

# RICHIE BRACE PRESCRIPTION FORM

 <b>Root Laboratory, Inc.</b> 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#:	<b>DOCTOR INFORMATION</b>	(Lab use only)
	Practitioner Name: _____ Date: _____ Address: _____ Phone: _____ City: _____ State: _____ Zip: _____	Inv. #: _____ Ship date: _____ IBS: _____
	<b>PATIENT INFORMATION</b>	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 <b>NOTE: PLEASE MARK MEDIAL AND LATERAL MALLEOLI ON NEGATIVE CAST!</b>		

CLINICAL INFORMATION	
<b>DIAGNOSIS:</b>	<b>Stance Evaluation:</b> 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 <sup>th</sup> 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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<b>SPECIAL INSTRUCTIONS:</b>	<b>ACCOMMODATION LOCATION(S):</b> (Mark on illustration and on cast) <div style="text-align: right; margin-top: 20px;"> </div>
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