THE Richie BRACE®
ACOR®

18530 S. Miles Pkwy.
Cleveland, OH 44128
216-662-4500
800-237-2267
fax 216-587-9529
http://www.acor.com
customshoe@acor.com

Cast enclosed for Richie Brace:
☐ Left ☐ Right ☐ B/L

PLEASE MARK MEDIAL AND LATERAL MALLEOLI ON NEGATIVE CAST!

Account and Patient Information

Acct Name:_____ Acct#_____
Address: _____ State:___ Zip: _____
City: _____ Phone # (___) ___-_____
PATIENT NAME: _____
Age:_____ Weight: _____ Height: _____ Sex: ____
Shoe Size: _____ Shoes Enclosed: ☐ Yes ☐ No

Richie Brace® Product

- ☐ Standard
- ☐ Dynamic Assist
- ☐ Little Richie
- ☐ Richie Soccer
- ☐ Arch Suspender ☐ medial ☐ lateral

DESCRIPTION:

Full flexion ankle pivot, custom ankle foot orthosis
Spring hinges provide up to 15 dorsiflexion to treat drop-foot conditions
Pediatric version of Richie Brace® for foot sizes smaller than adult size 4
Richie Brace® with integrated shin guard
Adjustable strap under ; fixed ankle pivot automatically added to brace

All "Standard" Richie Braces® have the following standard features:

- Heel Cup — 35 mm
- Top Cover — Multi EVA
- Color — Black
- Heel Stabilizer Bar (post) — Included
- Cover Length — Mets
- Orthotic Foot Plate — Intrinsic Balance to Perpendicular
- Limb Uprights Supports — Aligned Perpendicular to Foot Plate
- Hinge Articulation — Full Flexion

Option: ☐ **Flesh Tone OR** ☐ **White Color** **— Foot Plate, Limb Uprights and Straps - NO extra charge**

Clinical Information

Stance Evaluation — Please evaluate patient in a neutral and relaxed subtalar position. Please indicate amount of tibial Varum (medial tibial displacement) and forefoot abduction (MTJ subluxation) in each position:

Tibial Varum
Neutral Stance ____°
Relaxed Stance ____°

Forefoot Abduction — relative to malleoli

Neutral Stance	Relaxed Stance
☐ None	☐ None
☐ Moderate	☐ Moderate
☐ Severe	☐ Severe

Severe adult acquired flatfoot patients, we recommend adjusting the brace to allow for some medial displacement of the tibia (varum) and abduction of the forefoot in stance.
Note: Adjustment will orient the limb uprights and foot orthosis to the patient in a slightly compensated (pronated) position for better fit and comfort.

Apply adjustment? ☐ YES ☐ NO

GUIDELINES:

1. Recommendation for posterior tibial tendon dysfunction: 4 to 6 degree medial heel skive, accommodate navicular, adjust limb uprights to tibial varum based on stance measurements
2. Fixed ankle pivot: recommended for dropfoot, charcot deformity, peroneal tendinopathy, arthritic ankle or subtalar joint
3. Charcot foot: Use Solid AFO if there is severe equinus or rocker bottom deformity
4. *Dynamic Assist Brace® indicated for dropfoot; patient must have 0 to 10 degrees ankle dorsiflexion and stable knee

Richie Brace® Modifications to Standards

Note: Non-Standard Brace/Cast modifications may have extra charges — See pricing sheet

Ankle Pivot
☐ Restricted Hinge (still allows 3°-5° motion)

Top Cover
☐ Spenco
☐ Diabetic (Plastazote®/PORON®)
☐ add PORON® to extension

Length
☐ Mets
☐ Full

Arch Fill
☐ Medium
☐ Minimal

Heel Skive
☐ 2° ☐ medial
☐ 4° ☐ lateral
☐ 6°

Strap Size (standard 10")
☐ 6 inches
☐ 8 inches
☐ 12 inches

☐ Heel Lift _____"
☐ Add Medial Arch Flange
☐ Add Lateral Clip

Please mark orthotic plate accommodation on cast!
☐ Navicular
☐ 1st met cuneiform
☐ Medial Fascia Band
☐ Other:_____

Forefoot Posting _____° Varus _____° Valgus
Note: Not Recommended as this will tilt entire brace to the exact degree of posting.

Special Instructions

Locate accommodations
(also mark on casts)

COPY THIS PAGE AND USE FOR FUTURE ORDERS