

Date	Acor Order #
P.O. #	Cust #

Custom Richie Brace®



Doctor Name: _____ Patient Name: _____
 Address: _____ Male Female
 City: _____ St: _____ Zip: _____ Age: _____ Ht: _____ Wt: _____
 Phone: _____ Fax: _____ Shoe Type/Size: _____
 Email: _____ Shoes Enclosed: Yes No

RICHIE BRACE Prescription Please mark medial, lateral malleoli and accommodations on cast

Richie Brace® Prescription

Color Options:
 Black
 White
 Beige

Brace(s) needed:
 Left
 Right
 Bilateral (L+R)

Richie Brace® Standard: -full flexion ankle pivot
 Richie Brace® Restricted Ankle Pivot: -limits ankle motion, yet allows smooth contact phase of gait
 Indications: DJD ankle & STJ, dropfoot, tarsal coalition, mild Charcot, lateral ankle instability, peroneal tendinopathy.
 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)
 Little Richie Brace® - Pediatric application for shoe size 4 and under
 Richie Soccer Brace® - Includes shin guard
 Richie Brace® Ultra™ Modification (provide height/weight above)
 Richie Brace® Solid AFO: -Traditional full leg posterior shell w/balanced functional orthotic footplate
 Indications: Dropfoot with unstable knee, dropfoot with spasticity, Charcot Arthropathy
 STS BERMUDA CASTING SOCK REQUIRED

Color Options:
 Tan
 Chocolate

Richie California® 7" 9" (standard)
 Richie Gauntlet® 7" (standard) 9"
 BOTH GAUNTLET AND CALIFORNIA REQUIRE THE STS MID LEG SOCK / Has a medial arch suspender unless specified otherwise

RICHIE BRACE® MODIFICATIONS - Note: Non-standard brace modifications may have extra charges - see pricing sheet

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
 Posterior Upright Connector -Connects uprights to stiffen brace (Arch suspenders require either a restricted ankle pivot or a posterior upright connector)

Top Cover	Length	Heel Cup	Medial Heel Skive
<input type="checkbox"/> EVA (standard)	<input type="checkbox"/> to Mets (standard)	<input type="checkbox"/> 10mm	For severe pronation control
<input type="checkbox"/> Terryco	<input type="checkbox"/> to Sulcus	<input type="checkbox"/> 14mm	<input type="checkbox"/> 2mm
<input type="checkbox"/> Diabetic (Plastazote®/PORON®)	<input type="checkbox"/> to Toes	<input type="checkbox"/> 18mm	<input type="checkbox"/> 4mm
	<input type="checkbox"/> 1/8" PORON® cushion on extension	<input type="checkbox"/> 35mm (standard)	<input type="checkbox"/> 6mm

Footplate Accommodation (please mark on cast)	Footplate Modification	Foot Plate Thickness	Extrinsic Posting - Rearfoot
<input type="checkbox"/> Navicular	<input type="checkbox"/> Medial Arch Flange	<input type="checkbox"/> 3.0mm (standard < 200 lbs)	<input type="checkbox"/> Heel Stabilizer Bar (standard)
<input type="checkbox"/> Styloid 5th Met	<input type="checkbox"/> Lateral Flange	<input type="checkbox"/> 4.0mm (standard > 200 lbs)	<input type="checkbox"/> Rearfoot Post _____° Varus
<input type="checkbox"/> Fascia Band		<input type="checkbox"/> 5.0mm	_____° Valgus
<input type="checkbox"/> Other _____			<input type="checkbox"/> Heel Lift (Requires rearfoot post)
			_____ (inches)

Other Modifications
 Crepe Plantar Arch Fill
 Sulcus Wedge _____° Varus _____° Valgus

Limb Uprights
 Align perpendicular to foot plate (standard)
 Align 10° inverted to foot plate (<10% tibial varum)

Special Instructions:

The warranty period is 6 months for hardware components (hardware, plastic and metal components) and 90 days for all soft materials (crepe, topcovers, Velcro & limb support pads).

