AFO MEASUREMENT FORM

Patient Information

PATIENT NAME: _____

AGE: _____

SEX: _____

WEIGHT: _____

HEIGHT: _____

SHOE SIZE: _____

DIAGNOSIS: _____

SIDE: ◯ LEFT ◯ RIGHT ◯ BILATERAL

Cast Information

Please indicate required angle of finished AFO at ankle (tick box or enter degree value required).

AS CAST ◯ _____

PLANTER FLEXED ◯ _____

DORSIFLEXED ◯ _____

90° ◯ _____

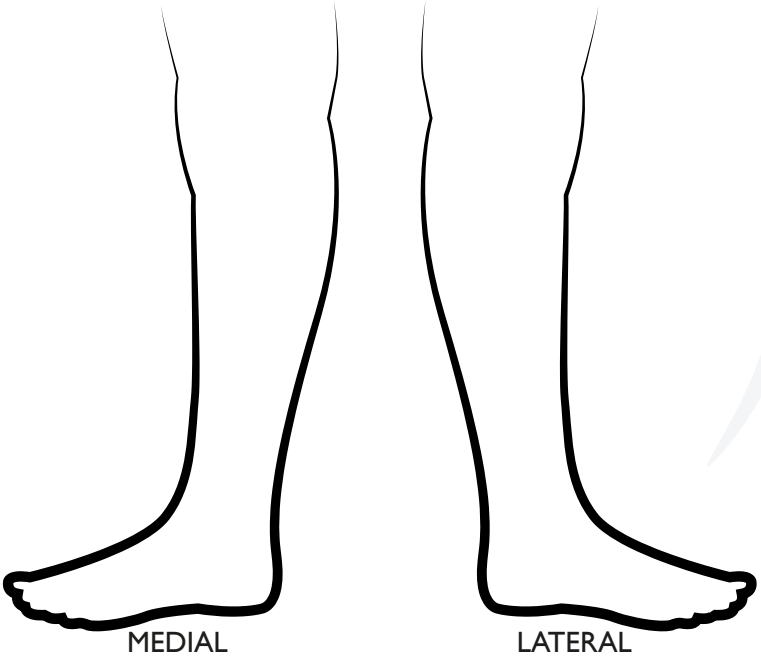
TIBIA TO FLOOR ANGLE OF _____

WITH A PITCH OF _____

HAS CAST BEEN TAKEN IN NEUTRAL ALIGNMENT?

◯ YES ◯ NO

Positive Cast Information



MEDIAL LATERAL

Trimlines

Please indicate your exact trimline requirements.

HEIGHT OF AFO: _____

SOLID ANKLE: _____

PLS: _____

GROUND REACTION: _____

OTHER: _____

Additional Information

Shaping lives

W: www.ortholese.co.uk | T: 01582 699599 | E: enquiries@ortholese.co.uk

OFFICE: 19 Dunstable Road, Toddington, Bedfordshire, LU5 6DP

WORKSHOP: Unit 32 Westbury Close, Townsend Industrial Estate, Houghton Regis, Bedfordshire, LU5 5BL

AFO MEASUREMENT FORM

ORTHOLESE

Material

- ◯ POLYTHENE
- ◯ COPOLYMER
- ◯ HOMOPOLYMER
- ◯ ORTHOLENE
- ◯ OTHER _____

_____

Material Thickness

◯ 2mm ◯ 3mm ◯ 4mm ◯ 5mm ◯ 6mm

Colour

COLOUR: _____

TRANSFER OPTION 1: _____

TRANSFER OPTION 2: _____

Reinforcement

- ◯ RIBBED REINFORCEMENT REQUIRED
- ◯ CARBON REINFORCEMENT REQUIRED

Additional Information

Joints

HINGED METAL TYPE: _____

HINGED PLASTIC TYPE: ◯ DORSI-ASSIST ◯ FLEXURE

Strapping Requirements

	CALF	HEEL	M&P	NAVICULAR
R/PULL VELCRO:	◯	◯	◯	◯
LAP OVER VELCRO:	◯	◯	◯	◯
LAY ON VELCRO:	◯	◯	◯	◯
BACKED VELCRO:	◯	◯	◯	◯
ELASTIC:	◯	◯	◯	◯
PADDED STRAPS:	◯	◯	◯	◯

Lining / Padding Requirements

LINE CALF PLASTERZOTE / PELITE _____ mm

FULL LINING PLASTERZOTE / PELITE _____ mm

PADDED OVER MALLEOLI _____ mm

OTHER AREAS _____

_____

Order

DATE REQ: _____

DELIVERY OR COLLECTION: _____

DELIVERY ADDRESS:

_____

_____

_____

SIGNED:

PRINT NAME:

_____

DATE: _____

AFTERCARE LEAFLET REQUIRED ◯

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