

ACCOUNT INFO

Name: _____ Account #: _____ PO# / MR#: _____
Shipping address: _____ City: _____ State: _____ Zip: _____

PATIENT INFO

Last name: _____ First name: _____
Age/DOB: _____ Weight: _____ Height: _____ Male Female
Shoe type: Dress Casual Athletic Other: _____
Shoe size: _____ Shoe width: _____ Shoe/insole enclosed: Yes No
Diagnosis: _____

ORDER INFO

Make from prior Rx: (# _____)
 Ship to patient (please provide address)
Street: _____
City/State/Zip: _____
 Left Right

RICHIE BRACE

COLOR OPTIONS: Black (Standard) White Beige



STANDARD ADULT
Full flexion ankle hinge pivot, custom ankle foot orthotic.



STANDARD CHILD (LITTLE RICHIE)
Pediatric for shoe sizes smaller than an adult size 4.
**Please provide a mid-calf measurement of circumference.*



STANDARD WITH RESTRICTED ANKLE PIVOT
Limits ankle motion yet allows smooth contact phase of gait. Allows 3-5 degree of motion.



DYNAMIC ASSIST
Spring hinge provides up to 15 degrees of dorsiflexion to treat dropfoot conditions.



RICHIE SOCCER
Includes integrated shin guard.
**Please provide a mid-calf measurement of circumference.*



SOLID AFO
Traditional full leg posterior shell with balanced functional orthotic footplate.
**Available in beige only*

RICHIE CALIFORNIA/GAUNTLET

COLOR OPTIONS: Tan Chocolate



RICHIE CALIFORNIA
Leather AFO with medial or lateral arch suspender and single strap closure.



RICHIE GAUNTLET
Laced Leather AFO with medial AND lateral arch suspender and legitimate varus/valgus control.

RICHIE OTC BRACES

**No cast needed*



STANDARD OTC
A semi-rigid ankle stirrup articulated with a pre-formed orthotic footplate.



DYNAMIC ASSIST OTC
A pre-fabricated ankle foot orthosis providing dynamic dorsiflexion and eversion of the ankle joint.

AeroSpring Brace and modifications on page 2

RICHIE AEROSPRING BRACE SYSTEMS



- ACHILLES OFFLOADING:** Includes Carbon fiber AFO, *one pair of custom orthotics and one pair of 20mm graduated heel wedges in 10mm increments.
- MIDFOOT OFFLOADING:** Includes Carbon Fiber AFO, *one pair of custom orthotics, one pair of 10mm graduated heel wedges.
- DROFFOOT STABILITY:** Includes Carbon Fiber AFO, *one pair of custom orthotics, no heel wedges are recommended for this system.
- PLANTAR FASCIA OFFLOADING:** Includes Carbon Fiber AFO, *one pair of custom orthotics, one pair of 10mm graduated heel wedges.
- BRACE ONLY:** Does not include custom orthotics (patient already has custom orthotics).

****Custom orthotics for AeroSpring Brace crafted by 3rd party orthotic lab that manufactures Richie Braces. ****

BRACE MODIFICATIONS

- 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.
- Posterior Upright Connector:** Connects uprights to stiffen brace (Arch suspenders require either a restricted ankle pivot or a posterior upright connector).
- Adjust Uprights for tibial varum**

PATIENT ALIGNMENT

Calcaneus alignment to leg: Inverted ____ Everted ____

Leg alignment to floor: Varus ____° Valgus ____°

ORTHOTIC THICKNESS (POLY)

- 3mm (standard under 200 lbs)
- 4mm (standard over 200 lbs)
- 5mm

HEEL CUP DEPTH

- 35mm (Standard)
- 20mm
- Other: _____

SKIVE FLANGE

- Medial
- Lateral

TOP COVER

- Firm EVA (Standard) (Blue/Green/Black combo)
- Micropuff: Medium EVA (Black)
- Terryco/Neoprene/Spenco (Black)
- Diabetic: 1/8" Pink Plastizote

1/8" 1/16"

TOP COVER LENGTH

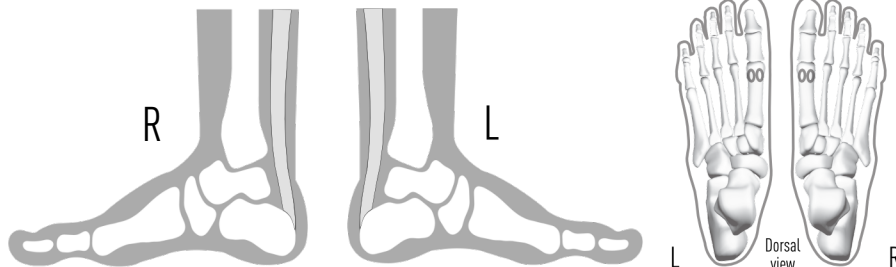
- Met Length (Standard)
- Sulcus (Std.- Dynamic Assist)
- Full-length

POSTING

- Heel Stabilizer (Standard) No Posting
- Heel Post ____° Inverted/Varus ____° Motion/Valgus
- Heel Lift ____mm
- Sulcus Forefoot Wedge ____° Varus ____° Valgus
- Plantar arch fill (black crepe)

ACCOMMODATIONS

- Fascial Groove Grind out 1st ray IPJ Accommodation Heel Spur pads:
- Styloid Met Pad 1/8" Morton's Ext Heel cushion
- Navicular Met Bar 1/8" Balance Pad Donut cushion
- Grind out 1st met Toe Crest Arch Pad 1/8" Horseshoe cushion
- Padded Strap Medial Flip



*Please review price list for additional options not shown and make any special notes below.

NOTES/SPECIAL INSTRUCTIONS:

Signature: _____

Print name: _____

Date: _____