	☐ Knee Flexion Contracture
☐ Lateral Plane	Degrees: _____
Degrees: _____	
Heel Height: _____	

KAFO/HKAFO ORTHOMETRY FORM CONTINUED:

Today's Date: _____ Patient: _____

Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

Street: _____ Diagnosis: _____

City: _____ State: ____ Zip:_____ _____

Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____

LEG: ☐ Left ☐ Right ☐ Bilateral **MATERIAL:** ☐ Thermoplastic ☐ Metal and Leather **TYPE:** ☐ KAFO ☐ HKAFO

Thermoplastic Options

Plastic *(select one from each column)*

Type	Thickness	Location	Flares
☐ Polypropylene	☐ 1/8"	☐ Anterior	☐ Proximal
☐ Copolymer	☐ 5/32"	☐ Posterior	☐ Medial
☐ Polyethylene	☐ 3/16"		☐ Lateral
	☐ 1/4"		

Correct cast to: _____ ☐ Do not correct cast

Liner *(select one from each column)*

Type	Thickness	Location
☐ Aliplast	☐ 1/8"	☐ Thigh ☐ Posterior
☐ Med-Density Pelite	☐ 5/32"	☐ Anterior ☐ Foot Plate
☐ Heavy-Density Pelite	☐ 3/16"	☐ Plantar Surface
	☐ 1/4"	☐ Other _____

Ankle Joints *(select type)*

☐ Tamarack ☐ Gillette
☐ Tamarack Dorsi Assist ☐ Gillette Heavy Duty
☐ Tamarack Variable Assist™ ☐ Gillette Dorsi Assist
☐ Tamarack Clevisphere™ ☐ Camber Axis Hinge®
☐ Oklahoma (Polypro) ☐ Other _____
☐ Oklahoma (Heavy Duty Nylon) _____

Size: ☐ A (Adult) ☐ B (Youth) ☐ C (Child)

Posterior Stops

☐ 655 ☐ 755 ☐ 795 ☐ Other _____ ☐ None

Metal and Leather Options

Leather *(select one from each column)*

Color	Closure	T-Strap	Knee Pad	Condyle Pad
☐ Black	☐ Hook & Loop	☐ Medial	☐ 3-Buckle	☐ Round*
☐ Beige	☐ Leather Strap & Buckle	☐ Lateral	☐ 4-Buckle	☐ Pear
☐ Smoked Elk		☐ None	☐ 5-Buckle	* Cannot use with 1002 KJT
☐ Brown				
☐ White				

Ankle Joints *(select type)*

☐ Dorsiflexion Assist
☐ Dorsiflexion Plus Assist
☐ Slim Line Double Action
☐ Original Double Action
☐ Standard Action

Stirrup *(select type)*

☐ Solid
☐ Solid Wide Flange
☐ Split
☐ UCBL
☐ Other _____

Size: ☐ A (Adult) ☐ B (Youth) ☐ C (Child)

Range of Motion

☐ Plantarflexion _____ ☐ Dorsiflexion _____

Hip Joint Options

Hip Joints *(select one from each column)*
Please see catalog section 3 for model numbers

Type	Size
☐ Free Motion	☐ A (Adult)
☐ Ring Lock	☐ B (Youth)
☐ Adjustable R.O.M.	☐ C (Child)
Model Number: _____	☐ I (Infant)

Knee Joint Options

Knee Joints *(select one from each column)*
Please see catalog section 4 for model numbers

Type		Material	Size	Upright Finish
☐ Free Motion	☐ E-Knee (9001)	☐ Aluminum	☐ 1/4" x 3/4"	(Select Type)
☐ Ring Lock	☐ LR-9002 (9002)	☐ Stainless Steel	☐ 3/16" x 3/4"	☐ High Buff
☐ Lever Lock (Bail)	☐ G-Knee (9003)	☐ Titanium*	☐ 1/4" x 5/8"	☐ Bead Blast
☐ Ratchet Lock		☐ Carbon Fiber (9003 only)	☐ 3/16" x 5/8"	**Thermoclad**
☐ Model Number: _____		* Not available on all Joints	☐ 3/16" x 1/2"	☐ Black
			☐ 1/8" x 1/2"	☐ White
				☐ Blue

Contoured: ☐ Medial ☐ Lateral ☐ Both ☐ None

Specials

Growth Adjustments	Laminated Thigh
☐ AK	☐ Anterior Cuff
☐ BK	☐ Posterior Cuff

Additional add-ons

☐ Ball Catch
☐ Thigh Lacer
☐ Calf Lacer
☐ HD Lever Release Kit
☐ SS Footplate (please provide cast)
☐ Tongue: ☐ AK ☐ BK
☐ Other:_____

Additional Instructions: _____

_____

_____

Phone: 800-521-2192
Fax: 800-923-2537

MODEL 9004
UTX® KAFO

The UTX®, model 9004, was designed and developed by Dr. Nils van Leerdam, of Ambroise Holland bv. It is a lightweight, less than two pounds, knee-ankle-foot orthosis that stabilizes the knee during the stance phase of gait but enables knee flexion during swing phase. At the end of swing phase, as the knee reaches full extension, a ratchet engages to stabilize the knee. A cable runs inside the distal side member from the ankle joint to the knee joint. At the end of stance phase, as the ankle dorsiflexes, this cable linkage causes the knee joint to unlock and destabilize the knee.

The UTX® is also available as a non-stance control KAFO model, “Stabil”, that locks and unlocks by control of the user. Other models of the UTX® are also available including an “FS” (frontal stability) model to control genu valgum. All UTX® models can be equipped with a medial ankle joint to provide additional control in the coronal and transverse planes.

CLINICAL INDICATIONS:

- Quadriceps weakness as a result of Poliomyelitis, Multiple Sclerosis, CVA, Femoral Nerve and Incomplete Spinal Cord Injuries
- Genu Recurvatum. Use posterior tibial shell for maximum control
- Successful users will typically have hip extensor strength (Power 3) and passive ankle dorsiflexion

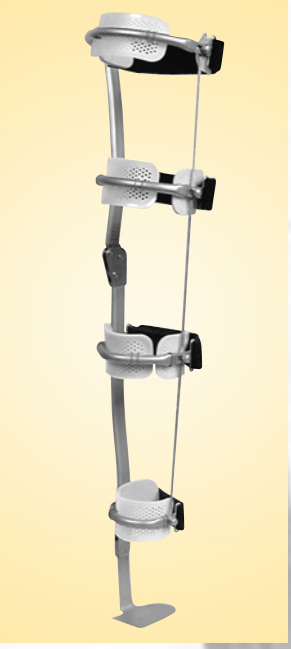
CONTRAINDICATIONS FOR UTX® SWING AND FS MODELS:

- Any Spasticity in Hip, Knee or Ankle Musculature
- Patient Weight Over 265 lbs
- Passive Ankle ROM Less than 5˚ of Dorsiflexion
- Valgus/Varus Instability at the Knee of More than 10˚
- Substantial Leg Length Discrepancy where the Affected Side is Shorter

UTX® SWING

FEATURES:

- Manual Unlocking Option
- Easy Adjustment of Dorsiflexion and Strirrup Upright Angle



UTX® FS (Frontal Stability)

FEATURES:

- Manual Unlocking Option
- Controls Genu Valgum
- Easy Adjustment of Dorsiflexion and Stirrup Upright Angle

UTX® SWING AND STABIL MODELS

Order No.	Description
9004-S-80	UTX® Swing 80
9004-S-120	UTX® Swing 120
9004-STABIL-80	UTX® Stabil 80
9004-STABIL-120	UTX® Stabil 120

UTX® FS (FRONTAL STABILITY) AND STABIL FS MODELS

Order No.	Description
9004-FS-100	UTX® Frontal Stability 100
9004-STABIL-FS-100	UTX® Stabil Frontal Stabiltiy 100

NOTE: Please send tracing, or negative cast impression and completed UTX® orthometry forms with all necessary measurements. UTX® orthometry forms can be found on pages 2.3.9 through 2.3.10.

MODEL 9004
THERMOPLASTIC UTX® KAFO

The UTX® is also available as a thermoplastic KAFO. Available in all Swing, Stabil, and Frontal Stability models (please see page 2.3.7 for additional information).

THERMOPLASTIC UTX®

FEATURES:

- Manual Unlocking Option
- Easy Adjustment of Dorsiflexion and Strirrup Upright Angle
- Thermoplastic UTX option affords enhanced control of the foot ankle complex
- Key feature of the Thermoplastic UTX is its intimate total contact fit and resultant potential to afford increased control of the limb

CLINICAL INDICATIONS:

- Quadriceps weakness as a result of Poliomyelitis, Multiple Sclerosis, CVA, Femoral Nerve and Incomplete Spinal Cord Injuries
- Genu Recurvatum. Use posterior tibial shell for maximum control
- Successful users will typically have hip extensor strength (Power 3) and passive ankle dorsiflexion

CONTRAINDICATIONS FOR UTX® SWING AND FS MODELS:

- Any Spasticity in Hip, Knee or Ankle Musculature
- Patient Weight Over 265 lbs
- Passive Ankle ROM Less than 5˚ of Dorsiflexion
- Valgus/Varus Instability at the Knee of More than 10˚
- Substantial Leg Length Discrepancy where the Affected Side is Shorter

THERMOPLASTIC UTX® SWING AND STABIL MODELS

Order No.	Description
9004-S-T-80	Thermoplastic UTX® Swing 80
9004-S-T-120	Thermoplastic UTX® Swing 120
9004-STABIL-T-80	Thermoplastic UTX® Stabil 80
9004-STABIL-T-120	Thermoplastic UTX® Stabil 120

THERMOPLASTIC UTX® FS (FRONTAL STABILITY) AND STABIL FS MODELS

Order No.	Description
9004-FS-T-100	Thermoplastic UTX® Frontal Stability 100
9004-STABIL-FS-T-100	Thermoplastic UTX® Stabil-FS 100

NOTE: Please send negative cast impression and completed UTX® orthometry forms with all necessary measurements. UTX® orthometry forms can be found on pages 2.3.9 through 2.3.10.

Phone: 800-521-2192
Fax: 800-923-2537

UTX® ORTHOSIS SELECTION PROTOCOL FORM

This protocol needs to be applied in conjunction with the manual for UTX® orthoses

Today's Date: _____ Patient: _____

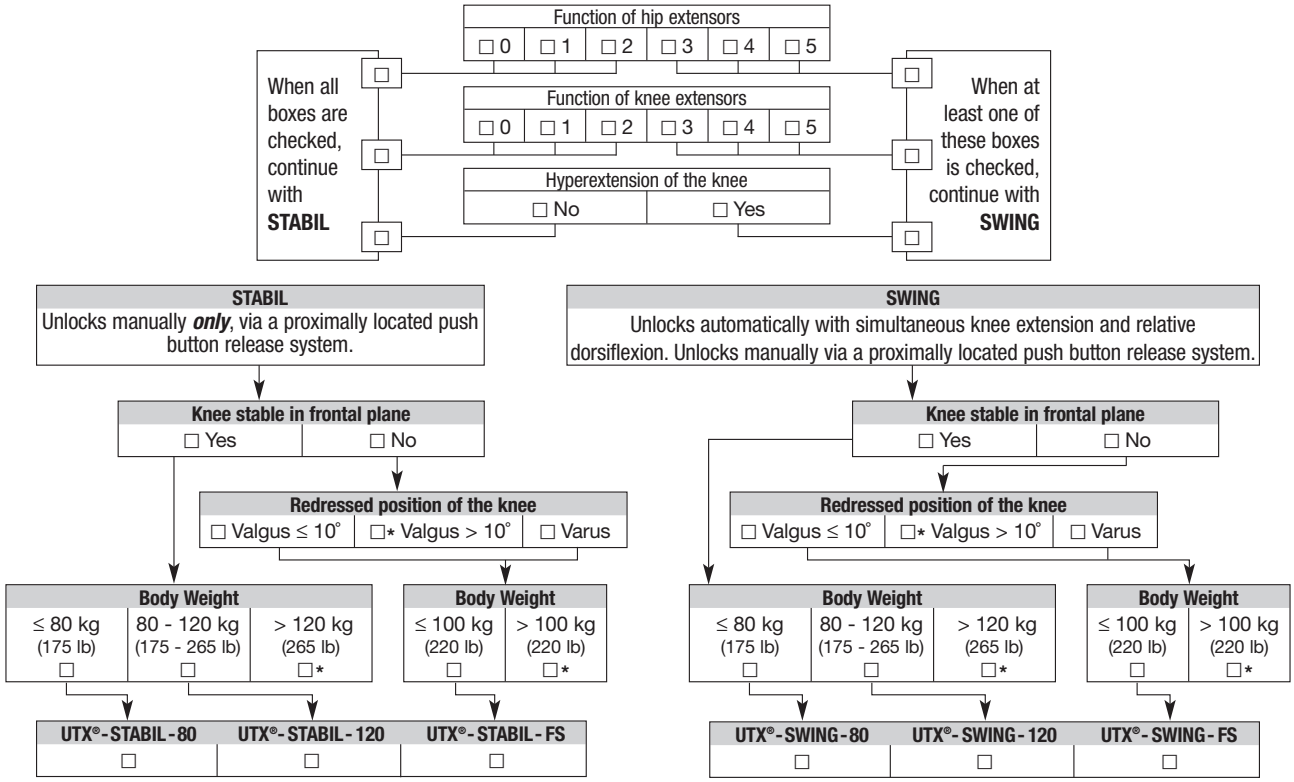
Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

Street: _____ Diagnosis: _____

City: _____ State: ____ Zip:_____ _____

Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____



ADDITIONAL OPTIONS	
☐	Thermoplastic (black copoly) thigh and tibial shells for added surface contact. Anterior shells standard.
☐	Medial ankle joint to enhance M-L control of ankle instability.

YES	ADDITIONAL CONERNS	Concerns
☐	***Bones in the leg are capable of carrying body weight.*** A UTX® orthoses is not able to carry the body weight.	☐
☐	***No or small flexion contracture in the knee (less than 10 degrees).*** A knee flexion contracture greater than 10 degrees will load the orthosis excessively.	☐
☐	***No or minor spasticity***. Spacsticity can lead to excessive forces on the orthosis. When using a UTX®-SWING spasticity can result in a knee joint that will not unlock.	☐
☐	***Sufficient cognition.*** Cognitive problems can hamper the successful application of the SWING type.	☐

Take measurements and fax order: 248-588-4555

Contact Becker to discuss 248-588-7480 E-mail: mail@beckerorthopedic.net

******UTX® orthosis contraindicated. Please contact Becker Orthopedic for alternatives.*

Ambroise

UTX® ORTHOSIS MEASUREMENT FORM

Today's Date: _____ Patient: _____

Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

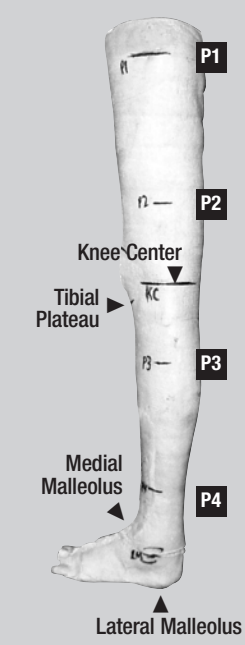
Street: _____ Diagnosis: _____

City: _____ State: _____ Zip: _____ _____

Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____

Figure 1:
Pelotte Carrier Locations



Required with impression	**ANATOMICAL DATA** *take measurements with leg extended* * Reference line is the floor, bottom of foot, or any equivalent line perpendicular to the leg.	Knee center-reference line*	_____ cm
		Tibial plateau-reference line*	_____ cm
		Lateral malleolus-reference line*	_____ cm
		Medial malleolus-reference line*	_____ cm
	KNEE ANGLE At large hyperextension angles (larger than 20 degrees) it is advisable to place P3 and P4 on the posterior side of the leg.	Corrected valgus or varus angle (only with UTX®-FS)	_____ °
		Hyperextension angle	_____ °
		Place P3 and P4 posterior	☐ Yes ☐ No
		Flexion contracture angle	_____ °
Circumferences, D1, and A-P's required with impression	**PELOTTE CARRIER P1** LOCATION: 4 CM BELOW PERINEUM	Circumference (C1)	_____ cm
		M-L Diameter (ML1)	_____ cm
		A-P Diameter (AP1)	_____ cm
		Distance (D1) - P1 to reference line*	_____ cm
		Comfortpad	☐ Yes ☐ No
	PELOTTE CARRIER P2 LOCATION: 6 CM ABOVE PROXIMAL EDGE OF PATELLA	Circumference (C2)	_____ cm
		M-L Diameter (ML2)	_____ cm
		A-P Diameter (AP2)	_____ cm
		Distance (D2) - P2 to reference line*	_____ cm
		Comfortpad	☐ Yes ☐ No
	PELOTTE CARRIER P3 LOCATION: 6 CM BELOW DISTAL EDGE OF PATELLA	Circumference (C3)	_____ cm
		M-L Diameter (ML3)	_____ cm
		A-P Diameter (AP3)	_____ cm
		Distance (D3) - P3 to reference line*	_____ cm
		M-L from Tibial crest to lateral border	_____ cm
	PELOTTE CARRIER P4 LOCATION: 10 CM ABOVE LATERAL MALLEOLUS	Circumference (C4)	_____ cm
		M-L Diameter (ML4)	_____ cm
		A-P Diameter (AP4)	_____ cm
		Distance (D4) - P4 to reference line*	_____ cm
	MEDIAL ANKLE JOINT (DZ) (See Selection Form for more info)	Is medial ankle joint desired?	☐ Yes ☐ No
		M-L of ankle	_____ cm
	FOOTPLATE (Choose one)	Preformed thermoplastic footplate	☐
		Custom foot cup	☐
		Mount to shoe	☐
		Stainless steel footplate	☐
		None, stirrup only	☐
	COLOR OF STRAPS	☐ Beige ☐ Black ☐ Navy	
	SHOE SIZE	_____	
	LEFT / RIGHT	☐ Left ☐ Right	

. Ambroise

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Fax: 800-923-2537

MODEL 355
PLASTIC KNEE ORTHOSIS

This orthosis consists of a plastic thigh cuff and calf cuff joined together with a pair of knee joints. Any Becker knee joint may be specified to limit/control knee motion. It can be fabricated to open posteriorly or anteriorly. Please pick from the following options:

- Any Becker Knee Joint. Please be sure to specify model and size
- Plastic Type, Color (Natural or Black only) and Thickness
- Soft liner

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options.

Order No.	Description	Side
355-L	Plastic Knee Orthosis	Left
355-R	Plastic Knee Orthosis	Right
355-P	Plastic Knee Orthosis	Pair

NOTE: Please send negative cast impression and completed orthometry form with all necessary measurements. Other manufacturers components may also be specified, however these options will include additional charges.

Phone: 800-521-2192
Fax: 800-923-2537

MODEL 270
METAL AND LEATHER AFO

Model 270 is a conventional metal and leather ankle-foot orthosis. Double action, dorsiflexion assist, or standard action ankle joints may be used. Please pick from the following options:

- Any Becker Ankle Joint and Stirrup. Please be sure to specify model and size.
- Black, Brown, Beige, or White Leather
- Hook and Loop, or Buckle Closures
- Thermo-Clad™, High Buff, or Sand Blasted Finish of Uprights

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options.

Order No.	Description	Side
270-L	Metal and Leather AFO	Left
270-R	Metal and Leather AFO	Right
270-P	Metal and Leather AFO	Pair

MODEL 272
PHELPS CALIPER AFO

The Phelps ankle-foot orthosis is a single upright orthosis that prevents plantarflexion. The upright is generally fabricated on the lateral side. Please pick from the following options:

- Any Becker Phelps Caliper Plate and Upright. Please be sure to specify model and size.
- Black, Brown, Beige, or White Leather
- Hook and Loop, or Buckle Closures
- Thermo-Clad™, High Buff, or Sand Blasted Finish of Upright

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options.

Order No.	Description	Side
272-L	Phelps Caliper AFO	Left
272-R	Phelps Caliper AFO	Right
272-P	Phelps Caliper AFO	Pair

NOTE: Please send tracing, or negative cast impression, shoes to be attached and completed orthometry form with all necessary measurements. Other manufacturers components may also be specified, however these options will include additional charges.

Phone: 800-521-2192
Fax: 800-923-2537

MODEL 333
MONODOS® AFO

Model 333 is a plastic ankle-foot-orthosis designed for the management of spasticity and joint contracture, often associated with cerebral palsy, stroke and spinal cord injury. The design utilizes our model 1900-B, or 1900-C Monodos® Joint which feature a one-way clutch that allows rotation in one direction, but blocks all rotation in the opposite direction until released. The Monodos® is a cost-effective alternative to serial casting.

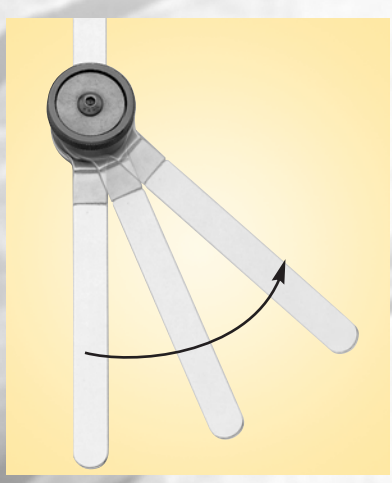
If you are looking for a positioning orthosis, you may want to consider incorporating our Variloc® joint into your design. Please see page 4.1.22 for details.

US Patent 5,328,446

Please pick from the following options:

- Monodos® Joint, 1900-B (Adult), or 1900-C (Pediatric)
- Any Becker Thermoplastic Ankle Joint for medial side
- Plastic Type, Color (Natural or Black only) and Thickness

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options.



One-way motion only

Simple release mechanism

- ***The Monodos® AFO is not intended for weight bearing applications***
- For more details on our Monodos® joint, please see page 1.2.13.

Order No.	Description	Side
333-L	Monodos® AFO	Left
333-R	Monodos® AFO	Right
333-P	Monodos® AFO	Pair

NOTE: Please send negative cast impression and completed orthometry form with all necessary measurements. Other manufacturers components may also be specified, however these options will include additional charges.

MODEL 345
TONE REDUCING AFO (TRAFO)

Model 345 is a plastic tone-reducing-ankle-foot orthosis that reduces excessive tone in the foot by creating build-ups in the footplate behind the metatarsal heads. Please pick from the following options:

- Any Becker Thermoplastic Ankle Joint
- Any Becker Posterior Stop
- Plastic Type, Color (Natural or Black only) and Thickness

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options.

Order No.	Description	Side
345-L	TRAFO	Left
345-R	TRAFO	Right
345-P	TRAFO	Pair

- Shown with optional ankle joints and Compcore® reinforcements.

MODEL 350
CRO WALKER

Model 350 is a solid ankle, clamshell design, Charcot Restrictive Orthosis. It is typically used to assist in the healing process of foot ulcers. Please pick from the following options:

- Plastic Type, Color (Natural or Black only) and Thickness

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options.

Order No.	Description	Side
350-L	CRO Walker	Left
350-R	CRO Walker	Right
350-P	CRO Walker	Pair

NOTE: Please send negative cast impression and completed orthometry form with all necessary measurements. Other manufacturers components may also be specified, however these options will include additional charges.

Phone: 800-521-2192
Fax: 800-923-2537

MODEL 370
PLASTIC AFO WITH NON ARTICULATING ANKLE

Model 370 is a solid ankle, ankle-foot orthosis. It can be fabricated to create dorsiflexion assist, or provide ankle stabilization. Please pick from the following options:

- Plastic Type, Color (Natural or Black only) and Thickness

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options

Order No.	Description	Side
370-L	Plastic AFO with Solid Ankle	Left
370-R	Plastic AFO with Solid Ankle	Right
370-P	Plastic AFO with Solid Ankle	Pair

MODEL 372
SMO

Model 372 is a supra malleolar orthosis. It is typically fabricated of polyethylene and is intended for use on patients with mild ankle/foot instabilities, ankle pain, or midfoot collapse. Please pick from the following options:

- Plastic Type, Color (Natural or Black only) and Thickness

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options

Order No.	Description	Side
372-L	SMO	Left
372-R	SMO	Right
372-P	SMO	Pair

MODEL 375
PLASTIC AFO WITH ARTICULATING ANKLE

Model 375 is an ankle-foot orthosis with an articulating ankle. It can be fabricated with a variety of different ankle joint options and posterior stops to accommodate the needs of your patient. Please pick from the following options:

- Any Becker Thermoplastic Ankle Joint
- Any Becker Posterior Stop
- Plastic Type, Color (Natural or Black only) and Thickness

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options

Order No.	Description	Side
375-L	Plastic AFO with Articulating Ankle	Left
375-R	Plastic AFO with Articulating Ankle	Right
375-P	Plastic AFO with Articulating Ankle	Pair

- Shown with optional posterior stop, model 795

NOTE: Please send negative cast impression and completed orthometry form with all necessary measurements. Other manufacturers components may also be specified, however these options will include additional charges.

AFO ORTHOMETRY FORM

Today's Date: _____ Patient: _____

Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

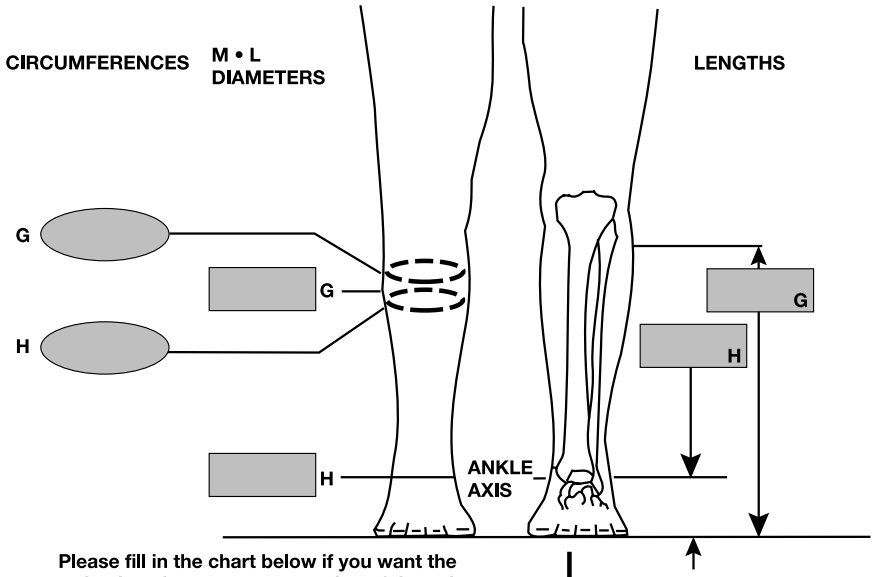
Street: _____ Diagnosis: _____

City: _____ State: ____ Zip:_____ _____

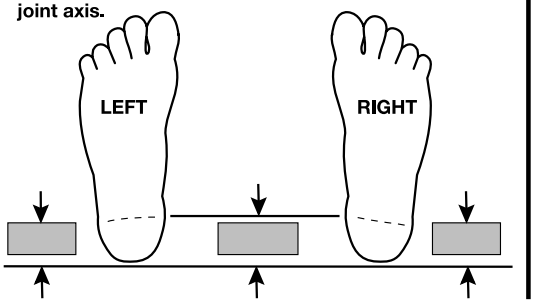
Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____

MEASUREMENTS: ☐ Inches ☐ Centimeters



Please fill in the chart below if you want the orthosis to have external rotation of the ankle joint axis.



Ankle

☐ Varus ☐ Valgus
☐ Flexible ☐ Rigid
Degrees: _____

☐ Toe Out ☐ Toe In
☐ Medial Plane
☐ Lateral Plane
Degrees: _____

Heel Height: _____

Additional Instructions: _____

_____

_____

_____

_____

_____

_____

BeckerOrthopedic.com

Phone: 800-521-2192
Fax: 800-923-2537

AFO ORTHOMETRY FORM CONTINUED:

Today's Date: _____ Patient: _____

Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

Street: _____ Diagnosis: _____

City: _____ State: ____ Zip:_____ _____

Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____

LEG: ☐ Left ☐ Right ☐ Bilateral **MATERIAL:** ☐ Thermoplastic ☐ Metal and Leather

TYPE: ☐ DFA ☐ Semi-Rigid ☐ Rigid ☐ TRAFO ☐ Floor Reaction ☐ PTB ☐ Night Splint ☐ Healing Brace ☐ Bi-Value ☐ Articulating ☐ Other: _____ **TYPE of FO:** ☐ UCB ☐ SMO ☐ Tone Reducing ☐ Insert

Thermoplastic Options

Plastic *(select one from each column)*

Type	Thickness	Location	Flares
☐ Polypropylene	☐ 1/8"	☐ Anterior	☐ Proximal
☐ Copolymer	☐ 5/32"	☐ Posterior	☐ Medial
☐ Polyethylene	☐ 3/16"		☐ Lateral
	☐ 1/4"		

Correct cast to: _____ ☐ Do not correct cast

Liner *(select one from each column)*

Type	Thickness	Location
☐ Aliplast	☐ 1/8"	☐ Anterior ☐ Posterior
☐ Med-Density Pelite	☐ 5/32"	☐ Footplate
☐ Heavy-Density Pelite	☐ 3/16"	☐ Plantar Surface
☐ Other _____	☐ 1/4"	☐ Other _____

Ankle Joints *(select type)*

☐ Tamarack ☐ Gillette
☐ Tamarack Dorsi Assist ☐ Gillette Heavy Duty
☐ Tamarack Variable Assist™ ☐ Gillette Dorsi Assist
☐ Tamarack Clevisphere™ ☐ Camber Axis Hinge®
☐ Oklahoma (Polypro) ☐ Other _____
☐ Oklahoma (Heavy Duty Nylon) _____

Size: ☐ A (Adult) ☐ B (Youth) ☐ C (Child)

Posterior Stops *(select type)*

☐ 655 ☐ 755 ☐ 795 ☐ Other _____
☐ None (Free Motion) **Height of AFO: _____

Miscellaneous

☐ ST Pad ☐ Figure 8
☐ Dorsal Straps ☐ HFH Strap
☐ Loctite® all screws (Padded Dorsum Strap)

Metal and Leather Options

Leather *(select one from each column)*

Color	Closure	T-Strap	Miscellanous
☐ Black	☐ Hook & Loop	☐ Medial	☐ Calf Lacer
☐ Beige	☐ Leather Strap & Buckle	☐ Lateral	☐ Leather Gauntlet
☐ Smoked Elk		☐ None	☐ SS Footplate (please provide cast)
☐ Brown			
☐ White			

Ankle Joints *(select type)*

☐ Dorsiflexion Assist
☐ Dorsiflexion Plus Assist
☐ Slim Line Double Action
☐ Original Double Action
☐ Standard Action

Stirrup *(select type)*

☐ Solid
☐ Solid Wide Flange
☐ Split
☐ UCBL
☐ Other _____

Size: ☐ A (Adult) ☐ B (Youth) ☐ C (Child)

Range of Motion

☐ Plantarflexion _____ ☐ Dorsiflexion _____

Uprights *(select one from each column)*

Material	Finish	Size
☐ Stainless Steel	☐ High Buff	☐ 1/4" x 3/4"
☐ Aluminum	☐ Bead Blast	☐ 3/16" x 3/4"
	Thermoclad	☐ 1/4" x 5/8"
	☐ Black	☐ 3/16" x 1/2"
	☐ White	☐ 3/16" x 5/8"
	☐ Blue	☐ 1/8" x 1/2"

Additional Instructions: _____

Trim Lines

Met. Heads: _____

Sulcus: _____

Full Length: _____

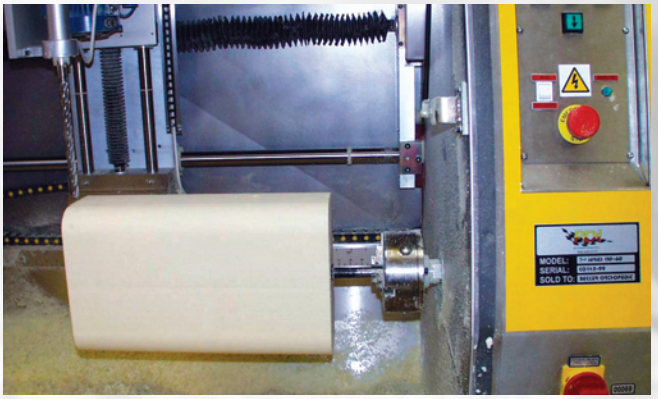
Lateral Trimline

Medial Trimline

Length of Foot

MODELS 370 ECAD/MCAD & 375 ECAD/MCAD TRACERCAD AFOS

TracerCAD AFOs are computer generated AFOs that utilize TracerCAD technology. This technology eliminates the use of casting materials for adult cases without significant deformity; contraindications can include tibial varum, severe pes planus, or atypical calf shape. Becker Orthopedic Engineering has created anatomically correct AFO templates to help ensure accuracy of fit and appropriate joint alignment. Existing users of TracerCAD can electronically transfer their AFO files to us for carving and fabrication. AFO files can be emailed as an attachment to **mail@beckerorthopedic.net** "**ATTN: C-FAB CAD/CAM AFO**".



AFOs can also be produced from measurement by completing our comprehensive CAD/CAM AFO Orthometry Forms. This information can be faxed "**ATTN: C-FAB CAD/CAM AFO**" to our central fabrication department fax line at **(248) 588-4555**, or to our customer service department at **(800) 923-2537**. Same day turnaround is guaranteed for orders received by 11:00am. E.S.T.

Training seminars are now being scheduled. Please contact our customer service department for more information.

Please pick from the following options:

- Any Becker Thermoplastic Ankle Joint
- Any Becker Posterior Stop
- Plastic Type, Color (Natural or Black only) and Thickness

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options

SOLID ANKLE AFO BY MEASUREMENT

Order No.	Description	Side
370 MCAD-L	CAD Solid Ankle AFO by Measurement	Left
370 MCAD-R	CAD Solid Ankle AFO by Measurement	Right
370 MCAD-P	CAD Solid Ankle AFO by Measurement	Pair

SOLID ANKLE AFO BY ELECTRONIC FILE

Order No.	Description	Side
370 ECAD-L	CAD Solid Ankle AFO by Electronic File	Left
370 ECAD-R	CAD Solid Ankle AFO by Electronic File	Right
370 ECAD-P	CAD Solid Ankle AFO by Electronic File	Pair

ARTICULATING ANKLE AFO BY MEASUREMENT

Order No.	Description	Side
375 MCAD-L	CAD Articulating Ankle AFO by Measurement	Left
375 MCAD-R	CAD Articulating Ankle AFO by Measurement	Right
375 MCAD-P	CAD Articulating Ankle AFO by Measurement	Pair

ARTICULATING ANKLE AFO BY ELECTRONIC FILE

Order No.	Description	Side
375 ECAD-L	CAD Articulating Ankle AFO by Electronic File	Left
375 ECAD-R	CAD Articulating Ankle AFO by Electronic File	Right
375 ECAD-P	CAD Articulating Ankle AFO by Electronic File	Pair

Phone: 800-521-2192
Fax: 800-923-2537

CAD/CAM AFO ORTHOMETRY FORM

Today's Date: _____ Patient: _____

Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

Street: _____ Diagnosis: _____

City: _____ State: ____ Zip:_____ _____

Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____

AFFECTED SIDE: ☐ Left ☐ Right **MEASUREMENTS:** ☐ Inches ☐ Centimeters ☐ Millimeters **SHOE SIZE:** _____

Type		Measurements	Value
Height from bottom of foot to:	1	Top of AFO	
	2	Mid-Calf	
	3	Base-Calf	
	4	Narrowest Calf	
	5	Apex of Medial Malleolus	
Lengths	6	Posterior Calcaneus to Apex of First Metatarsal Head	
	7	Posterior Calcaneus to Apex of Fifth Metatarsal Head	
	8	Base of Fifth Metatarsel to Apex of Fifth Metatarsal Head	
ML diameters of foot	9	Apex of First Metatarsel Head to Apex of Fifth Metatarsal Head	
	10	Navicular to Base of Fifth Metatarsal (oblique)	
	11	Medial Calcaneus to Lateral Calcaneus	
ML diameters of leg	12	Medial Malleolus to Lateral Malleolus (oblique)	
	13	ML at Narrowest Calf	
	14	ML at Base Calf	
	15	ML at Mid-Calf	
	16	ML at Top of AFO	
AP diameters	17	AP at Heel	
Circumference at:	18	Narrowest Calf	
	19	Base Calf	
	20	Mid-Calf	
	21	Top of AFO	

Alignment Information

Ankle Mortise
(If unmarked, 0° will be used)
- Dorsiflexion _____
- Plantarflexion _____

Hindfoot
- Inversion _____
- Eversion _____

Forefoot
- Supination _____
- Pronation _____
- ADduction _____
- ABduction _____

Toe
(If unmarked, 7° out will be used)
- In _____
- Out _____

Additional Information

Arch
☐ High ☐ Mid ☐ Low ☐ None
☐ Navicular Relief
☐ Proximal Flare
(_____" standard)
☐ Custom Proximal Flare
(_____" specify depth)

Tibial Varum

Offset from posterior calcaneus to center of desired posterior-proximal trimline:

_____

Height from floor to point where varum becomes noticeable: _____

Additional Instructions: _____

_____

CAD/CAM AFO ORTHOMETRY FORM CONTINUED:

Today's Date: _____ Patient: _____

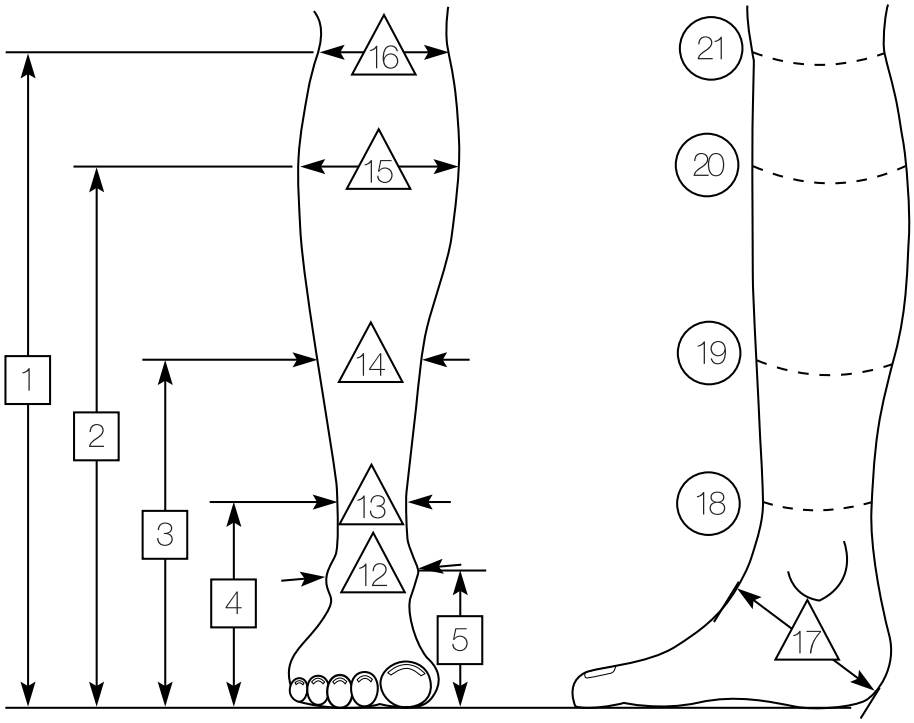
Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

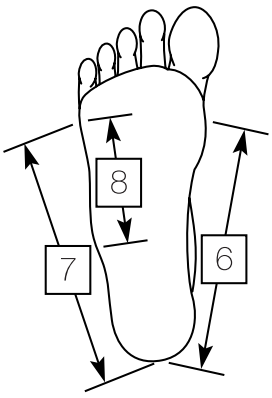
Street: _____ Diagnosis: _____

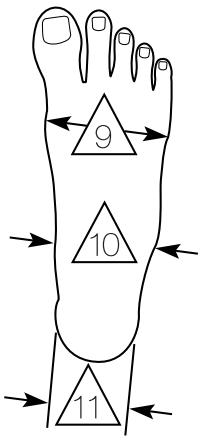
City: _____ State: ____ Zip:_____ _____

Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____







Phone: 800-521-2192
Fax: 800-923-2537

CAD/CAM AFO ORTHOMETRY FORM CONTINUED:

Today's Date: _____ Patient: _____

Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

Street: _____ Diagnosis: _____

City: _____ State: ____ Zip:_____ _____

Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____

Plastic

☐ Polypropylene ☐ Copolymer ☐ Polyethylene

☐ Other: _____

Thickness

☐ 1/8" ☐ 3/16" ☐ 1/4" ☐ Other: _____

Options *check the choice(s) and add any notes in "Special Instructions"*

Liner *(select one from each column)*

Type	Thickness	Location
☐ Aliplast	☐ 1/8"	☐ Anterior ☐ Posterior
☐ Med-Density Pelite	☐ 5/32"	☐ Footplate
☐ Heavy-Density Pelite	☐ 3/16"	☐ Plantar Surface
☐ Other _____	☐ 1/4"	☐ Other _____

Ankle Joints *(select type)*

☐ Tamarack
☐ Tamarack Dorsi Assist
☐ Tamarack Variable Assist™
☐ Tamarack Clevisphere™
☐ Oklahoma (Polypro)
☐ Oklahoma (Heavy Duty Nylon)
☐ Gillette
☐ Gillette Heavy Duty
☐ Gillette Dorsi Assist
☐ Camber Axis Hinge®
☐ Other _____
_____

Size: ☐ A (Adult) ☐ B (Youth) ☐ C (Child)

Posterior Stops *(select type)*

☐ 655 ☐ 755 ☐ 795 ☐ Other _____
☐ None (Free Motion) **Height of AFO: _____

Miscellaneous

☐ ST Pad
☐ Dorsal Straps
☐ Loctite® all screws
☐ Figure 8
☐ HFH Strap (Padded Dorsum Strap)

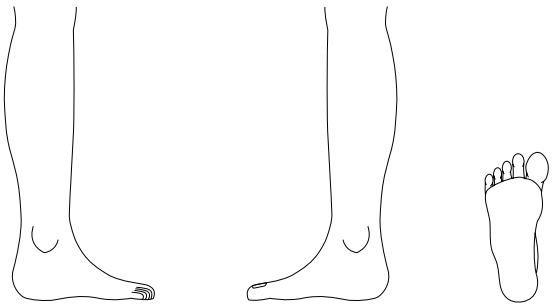
Trimlines

Solid Ankle:

☐ Solid (at Malleolar Apex)
☐ Rigid (1/2" Posterior to Malleolar Apex)
☐ Posterior Leaf Spring (Dorsiflexion Assist)

Footplate:

☐ Full ☐ Sulcus ☐ Other: _____



(Draw trimlines as necessary)

Special Instructions: _____

Shipping Instructions

☐ UPS Next Day Air ☐ UPS Ground ☐ UPS 2nd Day Air ☐ UPS 3 Day Select ☐ Other: _____

ANKLE-FOOT ORTHOSES (AFO)

MODEL 340 FLOOR REACTION AFO

Model 340 is a solid ankle, ankle-foot orthosis. The solid ankle configuration sets the limits of plantar and dorsiflexion and controls subtalar motion. The anterior panel helps control weak quadriceps and resulting knee flexion. Please pick from the following options:

- Plastic Type, Color (Natural or Black only) and Thickness

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options

Order No.	Description	Side
340-L	Floor Reaction AFO	Left
340-R	Floor Reaction AFO	Right
340-P	Floor Reaction AFO	Pair

MODEL 360 PTB ORTHOSIS

Model 360 is a patellar-tendon-bearing orthosis with a posterior shell and an overlapping anterior shell, held in place with hook and loop straps. Carbon fiber inserts (shown) can also be embedded into the ankle complex to resist dorsi or plantarflexion. Please pick from the following options:

- Shown with optional Compcore Ankleform® reinforcements

- Plastic Type, Color (Natural or Black only) and Thickness

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options

PTB Orthosis with Non Articulating Ankle

Order No.	Description	Side
360-L	PTB Orthosis with Non Articulating Ankle	Left
360-R	PTB Orthosis with Non Articulating Ankle	Right
360-P	PTB Orthosis with Non Articulating Ankle	Pair

PTB Orthosis with Articulating Ankle and Growth Adjustments

Order No.	Description	Side
363-L	PTB Orthosis with Articulating Ankle and Growth Adjustments	Left
363-R	PTB Orthosis with Articulating Ankle and Growth Adjustments	Right
363-P	PTB Orthosis with Articulating Ankle and Growth Adjustments	Pair

MODEL 378 CLAMSHELL AFO

Model 378 is an ankle-foot orthosis with an anterior panel, held in place with hook and loop straps. Model 378 is biomechanically similar to the floor reaction AFO, except a full anterior panel has been added to help control weak quadriceps and resulting knee flexion. Please pick from the following options:

- Plastic Type, Color (Natural or Black only) and Thickness

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options

Order No.	Description	Side
378-L	Clamshell AFO	Left
378-R	Clamshell AFO	Right
378-P	Clamshell AFO	Pair

NOTE: Please send negative cast impression and completed orthometry form with all necessary measurements. Other manufacturers components may also be specified, however these options will include additional charges.

Phone: 800-521-2192
Fax: 800-923-2537

MODEL 379
PLASTIC & METAL AFO

Model 379 is a plastic and metal ankle-foot orthosis that consists of a plastic calf section, metal ankle joints and a UCBL footplate. Please pick from the following options:

- Plastic Type, Color (Natural or Black only) and Thickness
- Any Becker Ankle Joint and UCBL stirrup insert

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options

Order No.	Description	Side
379-L	Plastic and Metal AFO	Left
379-R	Plastic and Metal AFO	Right
379-P	Plastic and Metal AFO	Pair

MODEL 395
PROGRESSIVE AFO™

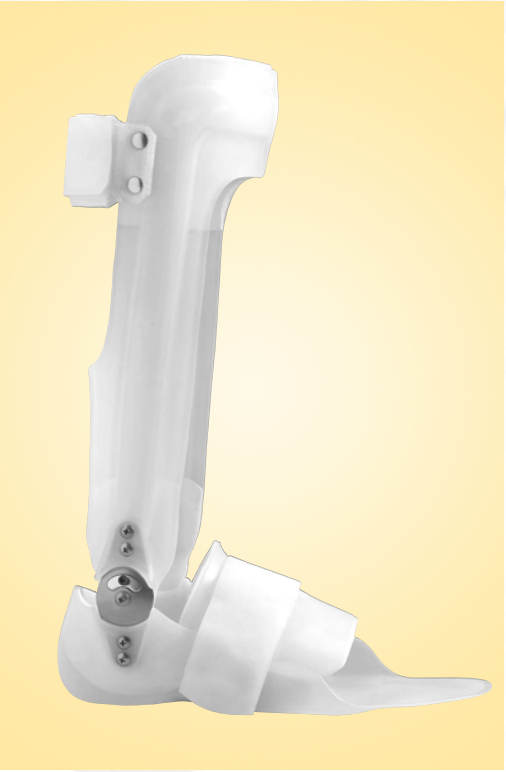
Model 395 is a hybrid ankle-foot orthosis with adjustable metal ankle joints that uses ground reaction forces to control ankle, foot and knee instability in individuals with neuromuscular involvement. Please pick from the following options:

- Small, medium, or large Camber Axis Hinges®
- Thickness (0.06" or 0.09") of Carbon Fiber reinforcement (Compcore®)
- Plastic type, color (Natural or Black only) and thickness

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options

FEATURES:

- Hybrid Design that Combines the Positive Aspects of Thermoplastic, Carbon Fiber Reinforcement and Metal Adjustable Ankle Joints
- Cost Effective, Definitive Orthosis with Inherent Adjustability, designed to Compliment Physical Therapy
- The Camber Axis Hinge® provides variable range of motion or fixed ankle positioning.



Order No.	Description	Side
395-L	Progressive AFO	Left
395-R	Progressive AFO	Right
395-P	Progressive AFO	Pair

Camber Axis Hinge® **US Patent 5,542,774**

- Camber Axis Hinge® Information CD available for self-study and PCE credits. Please call our customer service department for details.

NOTE: Please send negative cast impression and completed orthometry form with all necessary measurements. Other manufacturers components may also be specified, however these options will include additional charges.

MODEL 396
XAFO

Model 396 is a low profile ankle-foot orthosis designed to provide effective M-L control of the foot ankle complex. The XAFO utilizes stainless steel Camber Axis Hinges® for added strength and variable motion control. The XAFO may also be ordered as a kit. Please see page 1.5.5 for details.

Camber Axis Hinge® **US Patent 5,542,774**

- Camber Axis Hinge® Information CD available for self-study and PCE credits. Please contact our customer service department for details.

FEATURES:

- Camber Axis Hinges®
- Prefabricated Thermoplastic Medial and Lateral Uprights
- Interface Padding
- Proximal and Distal Straps

Order No.	Description	Side
396-L	Custom XAFO	Left
396-R	Custom XAFO	Right
396-P	Custom XAFO	Pair

NOTE: Please send negative cast impression and completed orthometry form with all necessary measurements.

Phone: 800-521-2192
Fax: 800-923-2537

AFO ORTHOMETRY FORM

Today's Date: _____ Patient: _____

Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

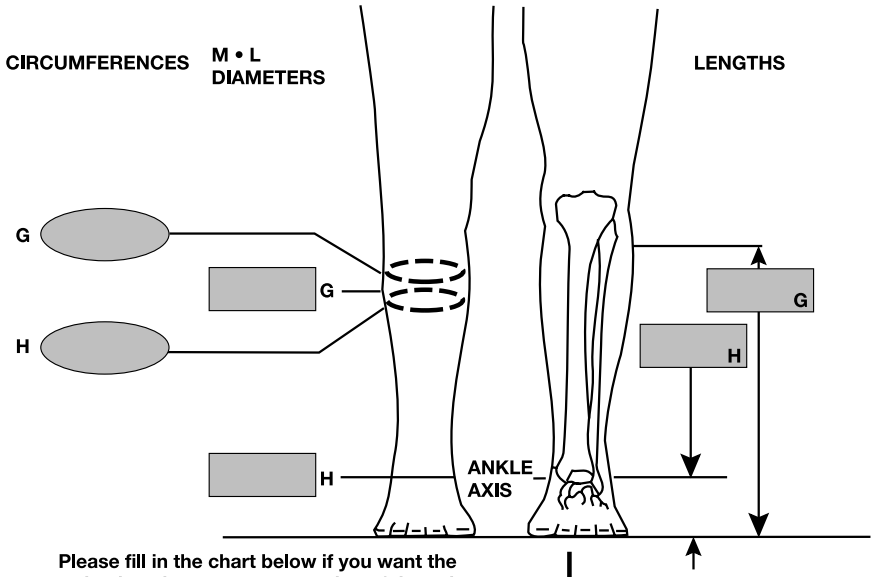
Street: _____ Diagnosis: _____

City: _____ State: _____ Zip:_____ _____

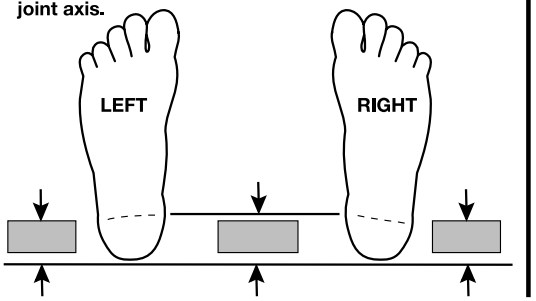
Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____

MEASUREMENTS: ☐ Inches ☐ Centimeters



Please fill in the chart below if you want the orthosis to have external rotation of the ankle joint axis.



Ankle

☐ Varus ☐ Valgus
☐ Flexible ☐ Rigid
Degrees: _____

☐ Toe Out ☐ Toe In
☐ Medial Plane
☐ Lateral Plane
Degrees: _____

Heel Height: _____

Additional Instructions: _____

_____

_____

_____

_____

_____

_____

AFO ORTHOMETRY FORM CONTINUED:

Today's Date: _____ Patient: _____

Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

Street: _____ Diagnosis: _____

City: _____ State: ____ Zip:_____ _____

Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____

LEG: ☐ Left ☐ Right ☐ Bilateral **MATERIAL:** ☐ Thermoplastic ☐ Metal and Leather

TYPE: ☐ DFA ☐ Semi-Rigid ☐ Rigid ☐ TRAFO ☐ Floor Reaction ☐ PTB ☐ Night Splint ☐ Healing Brace ☐ Bi-Value ☐ Articulating ☐ Other: _____ **TYPE of FO:** ☐ UCB ☐ SMO ☐ Tone Reducing ☐ Insert

Thermoplastic Options

Plastic *(select one from each column)*

Type	Thickness	Location	Flares
☐ Polypropylene	☐ 1/8"	☐ Anterior	☐ Proximal
☐ Copolymer	☐ 5/32"	☐ Posterior	☐ Medial
☐ Polyethylene	☐ 3/16"		☐ Lateral
	☐ 1/4"		

Correct cast to: _____ ☐ Do not correct cast

Liner *(select one from each column)*

Type	Thickness	Location
☐ Aliplast	☐ 1/8"	☐ Anterior ☐ Posterior
☐ Med-Density Pelite	☐ 5/32"	☐ Footplate
☐ Heavy-Density Pelite	☐ 3/16"	☐ Plantar Surface
☐ Other _____	☐ 1/4"	☐ Other _____

Ankle Joints *(select type)*

☐ Tamarack
☐ Tamarack Dorsi Assist
☐ Tamarack Variable Assist™
☐ Tamarack Clevisphere™
☐ Oklahoma (Polypro)
☐ Oklahoma (Heavy Duty Nylon)
☐ Gillette
☐ Gillette Heavy Duty
☐ Gillette Dorsi Assist
☐ Camber Axis Hinge®
☐ Other _____

Size: ☐ A (Adult) ☐ B (Youth) ☐ C (Child)

Posterior Stops *(select type)*

☐ 655 ☐ 755 ☐ 795 ☐ Other _____
☐ None (Free Motion) **Height of AFO: _____

Miscellaneous

☐ ST Pad
☐ Dorsal Straps
☐ Loctite® all screws
☐ Figure 8
☐ HFH Strap (Padded Dorsum Strap)

Metal and Leather Options

Leather *(select one from each column)*

Color	Closure	T-Strap	Miscellanous
☐ Black	☐ Hook & Loop	☐ Medial	☐ Calf Lacer
☐ Beige	☐ Leather Strap & Buckle	☐ Lateral	☐ Leather Gauntlet
☐ Smoked Elk		☐ None	☐ SS Footplate (please provide cast)
☐ Brown			
☐ White			

Ankle Joints *(select type)*

☐ Dorsiflexion Assist
☐ Dorsiflexion Plus Assist
☐ Slim Line Double Action
☐ Original Double Action
☐ Standard Action

Stirrup *(select type)*

☐ Solid
☐ Solid Wide Flange
☐ Split
☐ UCBL
☐ Other _____

Size: ☐ A (Adult) ☐ B (Youth) ☐ C (Child)

Range of Motion

☐ Plantarflexion _____ ☐ Dorsiflexion _____

Uprights *(select one from each column)*

Material	Finish	Size
☐ Stainless Steel	☐ High Buff	☐ 1/4" x 3/4"
☐ Aluminum	☐ Bead Blast	☐ 3/16" x 3/4"
	Thermoclad	☐ 1/4" x 5/8"
	☐ Black	☐ 3/16" x 1/2"
	☐ White	☐ 3/16" x 5/8"
	☐ Blue	☐ 1/8" x 1/2"

Additional Instructions: _____

Trim Lines

Met. Heads: _____

Sulcus: _____

Full Length: _____

Lateral Trimline

Medial Trimline

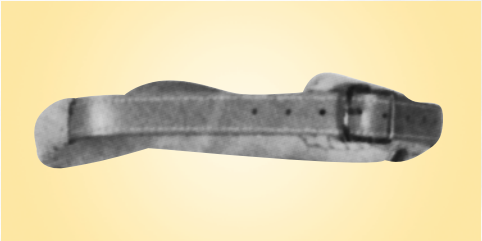
Length of Foot

BeckerOrthopedic.com

Phone: 800-521-2192
Fax: 800-923-2537

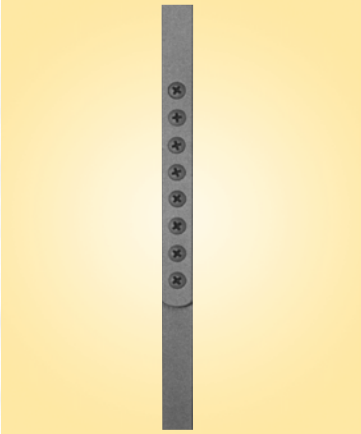
PELVIC BANDS

Order No.	Description
D-1	Unilateral Pelvic Band (please specify Right or Left and Hip Joints when ordering)
D-2	Bilateral Pelvic Band (please specify joints when ordering)



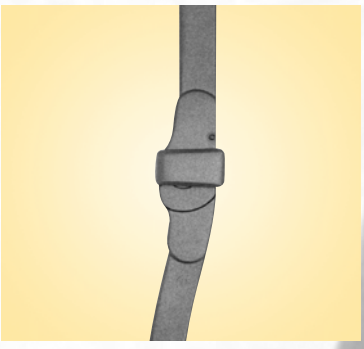
ISCHIAL SEATS & RINGS

Order No.	Description
D-3	Ischial Ring *(shown)*
D-4	Ischial Seat



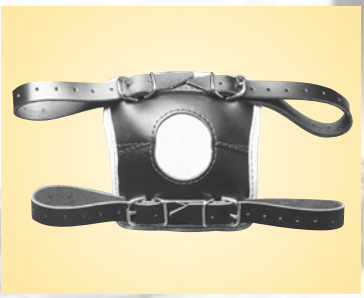
GROWTH ADJUSTMENTS

Order No.	Description
D-5	Loop Type Growth Adjustment (please specify AK or BK)
D-6	Lap Type Growth Adjustment (please specify AK or BK) *(shown)*



RING LOCK ASSISTS

Order No.	Description
D-7	Ball Catch *(shown)*
D-8	Spring Pull



KNEE PADS

Order No.	Description
D-9	5-Buckle Knee Pad - Please specify size (pediatric, small, medium, or large) and leather color
D-10	4-Buckle Knee Pad *(shown)* - Please specify size (pediatric, small, medium, or large) and leather color
D-11	3-Buckle Knee Pad - Please specify size (pediatric, small, medium, or large) and leather color

NOTE: Custom knee pads are available upon request. Please specify size, leather color and number of buckles when ordering. Hook and loop closures are also available.

Phone: 800-521-2192
Fax: 800-923-2537

MOLDED LEATHER

Order No.	Description
D-12	Molded Leather Thigh Lacer
D-13	Molded Leather Calf Lacer
D-18	Molded Leather Boot *(shown)*
D-18W	Molded Leather Wrist Gauntlet

Note: Please send negative cast impression and completed orthometry form with all necessary measurements.

CONDYLE PADS

Order No.	Description
D-14	Round Condyle Pad *(shown)* for Free Motion or Lever Lock Joints (please specify size)
D-15	Pear Shape Condyle Pad for Ring Lock Joints (please specify right, left, medial, or lateral)

FOOTPLATES

Order No.	Description
D-16	UCBL With Stirrup Inserts
D-19	Stainless Steel Footplate *(shown)* - (negative cast required)

T-STRAP

Order No.	Description
D-21	T-Strap - Please specify size (small, medium, or large), leg and medial or lateral
D-21P	Padded T-Strap - Please specify size (small, medium, or large), leg and medial or lateral

Note: Custom T-Straps are available upon request. Please specify size, leather color, leg and side. Hook and loop closures are also available.

SHOE MODIFICATIONS

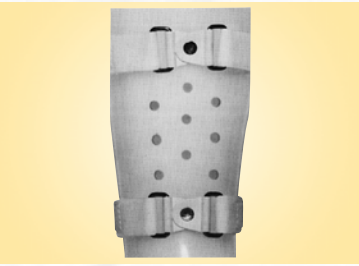
Order No.	Description
D-17	Perthese Rocker *(shown)*
D-54	Posting
D-54C	Crepe Posting
D-55	Carlson Modification
D-56	Build-Up on Non-Molded Shoe Up to 1"
D-56M	Build-Up on Molded Shoe Up to 1"
D-56MR	Rocker Sole Build-Up to 1"
D-57	Sole and Heel Wedge on Non-Molded Shoe
D-57M	Sole and Heel Wedge on Molded Shoe
D-58	Heel Wedge on Non-Molded Shoe
D-58M	Heel Wedge on Molded Shoe
D-59	Sole Wedge on Non-Molded Shoe
D-59M	Sole Wedge on Molded Shoe
D-61	Heel Lift on Non-Molded Shoe Up to 1"
D-61M	Heel Lift on Molded Shoe Up to 1"

REINFORCEMENTS

Order No.	Description
D-18A	Aluminum Band Reinforcement
D-26	Compcore Ankleform® Reinforcement
D-26A	Compcore® Band or Corrugate Reinforcement

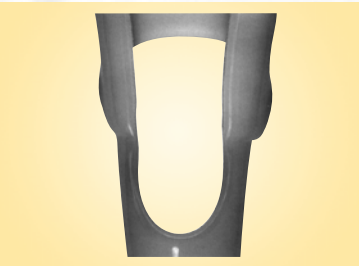
SOFT INTERFACES

Order No.	Description
D-27	Soft Interface Lining Thigh
D-27A	Fully Lined KAFO
D-28	Soft Interface Lining Calf
D-28A	Fully Lined AFO
D-29	Soft Interface Lining Foot



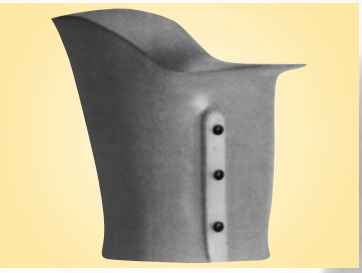
VENTILATION HOLES

Order No.	Description
D-33	Ventilation Holes



RELIEFS

Order No.	Description
D-34	Flares
D-35	Cut-Outs



QUADRILATERAL BRIM

Order No.	Description
D-30	Quadrilateral Brim

ANTERIOR PANELS

Order No.	Description
D-31	Anterior Femoral Panel
D-32	Anterior Tibial Panel

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Phone: 800-521-2192
Fax: 800-923-2537

THERMOPLASTIC ANKLE COMPONENTS

Order No.	Description
D-22	Gillette Ankle Joints
D-22A	Tamarack Flexure Joints™
D-22B	Tamarack Dorsi Assist Flexure Joints™
D-23	Oklahoma Ankle Joints
D-24	Scotty Ankle Joints
D-24A	Scotty Econoline Ankle Joints
D-43	Camber Axis Hinge®
D-44	Plastic Overlap Joints
D-45	Kid-Dee-Lite™ Ankle Joints

MOTION CONTROL LIMITERS

Order No.	Description
D-25	795 Motion Control Limiter
D-38	655 Motion Control Limiter
D-39	755 Motion Control Limiter

Note: Please see page 5.5.12 for more information on our Motion Control Limiters.

TRANSFER PAPER

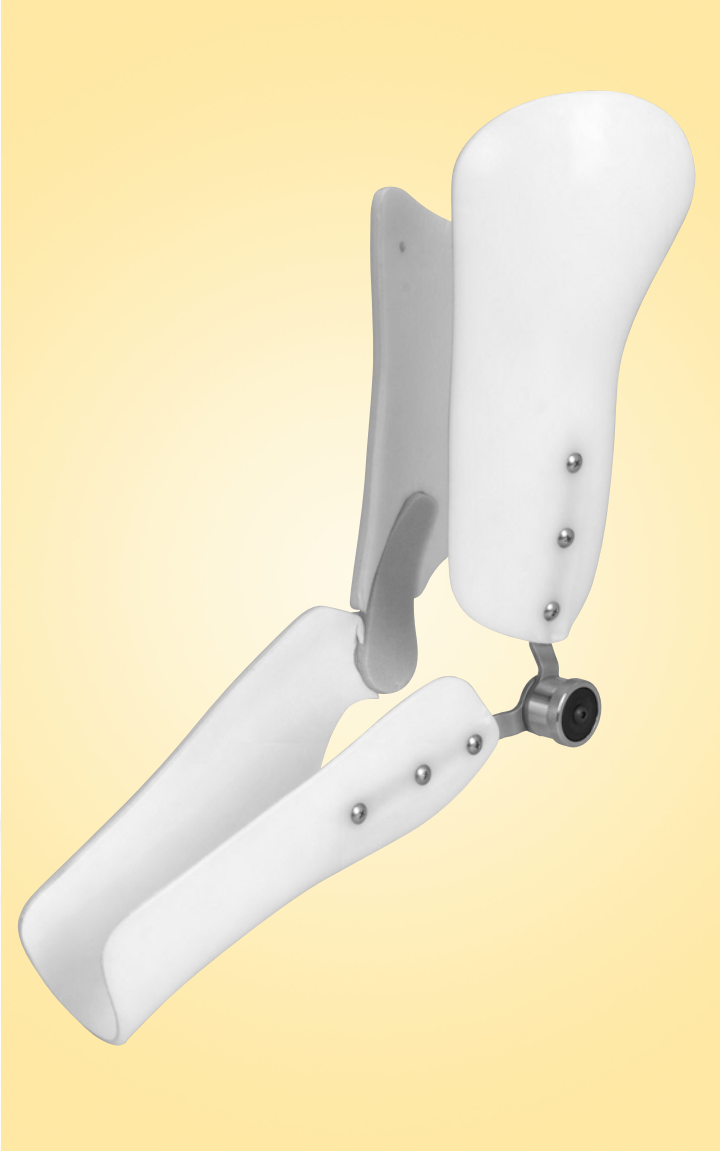
Order No.	Description
D-109	Transfer Paper - AFO
D-110	Transfer Paper - KAFO

Note: Please contact our central fabrication department for a list of available images.

LEVER RELEASE SYSTEMS

Order No.	Description
D-52	Lever Release System
D-52HD	Heavy Duty Lever Release System

MODEL 331
MONODOS® CUSTOM ELBOW ORTHOSIS



- The Monodos® is a cost-effective alternative to serial casting
- For details on our Monodos® joint, please see page 1.2.13.

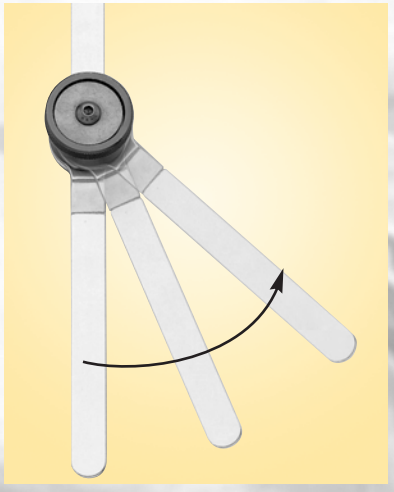
Model 331 is a plastic elbow orthosis designed for the management of spasticity and joint contracture, often associated with cerebral palsy, stroke and spinal cord injury.

US Patent 5,328,446

Please pick from the following options:

- Monodos® Joint, 1900-B (Adult), or 1900-C (Pediatric)
- Any Becker Joint for Medial side
- Plastic Type, Color (Natural or Black only) and Thickness

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options.



One-way motion only

Simple release mechanism

Order No.	Description	Side
331-L	Monodos® Elbow Orthosis	Left
331-R	Monodos® Elbow Orthosis	Right
331-P	Monodos® Elbow Orthosis	Pair

NOTE: Please send negative cast impression and completed orthometry form with all necessary measurements. Other manufacturers components may also be specified, however these options will include additional charges.

Phone: 800-521-2192
Fax: 800-923-2537

MODEL 336
VARILOC® ELBOW ORTHOSIS

Model 336 is a plastic elbow orthosis that allows for adjustable positioning of the elbow in 10˚ increments. The Variloc® Positioning Joint is positively engaged by high strength locking pins, which can be instantly disengaged by a pushbutton mechanism, allowing the joint to flex or extend.

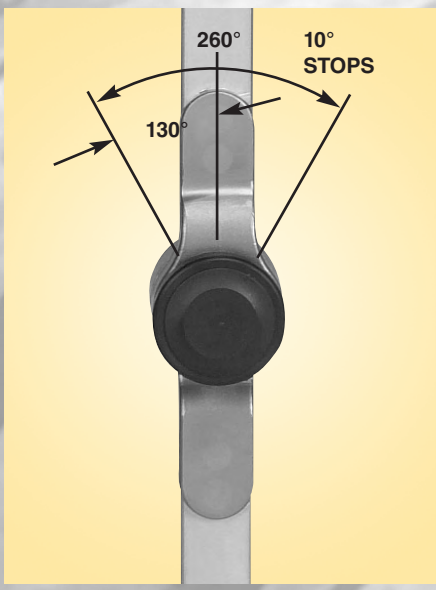
Note: The Variloc® cannot be used as a free motion joint.

US Patent 5,689,999

Please pick from the following options:

- Plastic Type, Color (Natural or Black only) and Thickness

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options.

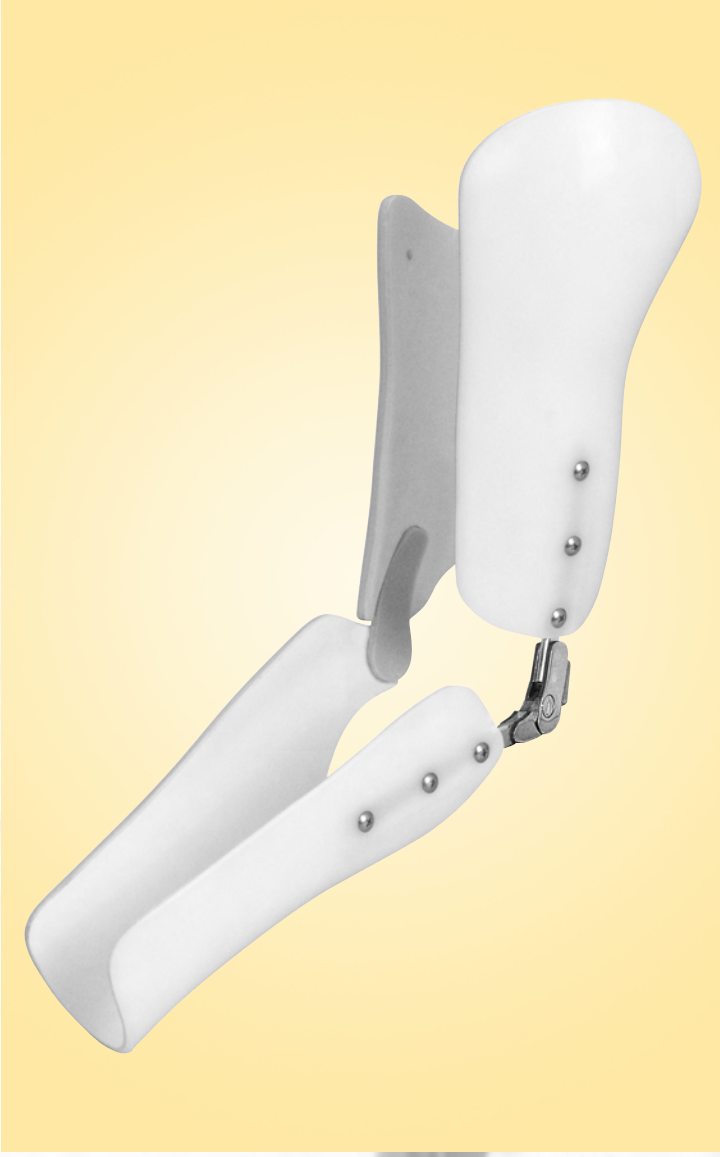


- For details on our Variloc® joint, please see page 4.1.22.

Order No.	Description	Side
336-L	Variloc® Elbow Orthosis	Left
336-R	Variloc® Elbow Orthosis	Right
336-P	Variloc® Elbow Orthosis	Pair

NOTE: Please send negative cast impression and completed orthometry form with all necessary measurements. Other manufacturers components may also be specified, however these options will include additional charges.

MODEL 337
RATCHET LOCK™ ELBOW ORTHOSIS

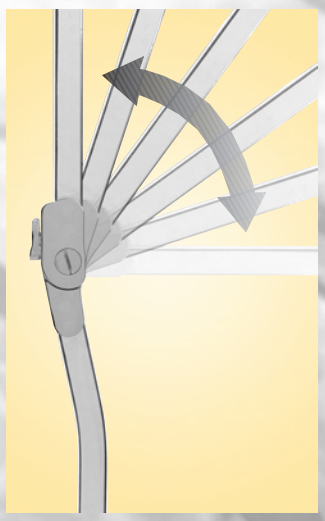


Model 337 is a plastic elbow orthosis designed to promote full arm flexion or extension by providing 8 different locking positions in 12˚ increments. The Ratchet Lock™ joint features a secure, semi-automatic locking mechanism that can be quickly and easily disengaged. Please pick from the following options:

- Ratchet Lock™ Joint Size and Upright Material
- Plastic Type, Color (Natural or Black only) and Thickness

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options

Distinctive, low profile locking mechanism.



Variable flexion knee lock has 8 different locking positions in 12° increments.

- For details on our Ratchet Lock™ joint, please see page 4.1.18.

Order No.	Description	Side
337-L	Ratchet Lock™ Elbow Orthosis	Left
337-R	Ratchet Lock™ Elbow Orthosis	Right
337-P	Ratchet Lock™ Elbow Orthosis	Pair

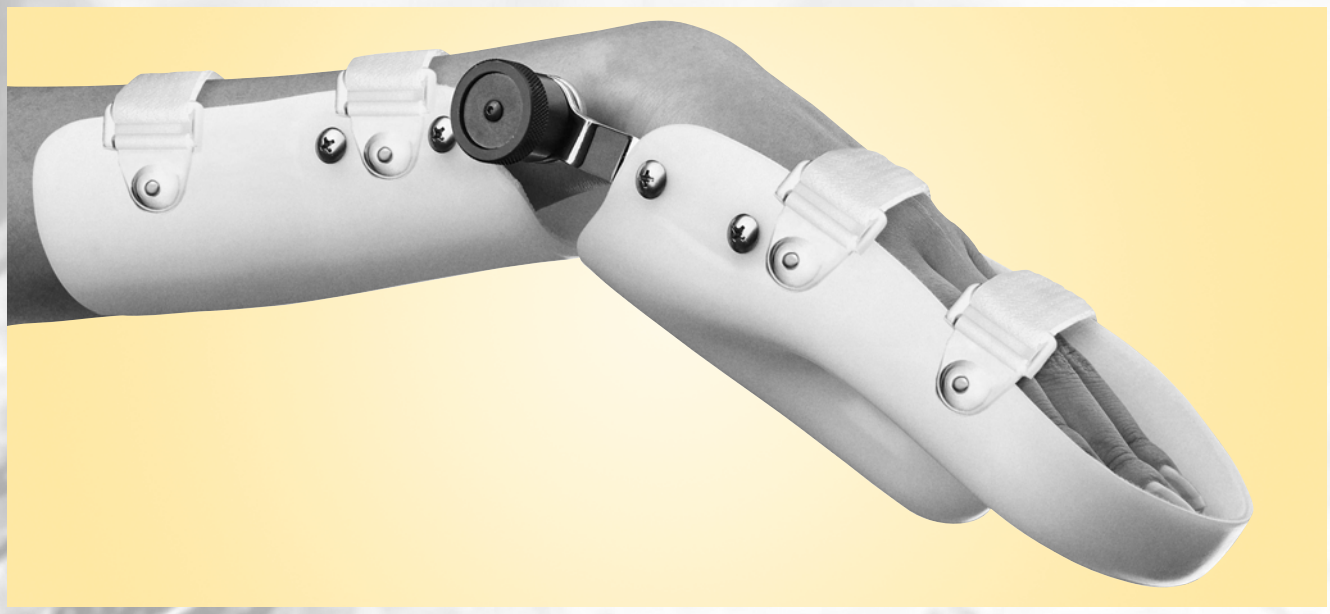
NOTE: Please send negative cast impression and completed orthometry form with all necessary measurements. Other manufacturers components may also be specified, however these options will include additional charges.

Phone: 800-521-2192
Fax: 800-923-2537

MODEL 334
MONODOS® WRIST ORTHOSIS

Model 334 is a plastic wrist orthosis designed for the management of spasticity and joint contracture, often associated with cerebral palsy, stroke and spinal cord injury. The design utilizes our model 1900-B, or 1900-C Monodos® Joint which features a one-way clutch that allows rotation in one direction, but blocks all rotation in the opposite direction until released. The Monodos® is a cost-effective alternative to serial casting.

US Patent 5,328,446



• For details on our Monodos® Joint, please see page 1.2.13.

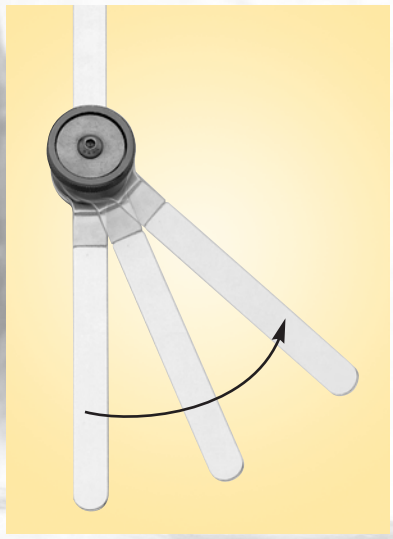
Please pick from the following options:

• Monodos® Joint, 1900-B (Adult), or 1900-C (Pediatric)
• Any Becker Joint for medial side
• Plastic Type, Color (Natural or Black only) and Thickness

NOTE: Please see pages 2.6.2 through 2.6.5 for additional options

Order No.	Description	Side
334-L	Monodos® Wrist Orthosis	Left
334-R	Monodos® Wrist Orthosis	Right
334-P	Monodos® Wrist Orthosis	Pair

Simple release mechanism



One-way motion only

NOTE: Please send negative cast impression and completed orthometry form with all necessary measurements. Other manufacturers components may also be specified, however these options will include additional charges.

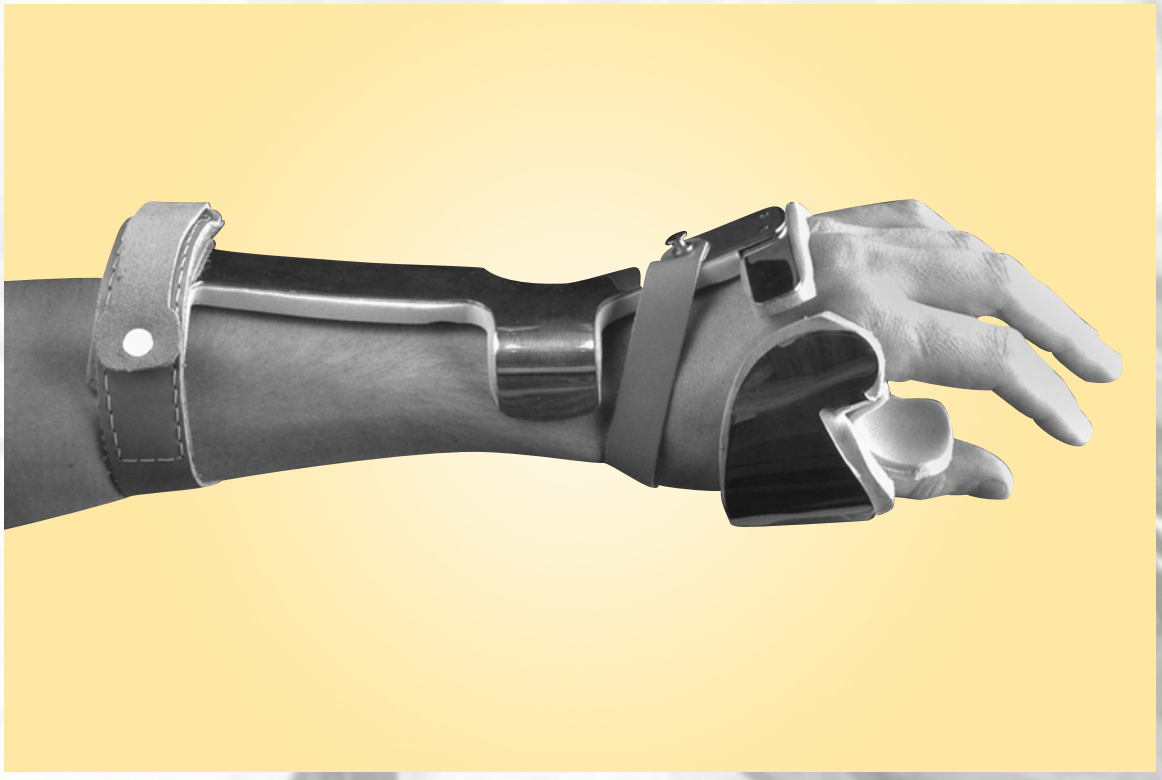
RANCHO WRIST HAND ORTHOSES

These orthoses were originally developed at Rancho Los Amigos Hospital in California.

MODEL U-16C
CUSTOM STATIC WRIST HAND ORTHOSIS

Model U-16C is a lightweight, padded, aluminum and leather positioning orthosis.

Note: Please provide cast with wrist in 30-35˚ of extension (measured from the second metacarpal to the radius). Position the thumb in abduction, extend the IP joint and rotate the thumb so it touches the finger pads. Please also provide completed orthometry form, on page 2.7.10, with order.



Order No.	Description	Size
U-16CL	Custom Static WHO	Left
U-16CR	Custom Static WHO	Right

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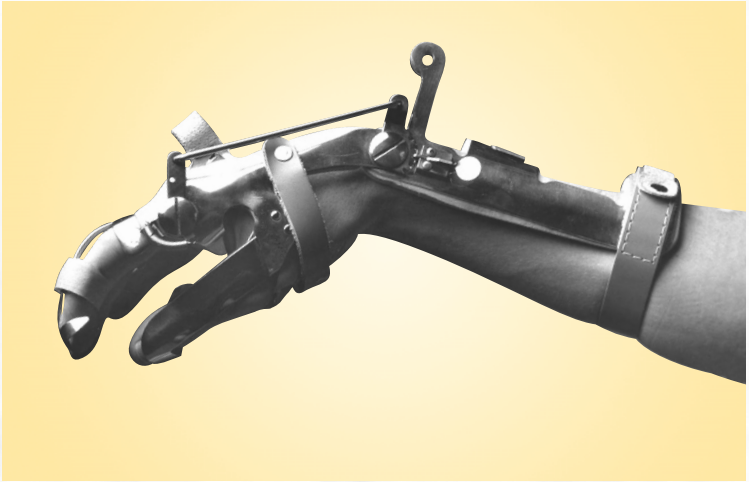
Phone: 800-521-2192
Fax: 800-923-2537

MODEL U-17C
CUSTOM WRIST DRIVEN WRIST HAND ORTHOSIS

Model U-17 utilizes wrist extensor power to provide a pinch mechanism for the paralytic hand. Indicated for patients demonstrating fair wrist extensors, this orthosis is excellent for adding eating or writing utensils.

Note: Please provide cast with wrist in 30-35˚ of extension (measured from the second metacarpal to the radius). Position the thumb in abduction, extend the IP joint and rotate the thumb so it touches the finger pads. Please also provide completed orthometry form, on page 2.7.10, with order.

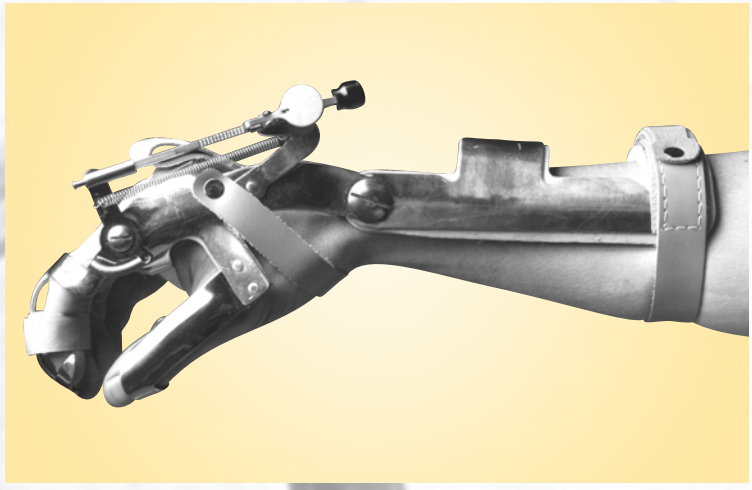


Order No.	Description	Size
U-17CL	Custom Wrist Driven WHO	Left
U-17CR	Custom Wrist Driven WHO	Right

MODEL U-18C
CUSTOM RATCHET WRIST HAND ORTHOSIS

Model U-18 provides a pinch mechanism for the paralytic hand by utilizing a ratchet. It is for patients demonstrating less than fair wrist extensors. This orthosis is also excellent for adding eating or writing utensils.

Note: Please provide cast with wrist in 30-35˚ of extension (measured from the second metacarpal to the radius). Position the thumb in abduction, extend the IP joint and rotate the thumb so it touches the finger pads. Please also provide completed orthometry form, on page 2.7.10, with order.



Order No.	Description	Size
U-18CL	Custom Rachet WHO	Left
U-18CR	Custom Rachet WHO	Right

WHO ORTHOMETRY FORM

Today's Date: _____ Patient: _____

Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

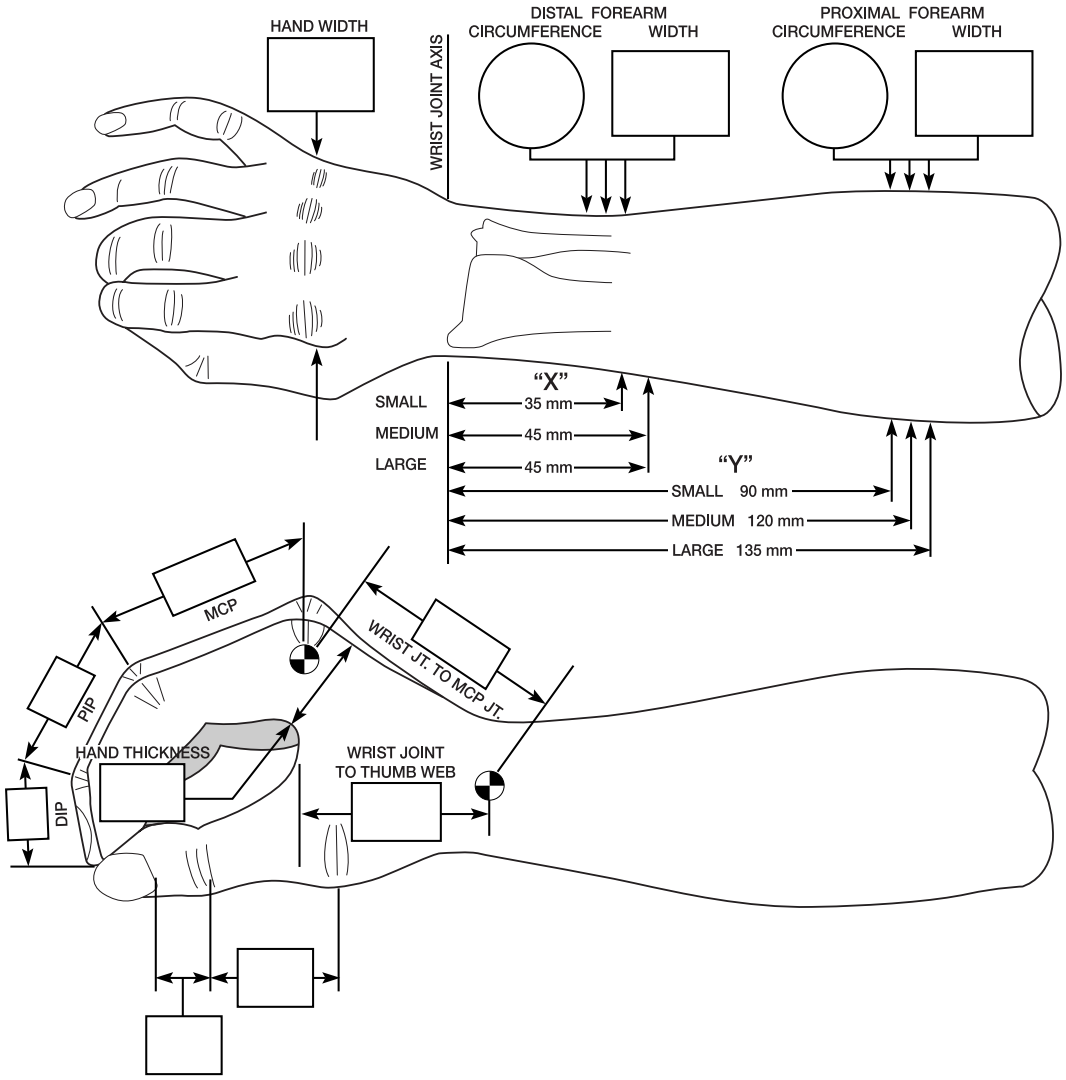
Street: _____ Diagnosis: _____

City: _____ State: ____ Zip:_____ _____

Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____

MODEL: ☐ U-16 ☐ U-17 ☐ U-18 **SIDE:** ☐ Left ☐ Right



Additional Instructions: _____

_____

_____

_____

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