

SPECTRUM™ AFO SYSTEM

MID-CALF



Spectrum 100

Free Motion
Split Upright

When mild control is needed for medial/lateral instability. This functionally efficient completely custom AFO offers split uprights, mechanical ankle axis. EVA topcover, balanced footplate, low-profile trimlines. Removable interface pads are designed to be washable and add needed comfort. Requires mid-calf cast.



Spectrum 200

Free Motion
Solid Upright

When moderate control is needed for medial/lateral instability. Custom AFO with balanced footplates, mechanical ankle axis and custom uprights that connect to posterior bar adding more stability and control. Removable interface pads are designed to be washable and add needed comfort. Requires mid-calf cast.



Spectrum 300

Dorsi-Assist
Solid Upright

When moderate control is needed for medial/lateral instability. With the added feature of Ankle Flexure dorsi-assist ankle joints. Designed for patients with drop foot during the swing phase of gait. Removable interface pads are designed to be washable and add needed comfort. Requires mid-calf cast.

ORDER INFORMATION

Customer Information

| | | | | |
|--------------------------------|---------|---------------|-------|--|
| Date | Company | PO# | Email | |
| Contact Person | Phone | Fax | | |
| Address | City | State | Zip | |
| Ship Via/Shipping Instructions | | Date Required | | |

Protected Health Information

| | | | | |
|-----------------|-----|--------|--------|-----|
| Patient Name/ID | Sex | Height | Weight | Age |
| Diagnosis/Notes | | | | |
| | | | | |

Custom Fabrication Hotline **877-737-8444**
 Fax 877-737-8445 | orthomerica.com/spectrum
 6333 N Orange Blossom Trl, Orlando FL 32810



IMPORTANT!

All information must be completed or your order will be put on hold.

Unspecified options will default to those in **bold**.
Items marked with * will incur additional charges.

MID-CALF DESIGN

- Spectrum 100** **Spectrum 200** **Spectrum 300**
- Free Motion Split Upright Free Motion Solid Upright Dorsi-Assist Solid Upright

- Color** **Black** White
- Side** Left Right Bilateral

- Crepe Heel Post**
- None** Heel Only Heel to Metatarsal*

- Finished Heel Post Position**
- Neutral** Medial _____ Lateral _____

- Crepe Forefoot Post Position**
- None** Medial* _____ Lateral* _____ Metatarsal to end of toes* _____

- Foot Plate Liner Options**
- Standard (EVA)** Poron Plastazote® Bi-laminate Poron Plastazote* Add Navicular Pad*

- Foot Plate Plastic Length** To Mets To Sulcus To Toes
- Foot Plate Liner Length** To Sulcus To Mets To Toes

- Heel Cup Height** **35mm (1 3/8") Standard** Other _____
- Heel Lift Options** Heel lift _____ inches *

- Plastic Trim Options**
- High Medial Wall to 1st Metatarsal High Lateral Wall to 5th Metatarsal Low Side Walls

MODIFICATIONS

- Modification Options**
- Navicular Relief Styloid 5th Met Relief Metatarsal Rise Other _____

- Arch Options**
- Standard (to Cast)** Increase Arch Height by _____ Decrease Arch Height by _____

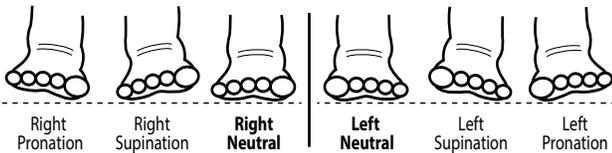
Cast Correction

- Ankle Alignment**
- 90°** _____ ° Dorsiflexion Plantarflexion Do Not Correct

Hindfoot Subtalar Alignment

- Neutral** Do Not Correct

Forefoot Alignment Circle drawing below to indicate finished forefoot alignment.

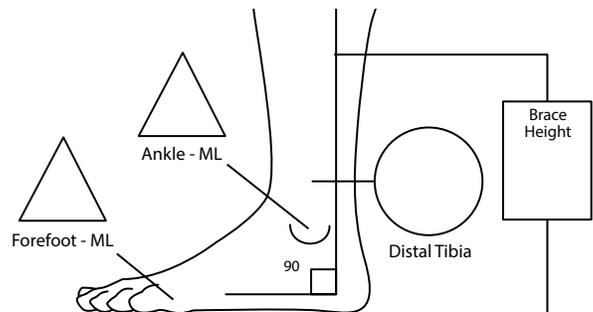


Include Met Height to Floor in Inches

Measurements



Standard brace height is 9"
 Depending on request additional charges may apply



Special Instructions _____