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BRACE ORDER

Doctor's Name _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Phone () _____ Fax () _____
 Patient's Last Name _____ First Name _____
 Age _____ Sex _____ Weight _____ Height _____ Shoe Size _____
 Shoe Type _____ Heel Height _____
 Diagnosis _____ Date Required (\$25 overnight shipping may apply) _____

Clinical Information 1

Stance Evaluation _____
 Calcaneus alignment to leg: Inverted ____ everted ____
 Leg alignment to floor: Varus ____ Valgus ____

Richie Brace® Prescription 2

- RICHIE BRACE (Standard)** *Full flexion ankle hinge pivot. Can include enhancements for Posterior Tibial Tendon Dysfunction (check any or all):*
 - Medial Heel Skive: 4 mm 8 mm
 - Navicular Accommodation: *(please mark negative cast)*
Adjust Limb Uprights for Tibial Varum Yes No
(See measurements above)
 - For severe PTTD recommend Medial Arch Suspender *(see below)*
- SPECIAL MODIFIED VERSIONS OF STANDARD RICHIE BRACE:**
 - RICHIE SOCCER BRACE** *(Includes shin guard)*
 - LITTLE RICHIE BRACE** *(Pediatric application for shoe size 4 and under)*
- RICHIE BRACE RESTRICTED ANKLE PIVOT** *Limits ankle motion, yet allows smooth contact phase of gait. Indications: DJD ankle & STJ, tarsal coalition, mild Charcot, lateral ankle instability, peroneal tendinopathy.*
- ENHANCEMENTS (Optional):**
 - MEDIAL ARCH SUSPENDER:** *Adjustable lifting strap under talo-navicular joint for severe PTTD*
 - LATERAL ARCH SUSPENDER:** *Adjustable lifting strap under calcaneal-cuboid joint for peroneal tendinopathy and severe lateral ankle instability.*
- RICHIE BRACE DYNAMIC ASSIST** *Full flexion pivot with spring hinges for dorsiflexion assist. Patient requirements (must have all 3): Dropfoot, Ankle dorsiflexion to at least 90° to leg, Stable knee*
- RICHIE BRACE SOLID AFO** *Traditional full leg posterior shell with balanced functional orthotic footplate. Indications: Drop-foot with unstable knee, dropfoot with spasticity, Charcot Arthropathy*

Special Instructions/Adjustment Request:

All Richie Braces Have the Following Standard Features 3

- Top cover: Implus®
- Color: Black
- Heel Cup: 35 mm
- Cover Length: Mets
- Orthotic Foot Plate: Intrinsic Balance to Perpendicular
- Limb Uprights Supports: Aligned Perpendicular to Foot Plate
- Heel Stabilizer Bar: Included

COLOR OPTION: Flesh tone White

Richie Brace Modifications 4

Note: non-standard brace modifications may have extra charges. See pricing sheet.

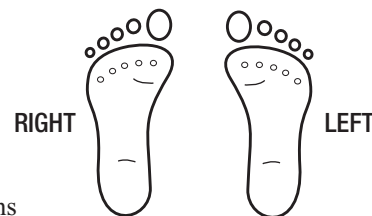
- | | |
|--|--|
| Top Cover | Length |
| <input type="checkbox"/> Implus (standard) | <input type="checkbox"/> To Mets (standard) |
| <input type="checkbox"/> Spenco | <input type="checkbox"/> To Sulcus |
| <input type="checkbox"/> EVA | <input type="checkbox"/> To Toes |
| <input type="checkbox"/> Diabetic (Plastazote/Poron) | <input type="checkbox"/> Add poron cushion to ext. |
| Heel Cup | Medial Heel Skive |
| <input type="checkbox"/> 10 mm | For severe pronation control |
| <input type="checkbox"/> 14 mm | <input type="checkbox"/> 2 mm |
| <input type="checkbox"/> 18 mm | <input type="checkbox"/> 4 mm |
| <input type="checkbox"/> 35 mm (standard) | <input type="checkbox"/> 6 mm |

Cast and Orthotic Modifications 5

- | | |
|---|---|
| <input type="checkbox"/> Heel lift _____ | <input type="checkbox"/> Navicular |
| <input type="checkbox"/> Add medial arch flange | <input type="checkbox"/> Styloid 5th Met |
| <input type="checkbox"/> Add lateral clip | <input type="checkbox"/> Medial fascia band |
| <input type="checkbox"/> Orthotic plate accommodation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Forefoot posting: Varus ____ Valgus ____ | |
- (Not recommended as this will tilt entire brace to exact degree of posting)*

Accommodation Locations 5

(Mark on illustration and on cast)



- Return Positive Cast
- Store Cast For 6 Months