

M2 AFO

Doctor: _____ Fitter: _____

Patient Name: _____ Date: _____

Patient #: _____ Additional Follow-Up Dates: _____

TOOLS NECESSARY: Tape Measure • Scissors • Trimming Shears • Marker • Sandpaper

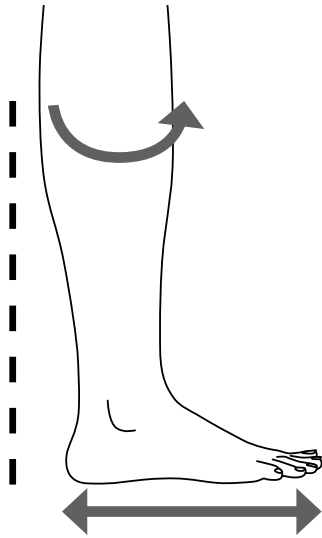
FOR USE WITH PRODUCTS MANUFACTURED BY ASPEN MEDICAL PRODUCTS ONLY. THIS PRODUCT IS INTENDED FOR APPLICATION BY HEALTH CARE PRACTITIONERS AS DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED MEDICAL AUTHORITY. THIS IS A PREFABRICATED ORTHOSIS. IT IS INTENDED TO BE CUSTOMIZED TO AN INDIVIDUAL PATIENT. FOLLOW THE STEPS BELOW TO CUSTOMIZE.

STEP 1 - MEASUREMENTS

1 Length of Foot

2 Calf measurement:

(Appx. 14 Inches from bottom of foot)



TIME SPENT: _____

STEP 2 - EXAMINATION

Knee stability notes _____

Bony prominence notes _____

Soft tissue condition notes _____

Gait notes _____

Ankle stability notes _____

Pronated Normal Supinated

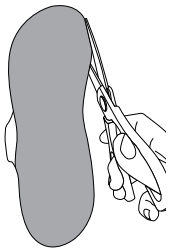
Foot drop notes _____

Heel height evaluation notes _____

Other notes _____

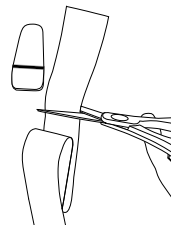
TIME SPENT: _____

STEP 3: AFO MODIFICATIONS



Footplate Trimming Notes:

(Total footplate can be trimmed on average 0.8 inch (~21mm))



Strap Adjustment Notes:

(Strap length is appx. 21 inch (~540mm))

TIME SPENT: _____

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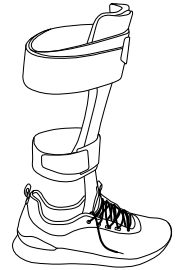
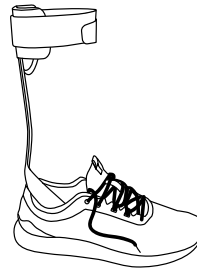
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STEP 4 - FIT AFO IN SHOE

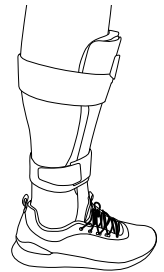
Shoe Fit Notes: _____



TIME SPENT: _____

STEP 5 - PATIENT GAIT USING AFO

Patient Gait Notes Using AFO: _____



TIME SPENT: _____

STEP 6 - EDUCATION

Items to educate patients:

- Don and Doffing
- Proper replacement of AFO in shoe
- Follow up appointment
- Proper removal of AFO from shoe
- Proper cleaning

TIME SPENT: _____

CLINICAL JUSTIFICATION FOR CUSTOMIZING BRACE

TOTAL TIME TO CUSTOMIZE BRACE: _____