

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

- 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

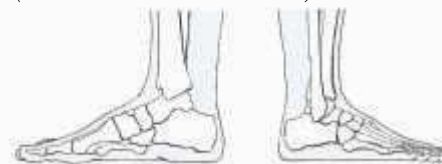
- Crepe Plantar Arch Fill
 Sulcus Wedge _____° Varus _____° Valgus

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)



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).

