integrityORTHOTICS

www.integrityortho.com
19113 63RD AVENUE NE, SUITE 4
ARLINGTON WA 98223
Toll Free: 1-866-678-4652
Phone: 360-435-0703 Fax: 360-435-2912

FOR LAB USE ONLY

INCLUDED WITH ORDER

neg casts _____ devices: L _____ R _____
pos casts _____ drawing/template _____
shoes _____ other _____
serial # _____ box # _____

received date:

account INFORMATION

account #: _____
account name: _____
practitioner: _____
address: _____
phone: _____
○ call me ○ ship overnight (added charge) ○ use casts on file
▶ **RUSH** (added charge) ○ 1 day ○ 2 day ○ 3 day
○ return casts (added charge) ○ Other _____

patient INFORMATION

name: _____
sex: ○ M ○ F age: _____ weight: _____
occupation/activity: _____
shoe size: _____
shoe heel height: _____
interior volume: ○ high ○ low

○ athletic ○ casual
○ sport-specific ○ boot
○ fashion (narrow)
○ other: _____

Prescription ORTHOTIC Selection

select one: ○ RIGID ○ SEMI-RIGID ○ SEMI-FLEXIBLE ○ FLEXIBLE

sport DEVICES

○ **General Sport**-polypro shell with crepe posting and vinyl top cover to mets

○ **Flexible Sport**-Trekfex™ shell with crepe posting, perforated EVA top cover and Ultrasuede® bottom cover to toes.

Pro Sport-sport-specific designs for the high level or professional athlete

○ **Golf**
○ **Basketball**
○ **Soccer / Rugby**
○ **Runner's Mould**
○ **Aerobic**
○ **Cyclist**
○ **Tennis / Racquetball**
○ **Sprinter**
○ **Marathoner**
○ **Ballet / Dance**
○ **Ski / Skate**
○ **Other** _____

accommodative DEVICES

○ **Polypro Mould**-thin polypro shell. Your choice of filler:
○ PPT® ○ EVA ○ Thermocork®
with 1/16 PPT® heel to toes and vinyl top cover

○ **Leather Mould**-1/16 PPT® top cover to toes:
Arch fill: ○ PPT® ○ EVA ○ Thermocork®
Shell to: ○ mets ○ sulcus ○ toes
Celastic reinforcement: ○ heel ○ heel/arch

Diabetic Mould-3/16 PPT®/Plastazote® top cover standard to toes
Shell to: ○ Mets ○ Sulcus ○ Toes

○ **Type I:** Low-density EVA Shell-standard to toes

○ **Type II:** Medium-density EVA Shell-standard to sulcus

○ **Type III:** Rigid Black Crepe shell-standard to mets

Practitioner Name: _____

Signature *(required)*: _____ Date: _____

biomechanical DEVICES

○ **Unitized Biomechanical**-polyolefin shell with one-piece construction of RF posting and shell. No top cover

○ **Poly Biomechanical** (casual fit)-polypro shell with Thermocork® RF posting, 1/16 PPT® heel to toes and vinyl top cover

○ **Graphite Biomechanical**-thin graphite composite shell with crepe RF posting and vinyl top cover to mets

○ **UCBL**-Subortholene® shell to mets with Thermocork® RF posting and no top cover

○ **Heel Pain Device**-polypro shell with extra-deep heel seat, crepe RF posting, 1/16 PPT® heel to mets, visco-filled heel punch and vinyl top cover

○ **PTTD Device**-Inverted cast correction, Subortholene® shell with medial flange, in-shell scaphoid pad, Thermocork® extrinsic RF post and perforated EVA top cover to toes

○ **Sandal Device** (must send sandals)-polypro shell with crepe RF posting, 1/8 PPT® extension to toes, 1/8 Plastazote® heel to toes and suede top cover

fashion DEVICES

1/16 PPT® extension to sulcus with vinyl top cover standard
(heel height must be specified above)

○ **Unitized Fashion**-polypro shell with intrinsic RF posting and heel punch

○ **High-Heel Fashion**-(2" to 5" heel) 2mm graphite composite shell with no heel seat (shoe required)

○ **Flexible High-Heel Fashion**-(2 ½"+ heel)-Toprelle® shell with extrinsic RF posting, no PPT® in extension and suede wrapped bottom cover (shoe required)

○ **Mini Fashion**-Polynyolene® shell with intrinsic RF posting and no top covers or extensions

○ **Poly Fashion**-polypro shell with intrinsic RF
Arch filler: ○ EVA ○ Thermocork®
○ Add cobra cutout (1-4 is standard)

○ **Graphite Fashion**-thin graphite composite shell with intrinsic RF posting and heel punch

supplies

send: ○ SM BOXES ○ LG BOXES ○ RX FORMS ○ BUSINESS REPLY LABELS ○ FedEx AIR BILLS ○ Other _____

PATIENT findings

history, observations & COMPLAINTS

Location of Pain: ○ Heel ○ Plantar Fascia ○ Lower Back ○ Knee - ○ Medial ○ Lateral

Digits (L) (R) 1 2 3 4 5 — Met Heads (L) (R) 1 2 3 4 5 — Interspace (L) (R) 1 2 3 4

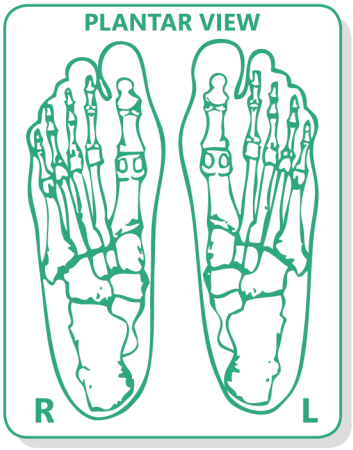
Other: ○ See Drawing _____

Pain Intensity: ○ Mild ○ Moderate ○ Severe Callus Location: L _____ R _____

Limb Length Discrepancy: Shortage on L _____ R _____

Injuries & Treatments: _____

Previous Orthotic Devices: ○ Yes ○ No **Success:** ○ High ○ Average ○ Poor



○ Accommodate as shown above

measurements

	LEFT	RIGHT
Subtalar Inversion		
Subtalar Eversion		
Subtalar Neutral		
Rested Calcaneal Stance		
Forefoot - varus/valgus		
Tibial Varum		
Ankle Dorsiflexion		

First Ray Position: ○ Plantarflexed ○ Normal ○ Dorsiflexed

range OF motion

	LEFT		RIGHT	
		WEIGHT BEARING		
Arch Height Appearance				
High Arch	○	○	○	○
Medium Arch	○	○	○	○
Low Arch	○	○	○	○
Hallux Dorsiflexion				
Rigid	○	○	○	○
Semi-rigid	○	○	○	○
Normal	○	○	○	○

○ **Call Me** ○ Use lab evaluation

CUSTOM device DESIGN

postings

Forefoot -

	L	R
○ post to calcaneal perpendicular (Intrinsic is standard)	○	○
○ post to calcaneal inversion ____ °	○	○

	LEFT	RIGHT
○ Intrinsic: varus/valgus		
○ Extrinsic: varus/valgus		

○ 1-5 Bar post ○ 2-5 Bar post

○ Tip post (not >3°) ○ Post to sulcus

Rearfoot -

○ Extrinsic or ○ Intrinsic

Left ____ Right ____

○ Heel lift L ____ R ____

Wedge -

○ Medial or ○ Lateral

Left ____ Right ____

Length-Heel to:

○ Mets ○ Sulcus

shell MODIFICATIONS

	L	R		L	R
Deep Heel Seat	○	○	In-Shell Scaphoid	○	○
1st Ray Cutout	○	○	Narrow Device	○	○
5th Ray Cutout	○	○	Widen Device	○	○
Medial Flange	○	○	Reduce Bulk	○	○
Lateral Flange	○	○	Fascial Groove	○	○
Medial Heel Skive	○	○	Gait Extension	○	○
Lateral Clip	○	○	To promote:		
Heel Punch	○	○	○ in ○ out-toeing		

Special Instructions: _____

top COVERING

Extensions - distal end of shell to: ○ **Sulcus** ○ **Toes**

○ 1/16 ○ 1/8 ○ 3/16

○ PPT® ○ Plastazote® ○ Other _____

Top Padding - heel to: ○ **Mets** ○ **Sulcus** ○ **Toes**

○ 1/16 ○ 1/8 ○ 3/16

○ PPT®/Plastazote® ○ PPT® ○ Plastazote®

○ Slow Recovery PPT® (1/8) ○ Other/Color _____

Top & Special Coverings to: ○ **Mets** ○ **Sulcus** ○ **Toes**

○ Perforated EVA ○ Spenco®

○ Antimicrobial Bamboolon™ ○ Glove Leather

○ Suede Top Cover ○ Plastazote® Only

○ Suede Bottom Cover ○ Other/Color _____

Kinetic	L	R
Accelerator	○	○
Reverse Morton's	○	○
Heel spur pad	○	○
Heel cushion	○	○
2-4 Met pad	○	○
Met bar pad	○	○
Toe crest pad	○	○
Navicular flap	○	○
Neuroma pad	○	○

specify interspace _____

	L	R
Neuroma plug	○	○
Cuboid pad	○	○
Dancer's pad	○	○
Scaphoid pad	○	○
Morton's ext.	○	○
PPT® Arch Reinforcement	○	○
Amputee Buttress Pad (shoe required)	○	○

specify interspace _____

Describe: _____

©2014 Integrity Orthotic Laboratories Inc.