

KAFO Cosmetic Specification Form

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PATIENT NAME _____

Hospital / Clinic _____ Order no _____

Age _____ Sex _____ Weight _____ Height _____

Infant Child Medium Adult Ex Large

Activity level High Medium Low

Non correctable deformities (knee) i.e. knee will not fully extend:
 Valgus Varus
 Flexion

Special considerations _____

NEGATIVE CAST DETAILS

Make as cast Knee Ankle

Correct knee to _____ Correct ankle to _____

POSITIVE CAST RECTIFICATION

Sust Tali Dorsiflex Toes 3 Point Pressure (shade areas)

Other

Build ups (3mm default build up)
 Lat Mal mm Med Mal mm
 Navicular mm Other mm

A.K. Section Quadrilateral Shaping

Flare Top Back Edge Ischial Bearing

REDUCE CIRCS DOWN TO

	RT	LT
Top	<input type="text"/> mm	<input type="text"/> mm
Middle	<input type="text"/> mm	<input type="text"/> mm
Bottom	<input type="text"/> mm	<input type="text"/> mm

Allowance for linings 3mm 6mm

STYLE

Moulded over side stems Side stems fitted on to outside

Articulated AFO section

Specify type of hinge (manufacturer / part no) _____

TRIM

A.K. scoop out bottom back edge

Centre opening width (default – 25mm)

Other details – see sketches for exact trim

MATERIALS

	AK	BK	AK	BK
Natural Polypropylene	<input type="checkbox"/>	<input type="checkbox"/>	Thickness 3mm <input type="checkbox"/>	<input type="checkbox"/>
Flesh Polypropylene	<input type="checkbox"/>	<input type="checkbox"/>	4mm <input type="checkbox"/>	<input type="checkbox"/>
Coloured Polypropylene (specify) _____				
Homopolymer	<input type="checkbox"/>	<input type="checkbox"/>	4.5mm <input type="checkbox"/>	<input type="checkbox"/>
Ortholen	<input type="checkbox"/>	<input type="checkbox"/>	5mm <input type="checkbox"/>	<input type="checkbox"/>
Leather	<input type="checkbox"/>	<input type="checkbox"/>	6mm <input type="checkbox"/>	<input type="checkbox"/>
Transfers (specify) _____				

JOINTS

Bale lock <input type="checkbox"/>	Ring lock <input type="checkbox"/>	Free set back <input type="checkbox"/>
Dural <input type="checkbox"/>	Steel <input type="checkbox"/>	Titanium <input type="checkbox"/>
16mm <input type="checkbox"/>	20mm <input type="checkbox"/>	
Ottobock <input type="checkbox"/>	Masser <input type="checkbox"/>	Becker <input type="checkbox"/>

Manufacturers ref / part no _____

LININGS

	A.K. (full)	B.K. (full)	B.K. (part)
Northfoam 3mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Northfoam 5mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastazote 3mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastazote 6mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shade areas on diagram that require lining

KNEE CONTROL

Anterior Medial Lateral Posterior

Compression Valgus Varus Hyperextension

STRAPS

Velcro (all leather backed) Bridal Leather

A.K. (no.) _____ B.K. Calf (no.) _____

Instep Strap Backed Velcro Unbacked Velcro

20mm 32mm

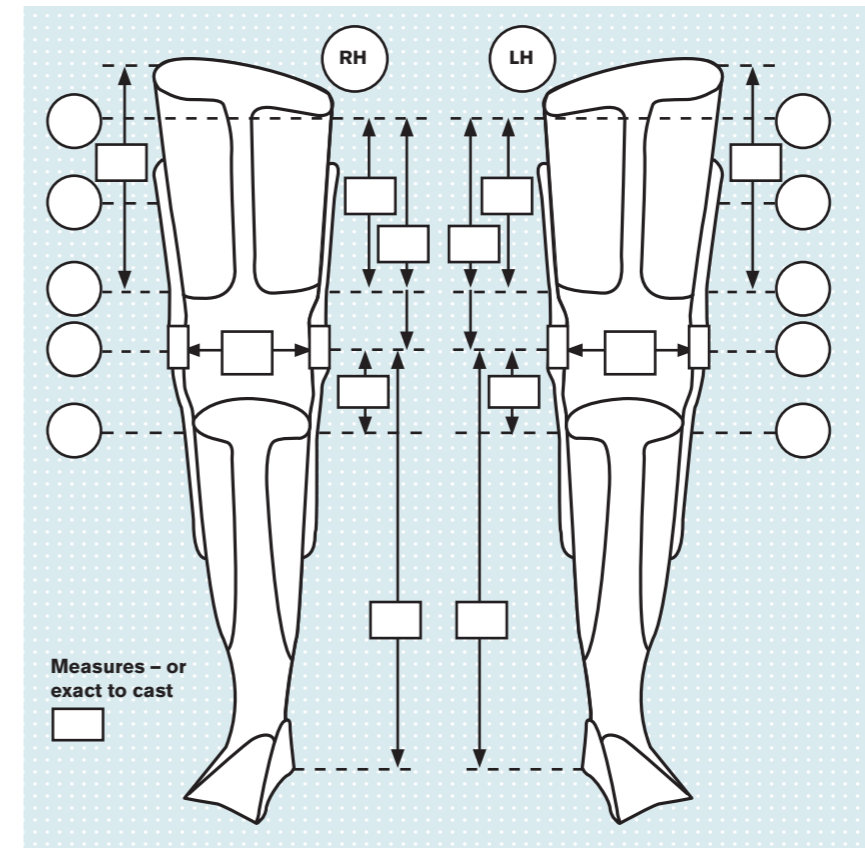
Other (specify) _____

LAPELS

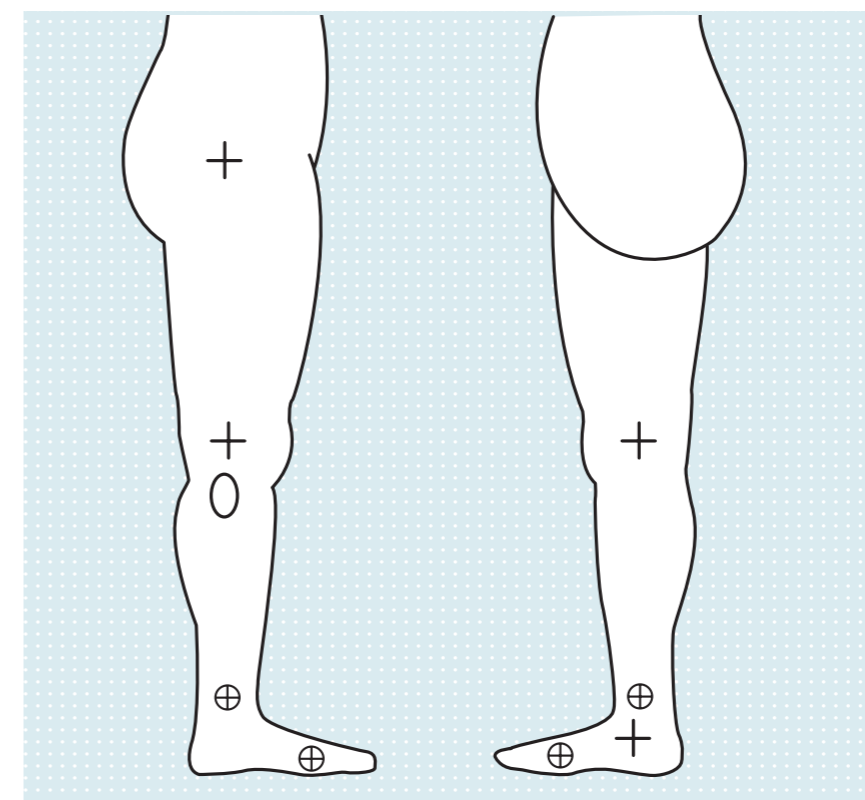
Leather Pelite Other

Knee Back Sling (for hyperextension)

Other details _____



Additional comments / specifications



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Please note:
 As a minimum the following areas must be marked onto a negative plaster cast in indelible pencil: a) top line of A.K. section; b) bottom line of A.K. section; c) knee joint axis; d) top line of B.K. section; e) med & lat malleoli; f) 1st and 5th met heads. No liability will be accepted for ill fitting KAFO's where essential information has not been supplied.