

CLINICIAN

1 REQUIRED

S20 Ice/Roller Hockey

Account Location

PO Number

Clinician

Clinician Email

Date:/...../.....
MM DD YYYY

Rush order due date:
...../...../.....
MM DD YYYY



Call us: 1-877-767-3338
Fax: 1-866-919-9268
www.kevinorthopedic.com
hello@kevinorthopedic.com

Contact me to review Order Form

PATIENT

2 REQUIRED

Patient's Email

First Name

Last Name

DOB/...../..... Sex: M F Weight Height Shoe Size


Ship to Patient


Street Address


City State Zip


FOOT IMPRESSION METHOD


3 REQUIRED


Plaster Slipper Cast 

Foam Impression 

STS Slipper Socks 


3D Foot Scanner 


Pedobarography 


Existing Positive Model 

Store model for 3 months Digitize model Return model

Redimold:

Normal 

Planus 

Cavus 

OPTIMIZATION

Bilateral (Asymmetrical)


Mirror Right

Mirror Left


Right Only

Left Only

Fit Orthosis to submitted:

Tracing 

Insoles 

Shoes 

Recommended For:

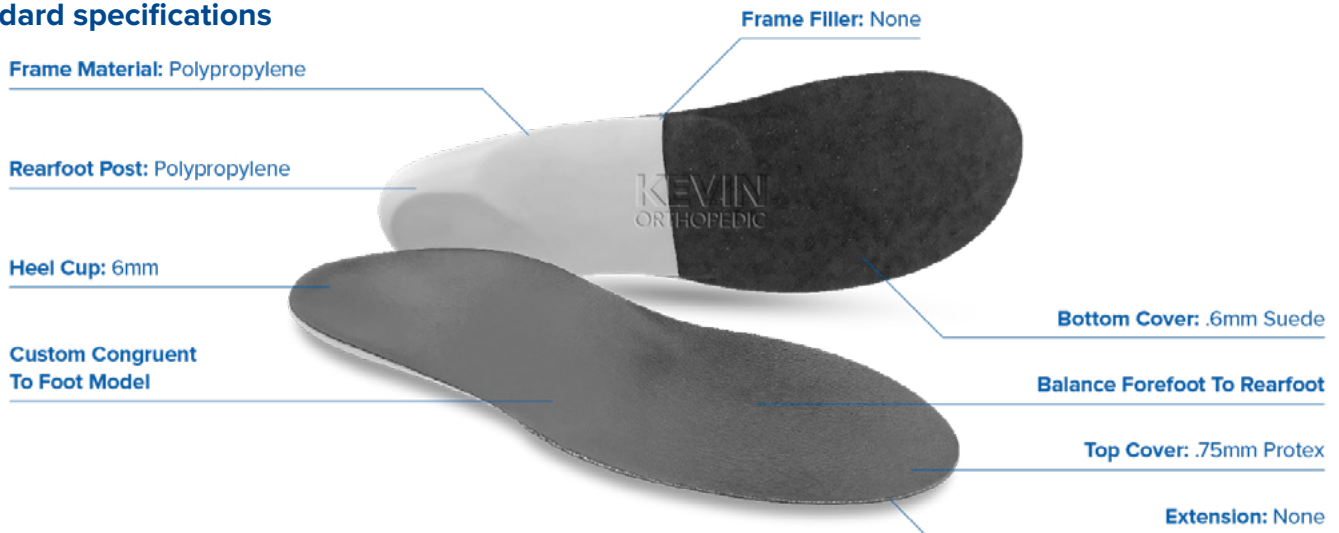
- Beginner to professional hockey players
- Hockey players with moderate to advanced pathology
- Performance Enhancement

Clinical Indications:

- Symptomatic feet while playing hockey
- Biomechanical pathology






Standard specifications



MATERIALS

A OPTIONAL

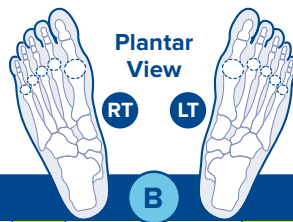
| TOP COVER | Length of Cover: |  To Mets |  To Sulcus |  To Toes | FRAME | Flexible | Semi Flexible | Semi Rigid | Rigid | Very Rigid | Most Rigid |
|--------------|--|---|--|---|-------|---|--|---|--|--|--|
| | | Prolite <input type="checkbox"/> 2 <input type="checkbox"/> 3 (mm) Glove Leather <input type="checkbox"/> 1 (mm) <input type="checkbox"/> Glue only heel of top cover for placing forefoot pads in clinic | Spenco <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm) Suede <input type="checkbox"/> 0.6 (mm) | Protex <input type="checkbox"/> 0.75 (mm) EVA <input type="checkbox"/> 3 (mm) | | PolyPro mm Subo mm Carbon mm TPE mm EVA Shore A | N/A N/A N/A 3 <input type="checkbox"/> 15 <input type="checkbox"/> | 2 <input type="checkbox"/> 2 <input type="checkbox"/> 1.5 <input type="checkbox"/> 4 <input type="checkbox"/> 30 <input type="checkbox"/> | 3 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> N/A 45 <input type="checkbox"/> | 4 <input type="checkbox"/> 4 <input type="checkbox"/> 2.5 <input type="checkbox"/> N/A 65 <input type="checkbox"/> | 5 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> N/A N/A |
| BOTTOM COVER | Suede <input type="checkbox"/> 0.6 (mm) Protex <input type="checkbox"/> 0.75 (mm) | Suede Bottom Wrap <input type="checkbox"/> 0.6 (mm) Myolite <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm) | <input type="checkbox"/> None | | | | | | | | |

Special Instructions/Special Device:

PATIENT

First Name

Last Name



S20 Ice/Roller Hockey 2 OF 2

Date: / /
MM DD YYYY



PRONATION CORRECTIONS - RIGHT

LEFT - PRONATION CORRECTIONS

| | | | | | | | | | |
|--|-----------------------------|--|---|--|--|---|--|-----------------------------|--|
| | Varus Forefoot Posts | Balance FF to RF VR Extrinsic (Bar) VR Met Wedge | 8° 6° 4° 2° 90° 6° 4° 2° 0° 6° 4° 2° | | | 90° 2° 4° 6° 8° 0° 2° 4° 6° 2° 4° 6° | Balance FF to RF VR Extrinsic (Bar) VR Met Wedge | Varus Forefoot Posts | |
| | Midfoot | Raise Med Arch Scaphoid Pad VR Cuboid Pad Medial Flange | 6 4.5 3 1.5 (mm) 6 4.5 3 1.5 (mm) 6 4.5 3 1.5 (mm) High Medium Low | | | (mm) 1.5 3 4.5 6 (mm) 1.5 3 4.5 6 (mm) 1.5 3 4.5 6 Low Medium High | Raise Med Arch Scaphoid Pad VR Cuboid Pad Medial Flange | Midfoot | |
| | Varus Rearfoot Posts | VR Intrinsic Polypropylene Heel Skive | 6° 4° 2° 0° 6° 4° 2° 0° 6 4 2 (mm) | | | 0° 2° 4° 6° 0° 2° 4° 6° (mm) 2 4 6 | VR Intrinsic Polypropylene Heel Skive | Varus Rearfoot Posts | |

SUPINATION CORRECTIONS - RIGHT

LEFT - SUPINATION CORRECTIONS

| | | | | | | | | | |
|--|------------------------------|--|--|--|--|--|--|------------------------------|--|
| | Valgus Forefoot Posts | Balance FF to RF VG Extrinsic (Bar) VG Met Wedge | 8° 6° 4° 2° 90° 6° 4° 2° 0° 6° 4° 2° | | | 90° 2° 4° 6° 8° 0° 2° 4° 6° 2° 4° 6° | Balance FF to RF VG Extrinsic (Bar) VG Met Wedge | Valgus Forefoot Posts | |
| | Midfoot | Lower Med Arch Lateral Flange VG Frame Filler VG Cuboid Pad | 6 4.5 3 1.5 (mm) High Medium Low 6° 4° 2° 0° 6 4.5 3 1.5 (mm) | | | (mm) 1.5 3 4.5 6 Low Medium High 0° 2° 4° 6° (mm) 1.5 3 4.5 6 | Lower Med Arch Lateral Flange VG Frame Filler VG Cuboid Pad | Midfoot | |
| | Valgus Rearfoot Posts | VG Intrinsic VG Extrinsic | 6° 4° 2° 0° 6° 4° 2° 0° | | | 0° 2° 4° 6° 0° 2° 4° 6° | VG Intrinsic VG Extrinsic | Valgus Rearfoot Posts | |

EXTENSIONS - RIGHT

LEFT - EXTENSIONS

| | | | | | | | | | |
|--------------------------------|--|---|--|--|---|--|--|----------------------|--|
| | Toe Length | Toe Extension Morton's Ext. Rev. Morton's Dynamic Wedge | Myolite 4.5 3 1.5 (mm) U.skiv 4.5 3 1.5 (mm) Skived 4.5 3 1.5 (mm) 3 1.5 (mm) | | | (mm) 1.5 3 4.5 Myolite (mm) 1.5 3 4.5 U.skiv (mm) 1.5 3 4.5 Skived (mm) 1.5 3 | Toe Extension Morton's Ext. Rev. Morton's Dynamic Wedge | Toe Length | |
| | Sulcus Length | Sulcus Extension Morton's Ext. Rev. Morton's Foot Cookie Ext. | Myolite 4.5 3 1.5 (mm) U.skiv 4.5 3 1.5 (mm) Skived 4.5 3 1.5 (mm) Myolite 4.5 3 1.5 (mm) | | | (mm) 1.5 3 4.5 Myolite (mm) 1.5 3 4.5 U.skiv (mm) 1.5 3 4.5 Skived (mm) 1.5 3 4.5 Myolite | Sulcus Extension Morton's Ext. Rev. Morton's Foot Cookie Ext. | Sulcus Length | |
| Partial Foot Toe Filler | Toe Filler <input checked="" type="checkbox"/> | 5 th 4 th 3 rd 2 nd 1 st | | | 1 st 2 nd 3 rd 4 th 5 th | Toe Filler <input checked="" type="checkbox"/> | Partial Foot Toe Filler | | |

OFFLOADING PADS & CUSHIONS - RIGHT

LEFT - OFFLOADING PADS AND CUSHIONS

| | | | | | | | | | |
|----------------------|--|--|--|--|------------------------------------|--|--|-----------------|--|
| | Forefoot | Met Balance <input checked="" type="checkbox"/> Met Punch <input checked="" type="checkbox"/> Met Pad 2-4 Met Bar 1-5 Dancer's Pad | 5 th 4 th 3 rd 2 nd 1 st 5 th 4 th 3 rd 2 nd 1 st 4.5 3 1.5 (mm) 4.5 3 1.5 (mm) 4.5 3 1.5 (mm) | | | 1 st 2 nd 3 rd 4 th 5 th 1 st 2 nd 3 rd 4 th 5 th (mm) 1.5 3 4.5 (mm) 1.5 3 4.5 (mm) 1.5 3 4.5 | <input checked="" type="checkbox"/> Met Balance <input checked="" type="checkbox"/> Met Punch Met Pad 2-4 Met Bar 1-5 Dancer's Pad | Forefoot | |
| | Midfoot | Cuboid Offload | 6 4.5 3 1.5 (mm) | | | (mm) 1.5 3 4.5 6 | Cuboid Offload | Midfoot | |
| | Rearfoot | Heel Cushion Heel Spur Pad | 6 4.5 3 1.5 (mm) 6 4.5 3 1.5 (mm) | | | (mm) 1.5 3 4.5 6 (mm) 1.5 3 4.5 6 | Heel Cushion Heel Spur Pad | Rearfoot | |
| Device Length | Myolite Layer Plastazote Layer | 4.5 3 1.5 (mm) 6 4.5 3 1.5 (mm) | | | (mm) 1.5 3 4.5 (mm) 1.5 3 4.5 6 | Myolite Layer Plastazote Layer | Device Length | Cushion | |

FRAME MODIFICATIONS - RIGHT

LEFT - FRAME MODIFICATIONS

| | | | | | | | | | |
|---|---|--|--|------------------|--|---|--|-----------------|--|
| | Forefoot | 1 st Ray Cut Out 5 th Ray Cut Out | Full 65° 45° 65° 45° | | | 45° 65° Full 45° 65° | 1 st Ray Cut Out 5 th Ray Cut Out | Forefoot | |
| | Midfoot | Navicular B. Out 5 th Button Out | 6 4.5 3 1.5 (mm) 6 4.5 3 1.5 (mm) | | | (mm) 1.5 3 4.5 6 (mm) 1.5 3 4.5 6 | Navicular B. Out 5 th Button Out | Midfoot | |
| | Rearfoot | Heel Aperture Heel Lift Heel Lift Tapered | With Visco Plug No Plug 6 4.5 3 1.5 (mm) 26 22 18 14 10 (mm) | | | No Plug With Visco Plug (mm) 1.5 3 4.5 6 (mm) 10 14 18 22 26 | Heel Aperture Heel Lift Heel Lift Tapered | Rearfoot | |
| Frame Attributes | Frame Filler Filler Skive Heel Cup Depth Width of Frame Device Undercut | Rigid Semiflexible Myolite Max Med. Min. None 30 24 18 12 6 (mm) Wide Standard Narrow 30° 20° 15° 10° 0° | | | Myolite Semiflexible Rigid None Min. Med. Max (mm) 6 12 18 24 30 Narrow Standard Wide 0° 10° 15° 20° 30° | Frame Filler Filler Skive Heel Cup Depth Width of Frame Device Undercut | Frame Attributes | | |
| Detached Carbon Foot Plate to Toes | Rigid Semi-rigid | | | Semi-rigid Rigid | Detached Carbon Foot Plate to Toes | | | | |

Special Instructions/Special Device: