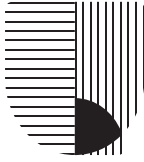




RICHIE BRACE PRESCRIPTION FORM

(Refer to www.richiebrace.com.au to assist with device selection)



Queensland Orthotic Lab

1/10 Christine Place
Capalaba QLD 4157

Ph 3823 1531

Fax 3823 1530

Email: info@qol4feet.com.au

PODIATRIST & PATIENT INFORMATION

Practice Name _____
Podiatrist _____
Address _____
City: _____ State _____ Post Code _____

Patient Name _____
 Male Female Age: _____ Height: _____ Weight: _____
Shoe Size: _____ Shoe Type _____

Cast enclosed for Left Right
PLEASE MARK MEDIAL AND LATERAL MALLEOLI ON NEGATIVE CAST!

Diagnosis: _____

RICHIE BRACE® PRESCRIPTION

RICHIE BRACE® (standard): *Full Flexion Ankle Hinge Pivot.*
Indications: Adult Acquired Flat Foot / Posterior Tibial Tendon Dysfunction, midfoot or rear foot OA, lateral ankle instability.

RICHIE BRACE® RESTRICTED ANKLE PIVOT: *Limits ankle motion, yet allows smooth contact phase of gait*
Indications: DJD ankle & STJ, tarsal coalition, mild Charcot, lateral ankle instability.

RICHIE BRACE® RESTRICTED ANKLE PIVOT WITH MEDIAL ARCH SUSPENDER – *Adjustable lifting strap under the talonavicular joint for severe AAF / PTTD*

RICHIE BRACE® RESTRICTED ANKLE PIVOT WITH LATERAL ARCH SUSPENDER – *Adjustable lifting strap under the calcaneocuboid joint for severe lateral instability*

RICHIE BRACE® DYNAMIC ASSIST: *Full flexion pivot with spring hinges for dorsiflexion assist.*
Patient requirements: 1. Dropfoot 2. Ankle dorsiflexion to at least 90° to leg 3. Stable knee **(must have all 3)**
Dynamic Assist covers are extended to the sulcus and the extension is reinforced to increase stiffness
If you want to order stronger or weaker hinges, please contact the lab.

ALL RICHIE BRACES® HAVE THE FOLLOWING STANDARD FEATURES:

- | | | |
|--------------------------------------|--|--|
| ◆ Top Cover – EVA 190 3mm Blue/Green | ◆ Cover Length – To Sulcus | ◆ Limb Uprights Supports – Aligned Perpendicular to Foot Plate |
| ◆ Brace Color – Black | ◆ Orthotic Foot Plate – Intrinsic Balance to Perpendicular | ◆ Heel Stabilizer Bar |
| ◆ Heel Cup – 30mm | | |

Your prescription is now complete, unless you wish to make any modifications:

RICHIE BRACE® MODIFICATIONS

NOTE: NON-STANDARD BRACE MODIFICATIONS MAY HAVE EXTRA CHARGES – SEE PRICING SHEET

Top Cover <input type="checkbox"/> Multiform 3mm red <input type="checkbox"/> black <input type="checkbox"/> blue <input type="checkbox"/> multicolour <input type="checkbox"/> <input type="checkbox"/> Diabetic (Plastazote/Poron)	Length <input type="checkbox"/> to Toes <input type="checkbox"/> add poron cushion to extension	Heel Cup <input type="checkbox"/> 15 mm <input type="checkbox"/> 20 mm <input type="checkbox"/> 25 mm <input type="checkbox"/> 30 mm	Medial Heel Skive For severe pronation control <input type="checkbox"/> 2mm <input type="checkbox"/> 4mm <input type="checkbox"/> 6mm
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CAST AND ORTHOTIC MODIFICATIONS

<input type="checkbox"/> Add Medial Arch Flange <input type="checkbox"/> Add Lateral Flange <input type="checkbox"/> Adjust Limb Uprights for Tibial Varum	Orthotic shell Accommodation (please mark on cast and illustration below) <input type="checkbox"/> Navicular <input type="checkbox"/> Plantar Fascia _____mm <input type="checkbox"/> Styloid 5 th Met <input type="checkbox"/> Other:	<input type="checkbox"/> ¼ length heel raise _____mm (EVA 350 heel to sulcus tapered wedge) Supplied and billed as a separate item
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RICHIE BRACE® MODIFICATIONS

Full extrinsic rearfoot post (improved rearfoot control): 0° / _____°Varus / _____°Valgus
 Extrinsic forefoot post: _____°Varus / _____°Valgus
 EVA MLA Fill – 3mm / 6mm / 10mm Standard PMP (2-4 met bar) / Met dome Heel aperture and pad

SPECIAL INSTRUCTIONS:

Accommodation location(s):
(mark on illustration and on cast)



Cast Return

Please ensure plaster is fully cured (leave for 24 hours) before shipping. Patient name, malleoli and any accommodations must be clearly marked on cast. Please ship in a box to QOL, 1/10 Christine Place, Capalaba, QLD, 4157.