

# TC<sup>2</sup>™ AFO SYSTEM TOTAL CONTACT | TOTAL CONTROL

## SUPRAMALLEOLAR (SMO)

**ORTHOMERICA®**  
ORTHOMETRY CHART

### Order Information

Date: \_\_\_\_\_ P.O. # \_\_\_\_\_  
 Facility: \_\_\_\_\_  
 Address: \_\_\_\_\_

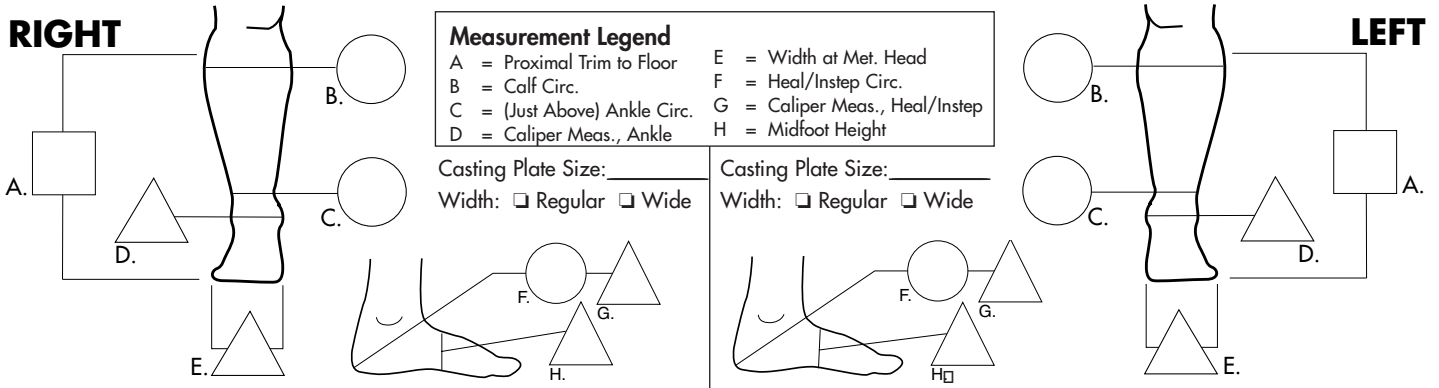
### Patient Information

Patient Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_

Contact Name \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX \_\_\_\_\_

Date Required: \_\_\_\_\_  
 Ship via: \_\_\_\_\_ On (Date): \_\_\_\_\_

### MEASUREMENT CHART



### MODIFYING INSTRUCTIONS (All Defaults in Italics)

Ankle:  *Correct to 90°*  *As Is*  Amount \_\_\_\_\_°  Dorsi  Plantar  
 Subtalar Joint:  *Correct to Neutral*  *As Is*  
 Midtarsal Joint:  *Correct to Neutral*  *As Is*

**Total Contact Modifications** (If no instructions are specified, the default will be to the casting plate)

Toe Rise:  Increase  Decrease Amount \_\_\_\_\_"  **Cast does not have a casting plate**  
 Metatarsal Pad:  Increase  Decrease Amount \_\_\_\_\_"  Add Total Contact Modifications  
 Medial Arch:  Increase  Decrease Amount \_\_\_\_\_"  No Total Contact Modifications

**Strapping:**  *Install Straps*  *Send Straps* Color: \_\_\_\_\_

#### Pelite® Bottom Treatment External Post:

Forefoot:  *Neutral*  *Medial*  *Lateral* Amount \_\_\_\_\_  
 Hindfoot:  *Neutral*  *Medial*  *Lateral* Amount \_\_\_\_\_

**Non-Skid Bottom**

Additional Instructions:

Pattern Transfer AFO: \_\_\_\_\_ Combo Component: \_\_\_\_\_ Pad Color: \_\_\_\_\_

### Supramalleolar (SMO)

Specify:  **Right**  **Left**

Requires Dimensions C-H from Measurement Chart



**Materials:**  *Modified Polyethylene*  *Polypropylene*  *Copolymer*  
**Trim:**  *Finished Trim*  *Rough Trim*  
**Trim to:**  *End of Toe*  *Met. Heads*  *Sulcus*  
 **Extend Dorsum to Control Forefoot:**  *Lateral*  *Medial*

Actual Length: \_\_\_\_\_"  
 **Both**