

**CONTRACTURE MANAGEMENT KAFO**

Date / /

**SUBMIT FORMS**Fax 866.868.1890 | E-mail orders@surestep.net  
Customer Service 877.462.0711**PATTERNS & STRAPS**  
CLICK OR SCAN**PATIENT**

Patient ID \_\_\_\_\_

Age (in years) \_\_\_\_\_

Male  Female

Weight \_\_\_\_\_ Height \_\_\_\_\_

Dx \_\_\_\_\_

Right  Left  Bilateral

**COMPANY**

Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**BILLING / SHIPPING**

**BILLING**

Address \_\_\_\_\_

City \_\_\_\_\_

ST/Prov \_\_\_\_\_ Zip \_\_\_\_\_

Shipping address same as billing?  Yes  No

**SHIPPING**

Address \_\_\_\_\_

City \_\_\_\_\_

ST/Prov \_\_\_\_\_ Zip \_\_\_\_\_

PO # \_\_\_\_\_

Order confirmation:  Fax  E-mail

**FedEx SHIPPING OPTIONS**

**Need by Date**

Ground® .....FREE

2 Day® A.M. 10:30 a.m. or noon 2nd business day .....\$30.00

Priority Overnight® 10:30 a.m. next business day .....\$55.00

First Overnight® 8:00 a.m. next business day .....\$100.00

**Rush Fab**  4 Day Turnaround..... \$100.00

**CASTS**

Sending Casts:  Yes  No

Return impressions pre-modifications \$20.00/pr.

Send casts:  
17530 Dugdale Dr. South Bend, IN 46635

**FABRICATION**

**Plastic Double Upright KAFO** X \_\_\_\_\_

**Plastic Static Knee KAFO** X \_\_\_\_\_

**Quick-Release Proximal Section** X \_\_\_\_\_

**Liner Above Knee** X \_\_\_\_\_

Thickness	<input type="checkbox"/> 1/8"	<input type="checkbox"/> 3/16"	<input type="checkbox"/> 1/4"	
Material	<input type="checkbox"/> Volara	<input type="checkbox"/> Soft Pe-lite (white)		
	<input type="checkbox"/> P-Cell	<input type="checkbox"/> Pink	<input type="checkbox"/> Black	<input type="checkbox"/> Blue
Puff Color				
Other				

**Liner Below Knee** X \_\_\_\_\_

Thickness	<input type="checkbox"/> 1/8"	<input type="checkbox"/> 3/16"	<input type="checkbox"/> 1/4"	
Material	<input type="checkbox"/> Volara	<input type="checkbox"/> Soft Pe-lite (white)		
	<input type="checkbox"/> P-Cell	<input type="checkbox"/> Pink	<input type="checkbox"/> Black	<input type="checkbox"/> Blue
Puff Color				
Other				

**Condyle Pad** X \_\_\_\_\_

Medial  Lateral

**Knee Pad (4 Buckle)** X \_\_\_\_\_

**Knee Pad (5 Buckle)** X \_\_\_\_\_

**Pre-Tibial Shell** X \_\_\_\_\_

Tuck-in  Overlap

Thickness		Material	
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**Solid Ankle** X \_\_\_\_\_

**Molded Footplate, Stirrup Att** X \_\_\_\_\_

**T-Strap** X \_\_\_\_\_

<input type="checkbox"/> Medial <input type="checkbox"/> Lateral	Thickness	
	Material	<input type="checkbox"/> Duraflex <input type="checkbox"/> Polyethylene

**Molded Inner Boot** X \_\_\_\_\_

<input type="checkbox"/> Inner Boot	<input type="checkbox"/> SMO	
Thickness		
Material	<input type="checkbox"/> Duraflex <input type="checkbox"/> Polyethylene	<input type="checkbox"/> Volara

**Heel Post** X \_\_\_\_\_

Rigid Plastic  Crepe

**Dorsum Wings** X \_\_\_\_\_

<input type="checkbox"/> Medial <input type="checkbox"/> Lateral	
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**PATTERN****STRAP OPTIONS**

Velcro 50/50

<input type="checkbox"/> Black	<input type="checkbox"/> Light Blue	<input type="checkbox"/> Royal Blue
<input type="checkbox"/> Pink	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow
<input type="checkbox"/> White	<input type="checkbox"/> Orange	<input type="checkbox"/> Red

Dacron

<input type="checkbox"/> White	<input type="checkbox"/> Black
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**CHAFE (D-RINGS)**

Plastic (Standard)  Dacron (Optional, no charge)

**PLASTIC OPTIONS**

Copolymer  Polypropylene  Polyethylene

Color \_\_\_\_\_ Thickness \_\_\_\_\_

Other

Non Corrosive Finish Color \_\_\_\_\_

**COMPONENTS (All uprights are integrated)**

**Device to promote:**  Flexion  Extension

**Ankle Joint - Lateral** X \_\_\_\_\_

MultiMotion  Ultraflex

**Ankle Joint - Medial** X \_\_\_\_\_

Surestep Free Motion  Tamarack

Surestep Free Motion (slide)  C.O.D.

Other:

**Knee Joint - Lateral** X \_\_\_\_\_

MultiMotion  Ultraflex

**Knee Joint - Medial** X \_\_\_\_\_

HEKO  Becker Free Motion

Surestep Free Motion  Other:

**CAST MODIFICATIONS**

**Ankle**

<input type="checkbox"/> Neutral/90	<input type="checkbox"/> As casted
Heel	Forefoot

**Knee**

<input type="checkbox"/> Neutral/180	<input type="checkbox"/> As casted
Varus/Valgus	

**NOTES**

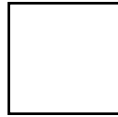
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEASUREMENTS

MEDIAL LENGTH OF FOOT



LATERAL LENGTH OF FOOT



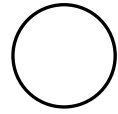
LENGTH TO 1ST MET HEAD



LENGTH TO 5TH MET HEAD



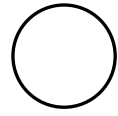
HIP CIR.



HIP M/L



WAIST CIR.



WAIST M/L

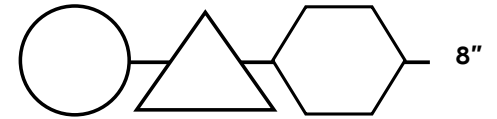
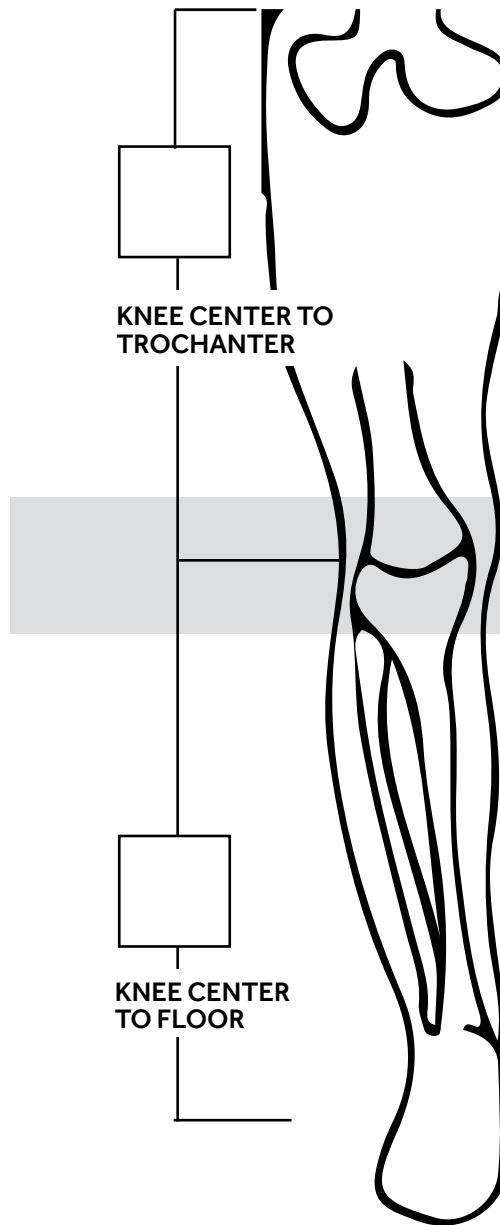


HEIGHT FROM TROC. TO WAIST

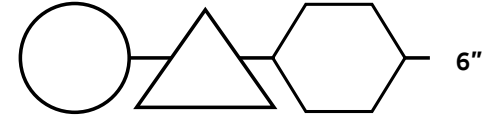


KNEE CENTER TO TROCHANTER

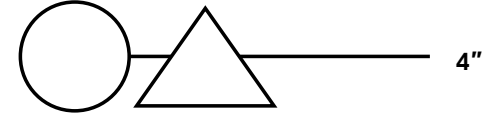
KNEE CENTER TO FLOOR



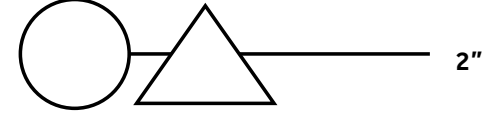
8"



6"



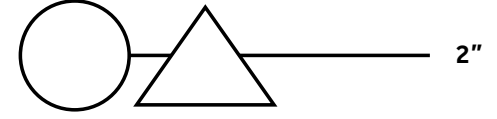
4"



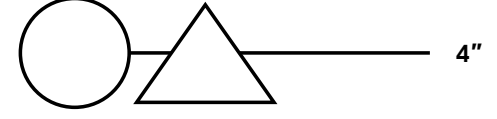
2"



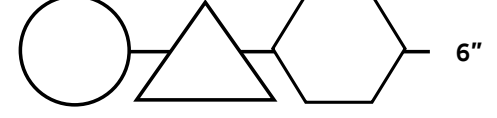
KNEE CENTER



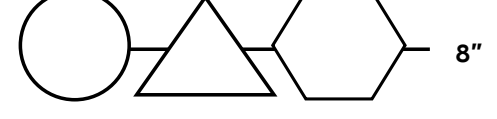
2"



4"



6"



8"

PROXIMAL TO KNEE CENTER

DISTAL TO KNEE CENTER

ADDITIONAL MEASUREMENTS

Sole to Fibula Head	
Sole to Knee Center	
Knee Center to Trochanter	
Knee Center to Perineum	

ADDITIONAL MODIFICATIONS

Degree setting for flexion stop	°	Degree setting for extension stop	°
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