Custom Richie Brace Order Form

Doctor Name: _____
Account Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Patient Name: _____
Age: ____ Ht: ____ Wt: ___ Shoe Type/Size: _____
Shoes Enclosed: ☐Yes ☐No ☐Male ☐Female

Acor Orthopaedic, Inc.
18530 South Miles Parkway
Cleveland, OH 44128
phone: 800-237-2267
fax: 800-830-8445
www.acor.com

DIAGNOSIS

Describe patient condition

_____
_____
_____

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
☐ EVA *(standard)*
☐ Terryco
☐ Diabetic *(Plastazote®/PORON®)*

Length
☐ to Mets*(standard)*
☐ to Sulcus
☐ to Toes
☐ 1/8" PORON® cushion on extension

Heel Cup
☐ 10mm
☐ 14mm
☐ 18mm
☐ 35mm *(standard)*

Medial Heel Skive
For severe pronation control
☐ 2mm
☐ 4mm
☐ 6mm

Footplate Accommodation
(please mark on cast)
☐ Navicular
☐ Styloid 5th Met
☐ Fascia Band
☐ Other _____

Footplate Modification
☐ Medial Arch Flange
☐ Lateral Flange

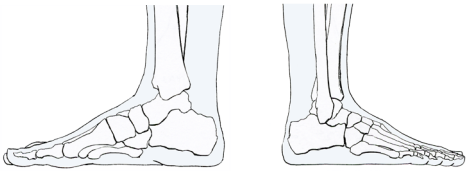
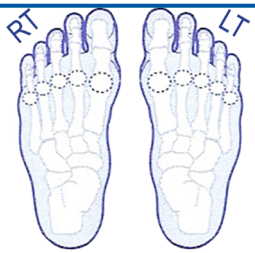
Foot Plate Thickness
☐ 3.0mm *(standard < 200 lbs)*
☐ 4.0mm *(standard > 200 lbs)*
☐ 5.0mm

Extrinsic Posting - Rearfoot
☐ Heel Stabilizer Bar *(standard)*
☐ Rearfoot Post _____° Varus
_____° Valgus
☐ 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:

_____
_____
_____
_____
_____
_____

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