Richie	PRESC	RIPT <u>I</u>	ON	<u>F0</u>	RM			Date:_			
			Account and Patient Information								
800-373-5935 www.JSBinc.com			Acct. Name:Acct.#								
			Address:State:Zip:								
ORTHOTICS 509 Paul Morris Drive			City:Phone #:()								
MEDICAL SUPPLY, INC. Englewood, FL 34223											
Cast enclosed for Richie Brace:			(Last)		Woigh		iaht:	(First)	_ 		
PLEASE MARK MED MALLEOLI ON NE	Age:Weight:Sex: Shoe Size:Shoes Enclosed:										
Richie Brace® Product D		DESC	ESCRIPTION:								
		Full flexion ankle pivot, custom ankle foot orthosis.									
□ Dynamic Assist*		Spring hinges provide up to 15° dorsiflexion to treat drop-foot conditions.									
□ Little Richie		Pediatric version of Richie Brace® for foot sizes smaller than adult size 4.									
□ Richie Soccer		Richie Brace® with integrated shin guard.									
□ Arch Suspender □ medial □ lateral		Adjustable strap under ; fixed ankle pivot automatically added to brace.									
□ Richie Brace® Solid AFO Solid ankle					kle foot orthosis (requires 19" Bermuda STS Casting Sock)						
Richie Brace® California AFO Leather Gauntlet AFO (requires 14" Mid-Leg STS Casting Sock)											
All "Standard" Richie Braces® have the following standard features:											
♦Heel Cup – 35 mm			(Cover	Length	n – Sulcus					
♦Top Cover – Multi EVA					Orthotic Foot Plate – Intrinsic Balance To Perpendicular						
Color – Black Aligned Perpendicula							endicular To Foot Plate				
♦Heel Stabilizer Bar (post) – Included ♦Hinge articulation – Full Flexion											
Option: Flesh Tone OR White Color – Foot Plate, Limb Uprights and Straps - NO extra charge											
Clinical Information											
Stance Evaluation — Please evaluate patient in a neutral and relaxed subtalar position. Please indicate amount of tibial Varum (medial tibial displacement) and forefoot abduction (MTJ subluxation) in each position: Tibial Varum Neutral Stance Porefoot Abduction – relative to malleoli Neutral Stance Relaxed Stance Neutral Stance Neutral Stance Neutral Stance Neutral Stance Stance None None None Noderate Severe Severe adult acquired flatfoot patients, we recommend adjusting the brace to allow for some medial displacement of the tibia (varum) and abduction of the forefoot in stance. Apply adjustment? YES NO Forefoot Abduction – relative to malleoli Neutral Stance Relaxed Stance None None None Note: Adjustment will orient the limb uprights and foot orthosis											
to the patient in a slightly compensated (pronated) position for better fit and comfort.											
GUIDELINES: Suggested Guidelines											
1. Recommendation for posterior tibial tendon dysfunction: 4 to 6 degree medial heel skive, accommodate navicular, adjust limb uprights to tibial varum based on stance measurements.											
2. Fixed ankle pivot: recommended for drop foot, charcot deformity, peroneal tendinopathy, arthritic ankle or subtalar joint.											
3. Charcot foot: Use Solid AFO Richie Brace if there is severe equinus or rocker bottom deformity.											
4. *Dynamic Assist Brace® indicated for drop foot; patient must have 0 to 10 degrees ankle dorsiflexion and stable knee.											
4. *Dynamic Assist Brace			pationt	maor		-					
		•			Rich	nie Brace®	Modifi		to Standards		
Note: Non-Standard	Brace/Cast	•		s may	Rich y have	nie Brace® e extra ch	Modifi	– see p	to Standards pricing sheet		
Note: Non-Standard Ankle Pivot	Brace/Cast	•		s ma Lenç	Rich y have gth	e Brace® extra ch Arch Fill	Modifi arges Heel	<u>– See p</u> Skive	to Standards pricing sheet Strap Size (standard 10")		
Note: Non-Standard	Brace/Cast Top Cover	modifica	ations	s ma Lenç □ M	Rich y have gth eta	nie Brace® e extra ch Arch Fill □ Medium	Modifi arges Heel 2º	<mark>— See p</mark> Skive □medial	to Standardsricing sheetStrap Size (standard 10")□ 6 inches		
Note: Non-Standard Ankle Pivot	Brace/Cast	modifica	ations Poron)	s ma Lenç	Rich y have gth eta	e Brace® extra ch Arch Fill	Modifi arges Heel 2º	<u>– See p</u> Skive	to Standards pricing sheet Strap Size (standard 10")		
Note: Non-Standard Ankle Pivot □ Restricted Hinge (still allows 3°-5° motion)	Brace/Cast Top Cover Spenco Diabetic (P add Porono	modifica lastazote/l ® to exten	ations Poron) sion	Leng D M D Fu	Rich y have gth eta III	e Brace® extra ch Arch Fill Medium Minimal	Modifi arges Heel 2° 4° 6°	<mark>─ SEE 0</mark> Skive □medial □lateral	Standards oricing sheet Strap Size (standard 10") □ 6 inches □ 8 inches □ 12 inches		
Note: Non-Standard	Brace/Cast Top Cover Spenco Diabetic (P	modification lastazote/l ® to extension of the plate ac	ations Poron) sion	Leng D M D Fu	Rich y have gth eta ill on cast!	e Brace® extra ch Arch Fill □ Medium □ Minimal Forefoor	Modiff arges Heel 2° 4° 0 6°	<mark>─ SEE 1</mark> Skive □medial □lateral	to Standards ricing sheet Strap Size (standard 10") 6 inches 8 inches		
Note: Non-Standard Ankle Pivot Restricted Hinge (still allows 3°-5° motion) Heel Lift (inch)	Brace/Cast Top Cover Spenco Diabetic (P add Porono Please mark ortho	Iastazote/I ® to extension otic plate ac	Poron) sion	Leng D M D Fu dation	Rich y have gth eta ill on cast! Band	e Brace® extra ch Arch Fill □ Medium □ Minimal Forefoor	Modifi arges Heel 2° 4° 6° Posting ot Recommendation	─ SEE p Skive □medial □lateral mended as	sto Standards oricing sheet Strap Size (standard 10") □ 6 inches □ 8 inches □ 12 inches _°Varus°Valgus this will tilt entire brace		
Note: Non-Standard	Brace/Cast Top Cover Spenco Diabetic (P add Porono Please mark ortho Navicular	Iastazote/I ® to extension otic plate ac	Poron) sion	Leng D M D Fu dation	Rich y have gth eta ill on cast! Band	e Brace® extra ch Arch Fill □ Medium □ Minimal Forefoor	Modifi arges Heel 2° 4° 6° 2 Posting ot Recommendation S	─ See p Skive □medial □lateral mended as	sto Standards oricing sheet Strap Size (standard 10") □ 6 inches □ 8 inches □ 12 inches _°Varus °Valgus this will tilt entire brace nstructions		
Note: Non-Standard Ankle Pivot Restricted Hinge (still allows 3°-5° motion) Heel Lift (inch) Add Medial Arch Flange	Brace/Cast Top Cover Spenco Diabetic (P add Porono Please mark ortho Navicular	Iastazote/I ® to extension otic plate ac	Poron) sion	Leng D M D Fu dation	Rich y have gth eta ill on cast! Band	e Brace® extra ch Arch Fill □ Medium □ Minimal Forefoor	Modifi arges Heel 2° 4° 6° 2 Posting ot Recommendation S Loca	─ See p Skive □medial □lateral mended as	sto Standards oricing sheet Strap Size (standard 10") □ 6 inches □ 8 inches □ 12 inches		