

AFO or KAFO According to the Medical Patient History

www.orthosis-configurator.com

Orthotist: _____

Company: _____

Customer Number: _____

Date: _____

We would like to point out that the patient's personal data will be stored and used for processing the order as well as for statistical evaluation. Please note that the calculation of the load capacity of the orthosis is based on the data given here. This data can change in the course of the orthosis' utilisation period. When you fill in this orthotic treatment sheet, take foreseeable changes into consideration (e.g. weight variations, growth or changes in muscle strength).

PATIENT DATA

Patient Name

Year of Birth

Body Weight

Leg

kg

left leg

right leg

For reasons of data privacy, you may only enter the first two letters of the first name and the surname.

Sex

female

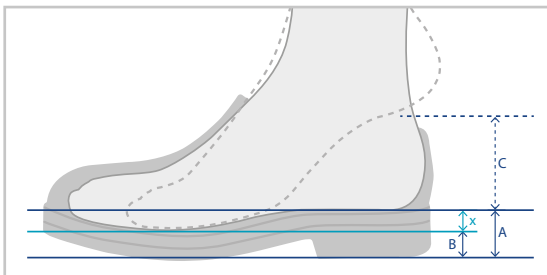
male

Body Height

cm

Please use two orthotic treatment sheets if the following points are different for both legs.

Shoe Measurements



shoe size (continental European system)

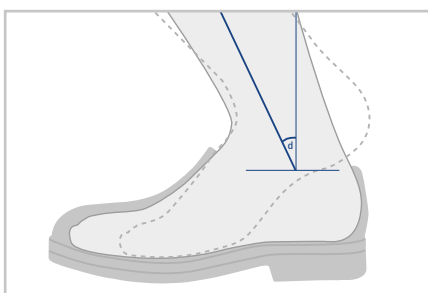
height compensation (C) _____ mm

heel height (A) _____ mm

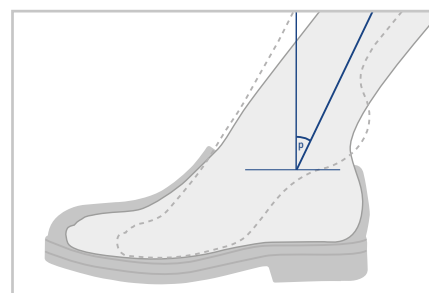
sole thickness (B) _____ mm

pitch ($x = A - B$) _____ mm

Range of Motion in the Upper Ankle Joint



Dorsal



Plantar

Varus Deformity



maximum

corrected

Valgus Deformity



maximum

corrected

Hyperextension



maximum

corrected


Extension Limitation



hip

knee

Muscle Strength BEFORE the 6-Minute Walk Test (Classification According to Janda)

hip flexion		hip extension	0 (zero)	– total paralysis, no evidence of contraction	
0 1 2 3 4 5		0 1 2 3 4 5	1 (trace)	– slight contraction, but no joint motion	
knee extension		0 1 2 3 4 5	knee flexion	2 (poor)	– complete range of motion with gravity eliminated
0 1 2 3 4 5		0 1 2 3 4 5	0 1 2 3 4 5	3 (fair)	– complete range of motion against gravity
dorsiflexion		0 1 2 3 4 5	plantar flexion	4 (good)	– complete range of motion against gravity with some resistance
0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	5 (normal)	– complete range of motion against gravity with full resistance	

6-Minute Walk Test (6MWT)

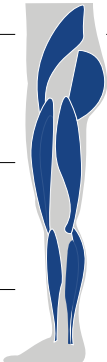
This test serves to trigger muscular fatigue: it needs to be performed after the first muscle function test. Carry out a second muscle function test directly after the 6MWT to determine the muscle strength with muscular fatigue taken into account.

completed terminated after _____ min

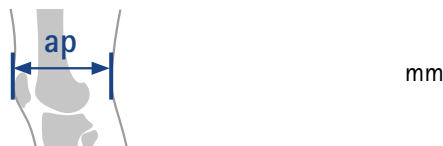
distance covered _____ m = number of routes: _____ X length of route: _____ m



Muscle Strength AFTER the 6MWT (Classification According to Janda)

hip flexion		hip extension	
0 1 2 3 4 5		0 1 2 3 4 5	
knee extension		0 1 2 3 4 5	knee flexion
0 1 2 3 4 5		0 1 2 3 4 5	0 1 2 3 4 5
dorsiflexion		0 1 2 3 4 5	plantar flexion
0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	

Ap Measurement (for the Mechanical Knee Pivot Point of a KAFO)



Activity Level



1. Indoor Walker

The patient has the ability or the potential to make transfers and to move with an orthosis on even surfaces at low walking speed. Ambulation is possible for a very short distance and duration due to the physical condition of the patient.



3. Unrestricted Outdoor Walker

The patient has the ability or the potential to move at medium to high and also varying speed and to overcome most environmental obstacles. Additionally, the patient can walk on open terrain and perform professional, therapeutic and other activities, which do not apply an above average mechanical load on the orthosis.



2. Restricted Outdoor Walker

The patient has the ability or the potential to move with an orthosis at low walking speed and is able to overcome small environmental obstacles such as curbs, single steps or uneven surfaces.



4. Unrestricted Outdoor Walker with Especially High Demands

The patient has the ability or the potential to move with an orthosis like the unrestricted outdoor walker. Additionally, the increased functional demands can generate high impact loads, tension and/or deformation on the orthosis. These patients are mainly athletes and children.