



RICHIE BRACE PRESCRIPTION FORM



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DOCTOR & PATIENT INFORMATION

Doctor Name: _____
Address: _____ State: _____ Zip: _____
City: _____ ACCT#: _____

Patient Name: _____ Male Female Age: _____
Height: _____ Weight: _____ Shoe Size: _____
Shoe Type: _____ Shoes Enclosed: Yes No

Cast enclosed for Left Right B/L
PLEASE MARK MEDIAL AND LATERAL MALLEOLI ON NEGATIVE CAST!

CLINICAL INFORMATION

DIAGNOSIS:

Stance Evaluation

Calcaneus alignment to leg: _____° inverted or _____° everted
Leg alignment to floor: _____° varum or _____° valgum

RICHIE BRACE® PRESCRIPTION

- RICHIE BRACE® (standard):** Full Flexion Ankle Hinge Pivot.
Can include enhancements for Posterior Tibial Tendon Dysfunction (check any or all):
Medial Heel Skive 4mm 6mm Navicular Accommodation (please mark negative cast)
Adjust Limb Uprights for Tibial Varum Yes No (see measurements above)
FOR SEVERE PTTD, RECOMMENDED MEDIAL ARCH SUSPENDER (SEE BELOW)

SPECIAL MODIFIED VERSIONS OF STANDARD RICHIE BRACE®:

- RICHIE SOCCER BRACE®** - Includes shin guard.
 LITTLE RICHIE BRACE® - Pediatric application for shoe size 4 and under.

- RICHIE BRACE® RESTRICTED ANKLE PIVOT:** Limits ankle motion, yet allows smooth contact phase of gait.
Indications: DJD ankle & STJ, tarsal coalition, mild Charcot, lateral ankle instability, peroneal tendinopathy.

ENHANCEMENTS (optional):

- 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.

- 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)

- 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

- RICHIE GAUNTLET®** 7" 9"

- RICHIE CALIFORNIA®**

GAUNTLET AND CALIFORNIA COLOR OPTION - TAN CHOCOLATE

Both The Richie Gauntlet and The Richie California require the STS mid leg sock

ALL RICHIE BRACES® HAVE THE FOLLOWING STANDARD FEATURES:

- | | | |
|-----------------------|--|--|
| ◆ Top Cover – Implus® | ◆ Cover Length - Mets | ◆ Limb Uprights Supports – Aligned Perpendicular to Foot Plate |
| ◆ Color – Black | ◆ Orthotic Foot Plate – Intrinsic Balance to Perpendicular | ◆ Heel Stabilizer Bar - Included |
| ◆ Heel Cup – 35mm | | |

COLOR OPTION - FLESH TONE WHITE

RICHIE BRACE® MODIFICATIONS

NOTE: NON-STANDARD BRACE MODIFICATIONS MAY HAVE EXTRA CHARGES – SEE PRICING SHEET

Top Cover	Length	Heel Cup	Medial Heel Skive
<input type="checkbox"/> Implus (standard)	<input type="checkbox"/> to Mets (standard)	<input type="checkbox"/> 10 mm	For severe pronation control
<input type="checkbox"/> Spenco	<input type="checkbox"/> to Sulcus	<input type="checkbox"/> 14 mm	<input type="checkbox"/> 2mm
<input type="checkbox"/> EVA	<input type="checkbox"/> to Toes	<input type="checkbox"/> 18 mm	<input type="checkbox"/> 4mm
<input type="checkbox"/> Diabetic (Plastazote/Poron)	<input type="checkbox"/> add poron cushion to extension	<input type="checkbox"/> 35 mm (standard)	<input type="checkbox"/> 6mm

CAST AND ORTHOTIC MODIFICATIONS

- Heel Lift _____ (inch)
 Add Medial Arch Flange
 Add Lateral Clip
- Orthotic Plate Accommodation (please mark on cast)**
 Navicular Medial Fascia Band
 Styloid 5th Met Other:
- Forefoot Posting _____° Varus _____° Valgus
Note:
Not recommended as this will tilt entire brace to exact degree of posting.

SPECIAL INSTRUCTIONS:

Accommodation location(s):
(mark on illustration and on cast)

