

AFO or KAFO According to the Physical Examination

www.orthosis-configurator.com

Orthotist: _____

Company: _____

Customer Number: _____

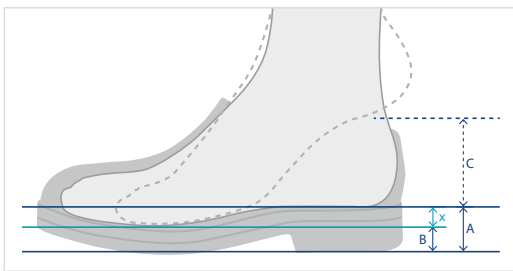
Date: _____

We would like to point out that the patient's personal data will be stored and used for processing the order as well as for statistical evaluation. Please note that the calculation of the load capacity of the orthosis is based on the data given here. This data can change in the course of the orthosis' utilisation period. When you fill in this orthotic treatment sheet, take foreseeable changes into consideration (e.g. weight variations, growth or changes in muscle strength).

PATIENT DATA

Patient Name	Year of Birth	Body Weight	Leg
		kg	left leg right leg
For reasons of data privacy, you may only enter the first two letters of the first name and the surname.	Sex	Body Height	Please use two orthotic treatment sheets if the following points are different for both legs.
	female male	cm	

Shoe Measurements



Shoe Size (Continental European System) _____

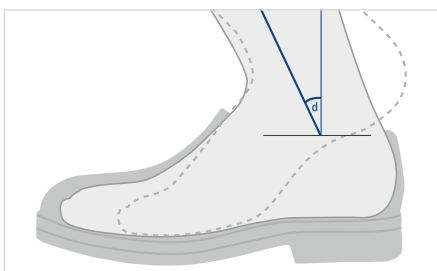
Height Compensation (C) _____ mm

Heel Height (A) _____ mm

Sole Thickness (B) _____ mm

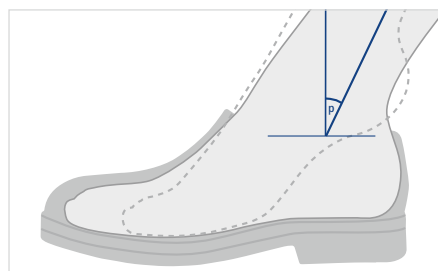
Pitch ($x = A - B$) _____ mm

Range of Motion in the Upper Ankle Joint



Dorsal

○



Plantar

○

Varus Deformity



Maximum

○

Corrected

○

Valgus Deformity



Maximum

○

Corrected

○

Hyperextension



Maximum

○

Corrected

○

Extension Limitation



Hip

○

Knee

○

Muscle Strength BEFORE the 6-Minute Walk Test (Classification According to Janda)

Hip Flexion		Hip Extension
0 1 2 3 4 5		0 1 2 3 4 5
Knee Extension		Knee Flexion
0 1 2 3 4 5		0 1 2 3 4 5
Dorsiflexion		Plantar Flexion
0 1 2 3 4 5		0 1 2 3 4 5

0 (zero)	- total paralysis, no evidence of contraction
1 (trace)	- slight contraction, but no joint motion
2 (poor)	- complete range of motion with gravity eliminated
3 (fair)	- complete range of motion against gravity
4 (good)	- complete range of motion against gravity with some resistance
5 (normal)	- complete range of motion against gravity with full resistance

6-Minute Walk Test (6MWT)

This test serves to trigger muscular fatigue: it needs to be performed after the first muscle function test. Carry out a second muscle function test directly after the 6MWT to determine the muscle strength with muscular fatigue taken into account.

completed _____ terminated after _____ min
 distance covered _____ m = number of routes: _____ X length of route: _____ m



Muscle Strength AFTER the 6MWT (Classification According to Janda)

Hip Flexion		Hip Extension
0 1 2 3 4 5		0 1 2 3 4 5
Knee Extension		Knee Flexion
0 1 2 3 4 5		0 1 2 3 4 5
Dorsiflexion		Plantar Flexion
0 1 2 3 4 5		0 1 2 3 4 5

Ap Measurement (for the Mechanical Knee Pivot Point of a KAFO)



Activity Level



1. Indoor Walker

The patient has the ability or the potential to make transfers and to move with an orthosis on even surfaces at low walking speed. Ambulation is possible for a very short distance and duration due to the physical condition of the patient.



3. Unrestricted Outdoor Walker

The patient has the ability or the potential to move at medium to high and also varying speed and to overcome most environmental obstacles. Additionally, the patient can walk on open terrain and perform professional, therapeutic and other activities which do not apply an above average mechanical load on the orthosis.



2. Restricted Outdoor Walker

The patient has the ability or the potential to move with an orthosis at low walking speed and is able to overcome small environmental obstacles such as



4. Unrestricted Outdoor Walker with High Demands

The patient has the ability or the potential to move with an orthosis like the unrestricted outdoor walker. Additionally, the increased functional demands can generate high impact loads, tension and/or deformation on the orthosis. These patients are mainly athletes and children.