



Buchanan Orthotics Ltd

ANKLE FOOT ORTHOSIS (A.F.O.) FORM

Patient's Name

Order Number

Hospital

Unilateral (Indicate R or L in box)

Bilateral

NEGATIVE CAST DETAILS

Indicate required angle of finished AFO at ankle

(Tick box/value)

1. As cast 3. Dorsiflexed Degree

2. 90° degrees 4. Plantarflexed

POSITIVE CAST RECTIFICATION

Full Foot Sust. Tali

On Met. Heads Dorsiflex Toes

Behind Met. Head 3 Point Pressure

Other

(Indicate special rectification details in comments section)

Has cast been taken in subtalar neutral?

If so, indicate in comments section if posting required.

Comments

Straps and pads	Calf	Ankle	Forepart
Webbing backed Velcro			
Lay on Velcro			
Rivet			
Through loop			
Slider pad			
Derek (State Med/Lat)			

Trim Lines	
Varus Resist	
Valgus Resist	
Normal	
Fuller than normal	
Shallower than normal	
As marked on cast	
Ground Reaction	
Roll over top edge of cast	

Shoe Size

Foot Length

Leg Length

Additional Information

Sex M/F Weight Height

Date Cast Date Required

Orthotist

Diagnosis

Materials	3mm	4mm	4.5mm	5mm	6mm
Polypropylene					
Polythene					
Ortholene					
Homopolymer					
Specify colour:					

Normal

Stretched

Linings	
Full PZ Lining	
Calf PZ Lining	
Full Leather Lining	
Calf Leather Lining	
Other:	

Pads	
Arch	
Medial Ankle	
Lateral Ankle	
Navicular	
Med Mal/Nav	

Ankle Joints	Ankle Reinforcement
Oklahoma	Ribbed
Tamarack	Carbon
Butt Stop	
Back Stop (Adj.)	
Gaffney	

TRIM LINES

N.B. Please ensure trim lines are exact noting position of Malleoli and Met Heads.

