

CLINICIAN

1 REQUIRED

P3 Lateral Ankle Instability 1 OF 2



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 Fax: 1-866-919-9268
 www.kevinorthopedic.com
 hello@kevinorthopedic.com

Account Location

PO Number

Clinician

Clinician Email

Date: / /
MM DD YYYY

Rush order due date:
 / /
MM DD YYYY

Contact me to review Order Form

PATIENT

2 REQUIRED

Patient's Email

First Name

Last Name

DOB / / Sex: M F Weight Height Shoe Size

MM DD YYYY

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:

- Lateral ligament laxity
- Peroneal tendon pathology
- Chronic ankle instability

Clinical Indications:

- Peroneal tendinitis
- Peroneal tendinosis
- Talofibular ligament ruptures/sprains
- Peroneal tendon subluxation

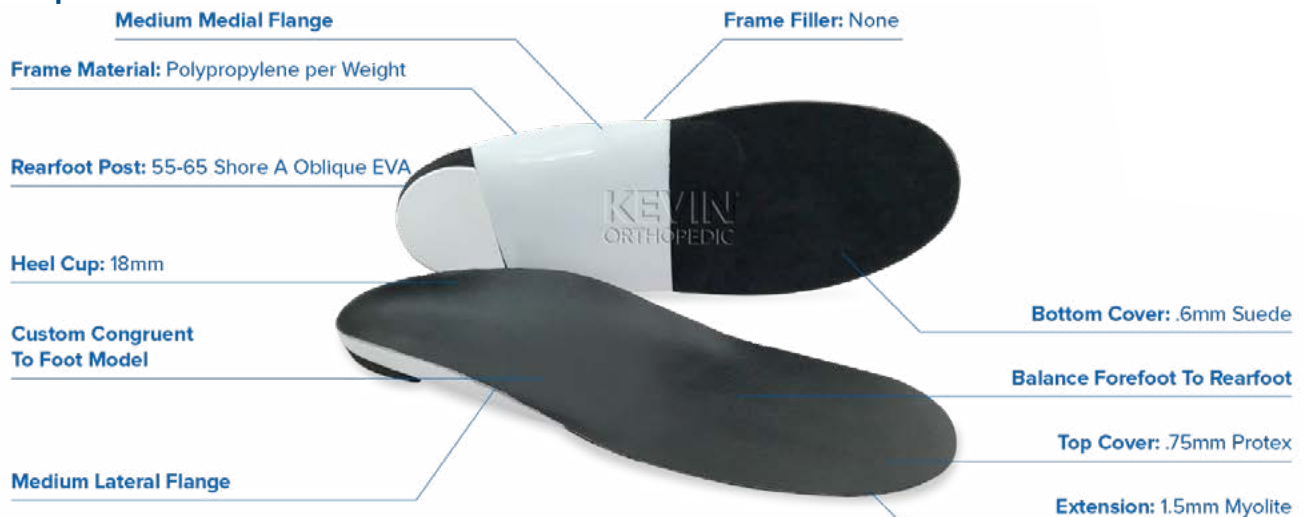


Extrinsic



Toe Length

Standard specifications



MATERIALS

A OPTIONAL

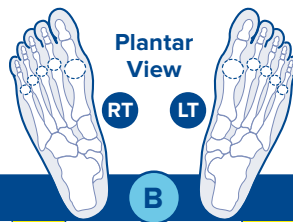
TOP COVER	Length of Cover:	<input type="checkbox"/> To Mets	<input type="checkbox"/> To Sulcus	<input type="checkbox"/> To Toes	FRAME	Flexible	Semi Flexible	Semi Rigid	Rigid	Very Rigid	Most Rigid
	<input type="checkbox"/> Prolite <input type="checkbox"/> 2 <input type="checkbox"/> 3 (mm)	<input type="checkbox"/> Spenco <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm)	<input type="checkbox"/> Protex <input type="checkbox"/> 0.75 (mm)	<input type="checkbox"/> PolyPro mm	N/A	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>					
<input type="checkbox"/> Glove Leather <input type="checkbox"/> 1 (mm)	<input type="checkbox"/> Suede <input type="checkbox"/> 0.6 (mm)	<input type="checkbox"/> Plastazote <input type="checkbox"/> 3 (mm)	<input type="checkbox"/> Subo mm	N/A	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A						
<input type="checkbox"/> Glue only heel of top cover for placing forefoot pads in clinic					<input type="checkbox"/> Carbon mm	N/A	<input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3 <input type="checkbox"/> 3 TL <input type="checkbox"/>				
BOTTOM COVER	<input type="checkbox"/> Suede <input type="checkbox"/> 0.6 (mm)	<input type="checkbox"/> Suede Bottom Wrap <input type="checkbox"/> 0.6 (mm)			<input type="checkbox"/> TPE mm	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> N/A <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> N/A	
	<input type="checkbox"/> Protex <input type="checkbox"/> 0.75 (mm)	<input type="checkbox"/> Myolite <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm) <input type="checkbox"/> None			<input type="checkbox"/> EVA Shore A	<input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 65	<input type="checkbox"/> 45 <input type="checkbox"/> 65	<input type="checkbox"/> N/A <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> N/A	

Special Instructions/Special Device:

PATIENT

First Name

Last Name



P3 Lateral Ankle Instability 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 <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Low <input type="checkbox"/>			(mm) 1.5 3 4.5 6 (mm) 1.5 3 4.5 6 (mm) 1.5 3 4.5 6 Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	Raise Med Arch Scaphoid Pad VR Cuboid Pad Medial Flange	Midfoot	
	Varus Rearfoot Posts	VR Intrinsic VR Extrinsic 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 VR Extrinsic 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 <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Low <input type="checkbox"/> 6° 4° 2° 0° 6 4.5 3 1.5 (mm)			(mm) 1.5 3 4.5 6 Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> 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 Oblique	6° 4° 2° 0° 6° 4° 2° 0°			0° 2° 4° 6° 0° 2° 4° 6°	VG Intrinsic VG Oblique	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 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 (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		

FRAME MODIFICATIONS - RIGHT

LEFT - FRAME MODIFICATIONS

	Forefoot	1 st Ray Cut Out 5 th Ray Cut Out	Full <input type="checkbox"/> 65° <input type="checkbox"/> 45° 65° <input type="checkbox"/> 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 <input type="checkbox"/> No Plug <input type="checkbox"/> 6 4.5 3 1.5 (mm) 26 22 18 14 10 (mm)			No Plug <input type="checkbox"/> With Visco Plug <input type="checkbox"/> (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 <input type="checkbox"/> Semiflexible <input type="checkbox"/> Myolite <input type="checkbox"/> Max <input type="checkbox"/> Med. <input type="checkbox"/> Min. <input type="checkbox"/> None <input type="checkbox"/> 30 24 18 12 6 (mm) Wide <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Narrow <input type="checkbox"/> 30° 20° 15° 10° 0°			Myolite <input type="checkbox"/> Semiflexible <input type="checkbox"/> Rigid <input type="checkbox"/> None <input type="checkbox"/> Min. <input type="checkbox"/> Med. <input type="checkbox"/> Max <input type="checkbox"/> (mm) 6 12 18 24 30 Narrow <input type="checkbox"/> Standard <input type="checkbox"/> Wide <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Semi-rigid <input type="checkbox"/>			Semi-rigid <input type="checkbox"/> Rigid <input type="checkbox"/>	Detached Carbon Foot Plate to Toes			

Special Instructions/Special Device: