

KAFO/HKAFO ORTHOMETRY FORM:

Today's Date: _____ Patient: _____

Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

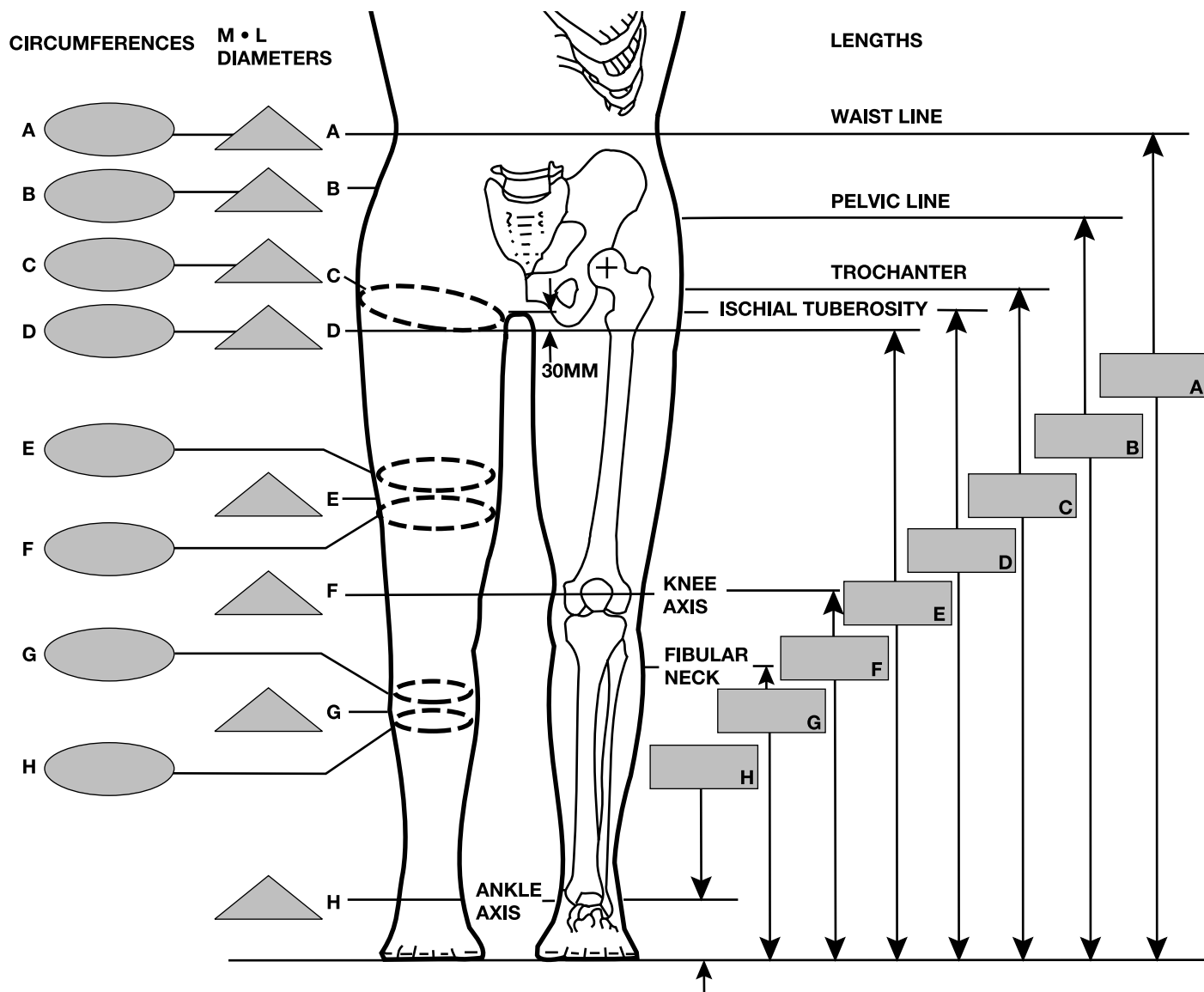
Street: _____ Diagnosis: _____

City: _____ State: _____ Zip: _____

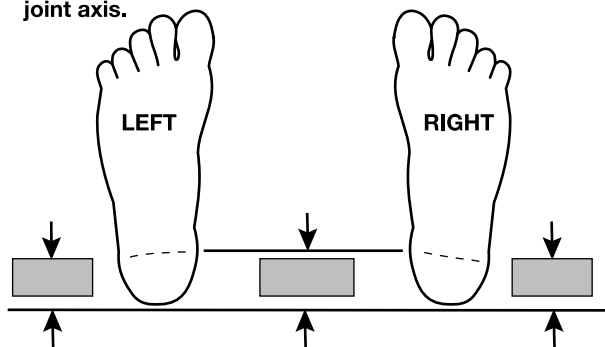
Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____

MEASUREMENTS: Inches Centimeters



Please fill in the chart below if you want the orthosis to have external rotation of the ankle joint axis.



Ankle		Knee	
<input type="checkbox"/> Varus	<input type="checkbox"/> Valgus	<input type="checkbox"/> Varum	<input type="checkbox"/> Valgum
<input type="checkbox"/> Flexible	<input type="checkbox"/> Rigid	<input type="checkbox"/> Flexible	<input type="checkbox"/> Rigid
Degrees: _____		Degrees: _____	
<input type="checkbox"/> Toe Out	<input type="checkbox"/> Toe In	<input type="checkbox"/> Hyperextended	
<input type="checkbox"/> Medial Plane	<input type="checkbox"/> Knee Flexion Contracture		
<input type="checkbox"/> Lateral Plane	Degrees: _____		
Heel Height: _____			