

RICHIE BRACE PRESCRIPTION FORM

 Root Laboratory, Inc. 16739 Placer Hills Road Meadow Vista, CA 95722 Toll free: (877) 766-8522 Fax: (530) 878-9310 Email: info@root-lab.com www.root-lab.com Acct#:	DOCTOR INFORMATION	(Lab use only)
	Practitioner Name: _____ Date: _____ Address: _____ Phone: _____ City: _____ State: _____ Zip: _____	Inv. #: _____ Ship date: _____ IBS: _____
	PATIENT INFORMATION	L__R__ negative L__R__ shoes L__R__ other
Patient Name: (last) _____ (first) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Height: _____ Weight: _____ Shoe Size: _____ Shoe Type: _____ Shoes Enclosed: <input type="checkbox"/> Left <input type="checkbox"/> Right Cast enclosed for: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> B/L NOTE: 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 FORM

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, recommend 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 CALIFORNIA AFO BRACE®: Adjustable, total restraint closure system with medial or lateral arch suspender and integrated rearfoot post. Indications: Rigid, non-reducible Adult Acquired Flatfoot (Stage III & IV), severe DJD or hindfoot deformity, Charcot Arthropathy

RICHIE BRACE® SOLID AFO: Traditional full leg posterior shell w/balanced functional orthotic footplate.
 Indications: Dropfoot with unstable knee, dropfoot with spasticity, Charcot Arthropathy.

ALL RICHIE BRACES® HAVE THE FOLLOWING STANDARD FEATURES:

◆ Top Cover – EVA	◆ Cover Length – Mets	◆ Limb Uprights Supports – Aligned Perpendicular to Foot Plate
◆ Shell/Upright Color – Black	◆ Orthotic Foot Plate – Intrinsic Balance to Perpendicular	◆ Heel Stabilizer Bar – Included
◆ Heel Cup – 35mm		

COLOR OPTION: FLESH TONE WHITE (default color is black)

Your prescription is now complete, unless you wish to make any modifications:

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"/> EVA (standard)	<input type="checkbox"/> to Mets (standard)	<input type="checkbox"/> 10 mm	For severe pronation control
<input type="checkbox"/> Nylon covered neoprene (Spenco)	<input type="checkbox"/> to Sulcus	<input type="checkbox"/> 14 mm	<input type="checkbox"/> 2mm
<input type="checkbox"/> Synthetic Leather	<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 under extension	<input type="checkbox"/> 35 mm (standard)	<input type="checkbox"/> 6mm

CAST AND ORTHOTIC MODIFICATIONS

<input type="checkbox"/> Heel Lift _____ (inch) <input type="checkbox"/> Add Medial Arch Flange <input type="checkbox"/> Add Lateral Clip	<input type="checkbox"/> Orthotic Plate Accommodation (please mark on cast) <input type="checkbox"/> Navicular <input type="checkbox"/> Medial Fascia Band <input type="checkbox"/> Styloid 5 th Met <input type="checkbox"/> Other:	Forefoot Posting _____° Varus _____° Valgus Note: Not recommended as this will tilt entire brace to exact degree of posting.
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SPECIAL INSTRUCTIONS:	ACCOMMODATION LOCATION(S): (Mark on illustration and on cast) <div style="text-align: right; margin-top: 20px;"> </div>
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