

# Integrity ORTHOTICS

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## 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:** \_\_\_\_\_  athletic  casual

interior volume:  high  sport-specific  boot

low  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**-Trekflex™ 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**
- Tennis / Racquetball**
- Basketball**
- Sprinter**
- Soccer / Rugby**
- Marathoner**
- Runner's Mould**
- Ballet / Dance**
- Aerobic**
- Ski / Skate**
- Cyclist**
- 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  
Elastic 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**-Polynylene® 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) Met Heads (L) (R) Interspace (L) (R)  
 1  2  3  4  5     1  2  3  4  5     1  2  3  4

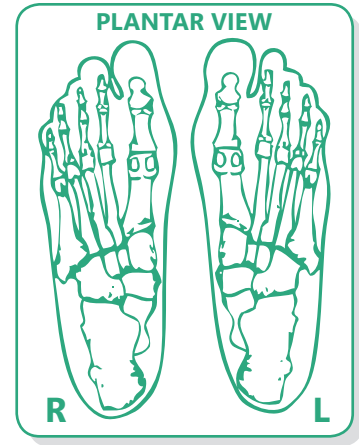
Other:  See Drawing \_\_\_\_\_

**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:	<input type="checkbox"/> Plantarflexed <input type="checkbox"/> Normal <input type="checkbox"/> Dorsiflexed	

## range of motion

	LEFT	WEIGHT BEARING	RIGHT
<b>Arch Height Appearance</b>			
High Arch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium Arch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Arch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hallux Dorsiflexion</b>			
Rigid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi-rigid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Call Me  Use lab evaluation

## CUSTOM device DESIGN

### postings

**Forefoot -**  post to calcaneal perpendicular (Intrinsic is standard)  L  R  
 post to calcaneal inversion \_\_\_\_°  L  R

	LEFT	RIGHT
<input type="checkbox"/> Intrinsic: varus/valgus	_____	_____
<input type="checkbox"/> Extrinsic: varus/valgus	_____	_____
<input type="checkbox"/> 1-5 Bar post	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tip post (not >3°)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2-5 Bar post	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Post to sulcus	<input type="checkbox"/>	<input type="checkbox"/>

**Rearfoot -**  Extrinsic or  Intrinsic  Medial or  Lateral  
 Left \_\_\_\_ Right \_\_\_\_  
 Heel lift L \_\_\_\_ R \_\_\_\_    Length-Heel to:  Mets  Sulcus

### 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 Bamboo™  Glove Leather  
 Suede Top Cover  Plastazote® Only  
 Suede Bottom Cover  Other/Color \_\_\_\_\_

### shell MODIFICATIONS

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

Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	L	R		L	R
Kinetic Accelerator	<input type="checkbox"/>	<input type="checkbox"/>	Neuroma plug	<input type="checkbox"/>	<input type="checkbox"/>
Reverse Morton's	<input type="checkbox"/>	<input type="checkbox"/>	specify interspace _____		
Heel spur pad	<input type="checkbox"/>	<input type="checkbox"/>	Cuboid pad	<input type="checkbox"/>	<input type="checkbox"/>
Heel cushion	<input type="checkbox"/>	<input type="checkbox"/>	Dancer's pad	<input type="checkbox"/>	<input type="checkbox"/>
2-4 Met pad	<input type="checkbox"/>	<input type="checkbox"/>	Scaphoid pad	<input type="checkbox"/>	<input type="checkbox"/>
Met bar pad	<input type="checkbox"/>	<input type="checkbox"/>	Morton's ext.	<input type="checkbox"/>	<input type="checkbox"/>
Toe crest pad	<input type="checkbox"/>	<input type="checkbox"/>	PPT® Arch Reinforcement	<input type="checkbox"/>	<input type="checkbox"/>
Navicular flap	<input type="checkbox"/>	<input type="checkbox"/>	Amputee Buttress Pad (shoe required)	<input type="checkbox"/>	<input type="checkbox"/>
Neuroma pad	<input type="checkbox"/>	<input type="checkbox"/>	Describe: _____		
specify interspace _____			_____		