



Kings Ortho Solutions Inc

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STABILIZER RICHY BRACE ORDER FORM

Account Name _____	Practitioner Name _____
Address _____	Phone Number _____
City _____	E-mail _____
State _____ Zip _____ Date _____	* Please contact me on this order: Phone _____ E-mail _____

Patient Name _____ Weight _____ Age _____ Sex _____

CLINICAL INFORMATION:

Diagnosis : _____

Stance Evaluation: _____

Calcaneus alignment to leg: _____ inverted or _____ everted

Leg alignment to floor: _____ varum or _____ valgum

RICHY BRACE (standard): Full Flexion Ankle Hinge Pivot.
 Can include enhancements for Posterior Tibial Tendon Dysfunction (check any or all):
 Medial Heel Skive 4mm 6mm Navicular Accommodation (please mark negative cast)
 Adjust Limb Uprights for Tibial Varum Yes No (see measurements above)
FOR SEVERE PTTD, RECOMMENDED MEDIAL ARCH SUSPENDER (SEE BELOW)
SPECIAL MODIFIED VERSIONS OF STANDARD RICHY BRACE:
 RICHY SOCCER BRACE - Includes shin guard.
 LITTLE RICHY BRACE - Pediatric application for shoe size 4 and under.

RICHY 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, peroneal tendinopathy.
ENHANCEMENTS (optional):
 MEDIAL ARCH SUSPENDER – Adjustable lifting strap under talo-navicular joint for severe PTTD
 LATERAL ARCH SUSPENDER – Adjustable lifting strap under calcaneal-cuboid joint for peroneal tendinopathy and severe lateral ankle instability.

RICHY BRACE SOLID AFO: Traditional full leg posterior shell w/balanced functional orthotic footplate.
 Indications: Dropfoot with unstable knee, dropfoot with spasticity, Charcot Arthropathy.

ALL RICHY BRACES HAVE THE FOLLOWING STANDARD FEATURES:

Top Cover Color – Black Heel Cup – 35mm	Cover Length - Mets Orthotic Foot Plate – Intrinsic Balance to Perpendicular	Limb Uprights Supports – Aligned Perpendicular to Foot Plate Heel Stabilizer Bar - Included
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RICHY BRACE MODIFICATIONS

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

Top Cover <input type="checkbox"/> Implus (standard) <input type="checkbox"/> Spenco <input type="checkbox"/> EVA <input type="checkbox"/> Diabetic (Plastazote/Poron)	Length <input type="checkbox"/> to Mets (standard) <input type="checkbox"/> to Sulcus <input type="checkbox"/> to Toes <input type="checkbox"/> add poron cushion to extension	Heel Cup <input type="checkbox"/> 10 mm <input type="checkbox"/> 14 mm <input type="checkbox"/> 18 mm <input type="checkbox"/> 35 mm (standard)	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"/> Heel Lift _____ (inch) <input type="checkbox"/> Add Medial Arch Flange <input type="checkbox"/> Add Lateral Clip	<input type="checkbox"/> Orthotic Plate Accommodation (please mark on cast) <input type="checkbox"/> Navicular <input type="checkbox"/> Styloid 5 th Met	Medial Fascia Band Other: _____	Forefoot Posting _____ ° Varus _____ ° Valgus Note: Not recommended as this will tilt entire brace to exact degree of posting.
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SPECIAL INSTRUCTIONS:

