

1 PATIENT **2 PRESCRIBER** **3 ORDER INFO**

PATIENT NAME _____
ADDRESS _____
DATE D / M / Y SEX M / F WEIGHT _____
FOOTWEAR TYPE _____ SHOE SIZE _____

PRESCRIBER _____
ADDRESS _____
PHONE _____
EMAIL _____

DATE D / M / Y
WO # _____
 POST TO PATIENT
REPEAT ORDER No
 DUPLICATE (no change)
 CHANGE (as marked)

4 DEVICE TYPE **5 OPTIONAL SPECS** **6 POSTING, ADDITIONS & MODS**

BRACE

RICHIE BRACE (standard brace)
 Full Articulation
 Permanently Fixed

RICHIE DYNAMIC ASSIST
 Tamarac Hinge

RICHIE SOCCER (shin guard)

LITTLE RICHIE (1-12 years)

RICHIE GAUNTLET
 7" Most versatile height
 9" For maximum rigidity and control

RICHIE CALIFORNIA
 7" Most versatile height cast must measure 7"
 9" For maximum rigidity and control cast must measure 9"

RICHIE SOLID
 (Cast must capture full calf circumference)

FOOT

LEFT RIGHT PAIR
 Separate cast & separate order form enclosed for orthotic of non-braced foot.

TOP COVER

MATERIAL

Puff 1.5mm 3mm
 Plastazote 1.5mm 3mm

COMBINE MATERIAL WITH

Poron 1.5mm 3mm

LENGTH

mets sulcus toes

BOTTOM COVER SELECTION

MATERIAL

Agoflex
 Vinyl
 Puff 1.5mm
 Nyplex 1.5mm
 Microsuede
 WSL Carbon

POSTING

POST TO REARFOOT

Calcaneal Vertical Neutral (as they sit)

POST TO FOREFOOT

extrinsic intrinsic L ___ ° VR/VLG R ___ ° VR/VLG
 to sulcus to toes

Skive L ___ mm R ___ mm

CAST DRESSING

Skin Type 1 Min Moderate Max

SHELL MODIFICATIONS

L/R Heel Cup Depth 15mm 25mm 35mm

L/R 1st Met Cut-Out w/ support post

L/R 1st Ray Cut-Out

L/R Rigid 1st Extension sulcus toes

L/R Medial Flange standard 50%

L/R Lateral Flange standard 50%

L/R Narrow Shell Grind

L/R Wide Shell Grind

L/R Fascial Accommodation

L/R Heel Spur Accommodation

L/R Heel Hole w/gel plug w/ poron plug

L/R Lateral Arch Suspender (not with lateral flange)

L/R Medial Arch Suspender (not with medial flange)

L/R Sweet Spot

EFFECTIVE PATHOLOGY-SPECIFIC PRESCRIPTIONS

Posterior Tibial Tendon Dysfunction

- Original Richie Brace
- Full articulation pivot
- 4mm/6mm Medial skive
- 35mm Heel cup
- Medial flange optional & Sweet spot optional

Lateral Ankle Instability

- Original Richie Brace
- Full articulation pivot
- 2°/4° Valgus forefoot post to sulcus
- 35mm Heel cup

DJD of the Ankle/Subtalar Joint

- Original Richie Brace
- Permanently fixed pivot
- Medial flange
- 35mm Heel cup

Dropfoot Deformity

- Original Richie Brace / Dynamic
- Permanently fixed or Tamarac pivot
- 15mm/25mm Heel cup

Note: The Richie Brace is not indicated for patients with total dorsiflexion paralysis, an unstable knee or if patient weighs over 250lbs.


Charcot Deformity

- Original Richie Brace
- Permanently fixed pivot
- Poron & Plastazote cover
- 15mm/25mm Heel cup

Note: The Richie Brace is not indicated for patients with severe "rocker bottom" deformity

Caution: The Richie Brace is not recommended if equinus is a primary deformity or for high risk diabetic patients

7 SPECIAL INSTRUCTIONS



ADDITIONS

L/R Heel Lift ___ mm EVA poron loose

L/R Heel Pad 1.5mm 3mm

L/R Morton's Extension

L/R Reverse Morton's Ext. cushion cork poron EVA

L/R Functional Hallux Limitus Accommodation

Lesion Accommodation L 5 4 3 2 1 R 1 2 3 4 5

L/R Horseshoe Spur

L/R Metatarsal Pad Standard 50%

L/R Metatarsal Bar Standard 50%

L/R Metatarsal Raise

L/R Poron Arch Pad 1.5mm 3mm

L/R Neuroma Pad

L/R Cuboid Pad

