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pegasus orthoses

Order Form

☐ **PRIORITY SERVICE**

Date: _____

Serial No: (Lab Only) | | | | | | | |

PRACTITIONER (BLOCK CAPITALS PLEASE) Name _____

Address _____

_____ Postcode _____

Telephone _____ Email _____

PATIENT *Surname _____ *First Name _____

*Male/Female _____ *Age _____ *Weight (lbs) _____ *Shoe Size _____

*Sporting Activities / Chief Complaint _____

** Essential Requirements*

ORTHOSES SPECIFICATION

Type ☐ Lifestyle ☐ Sports ☐ Children
☐ Slimline: Dress ☐ Slimline: Cobra

Flexibility ☐ Rigid ☐ Semi-flexible ☐ Flexible

Heel Cup ☐ Low (9mm) ☐ Standard (13mm) ☐ Deep (17mm)

Width ☐ Normal ☐ Narrow - mid ☐ Narrow

Accommodations ☐ 1st M.P.J. cut out ☐ 1st Ray cut out ☐ Lateral Clip
☐ Fascial Groove ☐ Morton's Extension ☐ Gait Plate
☐ Medial Flange Out ☐ Low First ____mm ☐ Kirby ____ angle ____ depth
☐ Pegasus Rocker Heel ☐ Club Foot

Posting: Forefoot: Intrinsic L R Extrinsic L R Bar (mm) L R
Rearfoot: Extrinsic L R

Medial Pronation Grind Off L R

Elevation _____ mm

Heel Raise L R mm

☐ Milled ☐ Poron ☐ E.V.A.

EXTENSIONS

Pegasus Wedge ☐ Attached to shell ☐ On Template ***(OUTLINE SHAPE REQUIRED)**

Poron Extension ☐ To Sulcus ☐ To Toes ☐ 3mm ☐ 5mm
☐ Met Raise ☐ Poron Shell only ☐ Vinyl to Shell Only

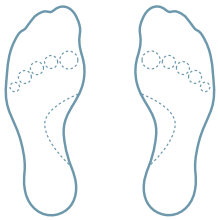
COVERS

☐ Black (Vinyl) ☐ Grey (Smart) ☐ Spenco (Sports)
☐ Childrens (Pink) ☐ Childrens (Blue) ☐ Childrens (Jazz)

SPECIAL INSTRUCTIONS

_____

_____



PLEASE SEND MORE ☐ Forms ☐ Boxes

FOR PRACTICITIONERS CONVENIENCE ONLY

PRIMARY PAIN LOCATIONS

Left
- ☐ MPJ 1 2 3 4 5
- ☐ 1st Ray
- ☐ Midtarsal
- ☐ Knee medial/lateral
- ☐ Toe 1 2 3 4 5
- ☐ Cuboid
- ☐ Heel (spur)
- ☐ Lower Back
- ☐ Interspace 1 2 3 4 5
- ☐ Navicular
- ☐ Ankle
- ☐ Hip Sacro/iliac

Right
- ☐ MPJ 1 2 3 4 5
- ☐ 1st Ray
- ☐ Midtarsal
- ☐ Knee medial/lateral
- ☐ Toe 1 2 3 4 5
- ☐ Cuboid
- ☐ Heel (spur)
- ☐ Lower Back
- ☐ Interspace 1 2 3 4 5
- ☐ Navicular
- ☐ Ankle
- ☐ Hip Sacro/iliac

PAIN INTENSITY
☐ Severe ☐ Moderate ☐ Mild

PAIN OCCURENCE
☐ Morning ☐ Evening ☐ During Activities
☐ After Activities ☐ While Standing ☐ Most of the time

LESION LOCATION

Left
- ☐ MPJ 1 2 3 4 5
- ☐ Heel
- ☐ Navicular
- ☐ Toe 1 2 3 4 5
- ☐ Arch
- ☐ Other
- ☐ Interspace 1 2 3 4 5
- ☐ Cuboid

Right
- ☐ MPJ 1 2 3 4 5
- ☐ Heel
- ☐ Navicular
- ☐ Toe 1 2 3 4 5
- ☐ Arch
- ☐ Other
- ☐ Interspace 1 2 3 4 5
- ☐ Cuboid

Standing Position ☐ Normal ☐ Bow Legged ☐ Knock Kneed

Toes ☐ Straight ☐ HAV ☐ Contracted
☐ Subluxed

Gait ☐ In-toe ☐ Straight ☐ Moderate Out-toe
☐ Severe Out-toe

Arch Height _____ mm

Weight Bearing ☐ Very High ☐ High ☐ Normal
☐ Low ☐ Flat

MEASUREMENTS

	LEFT		RIGHT	
Ankle Dorsiflexion	☐ Knee extended		☐ Knee Extended	
	☐ Knee Flexed		☐ Knee Flexed	
Subtalar Neutral	☐ Varus	☐ Valgus	☐ Varus	☐ Valgus
Subtalar Inversion	☐ Varus	☐ Valgus	☐ Varus	☐ Valgus
Subtalar Eversion	☐ Varus	☐ Valgus	☐ Varus	☐ Valgus
Forefoot Neutral: 1–5	☐ Varus	☐ Valgus	☐ Varus	☐ Valgus
2–5	☐ Varus	☐ Valgus	☐ Varus	☐ Valgus
Calc. Stance Neutral	☐ Inv.	☐ Ev.	☐ Inv.	☐ Ev.
Relaxed	☐ Inv.	☐ Ev.	☐ Inv.	☐ Ev.
Hallus Dorisflexion	_____		_____	
Tibial Varum	_____		_____	
Leg Length Shortage	_____ mm		_____ mm	
Foot Length Shortage	_____ mm		_____ mm	
Foot Motions	Rigid Mobile Hypermobile		Rigid Mobile Hypermobile	