



# ORDER FORM

## Kinetic CROW (Charcot Restraint Orthotic Walker)

Date: \_\_\_\_\_ P.O. # \_\_\_\_\_  
Account Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Ship To (if different than billing address):**  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Ship Method (charges may vary):**  
 Next Day  2 Day  3 DAY  Ground (Std.)

### Standard Specifications:

- 1/4 inch Black Polypropylene Posterior and Anterior Shells
- 1/4 inch Removable Insole with 1/4 inch Poron Padding
- 1/4 inch Closed Cell Foam Liner Anterior and Posterior
- 4 Adjustable Closure Straps (Std.)
- Accommodative Rocker Bottom as pictured

### Brace Side:

- Left  Right  Bilateral  
 Additional Plastazote Foot Bed\*

\* Additional charges may apply

### Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Cast Mold Information:

[Cast should be taken in AM for best results]  
A cast mold of the patient's leg should be taken with a "Bermuda/Casting Sock" in a non-weight bearing position with the foot and calf relationship at 90°. The patient's foot can be placed on a soft foam cushion after it is cast. Position the foot and ankle in the desired position of the finished orthosis. CROW cast mold should go up as close to the head of fibula as possible [NOTE: Please NO Webril/cotton used on foot during casting]

**Important Note:** Foot measurements should be taken with foot partially weight bearing and toes fully extended. Add 1/2 to 3/4 inch to patient's full foot measurement for the finished length.

- Indicate all bony landmarks with indelible pencil
- All measurements must be taken
- A Bermuda casting sock must be used for these orthoses.

**With each shipment, we provide a mid-calf STS casting sock free of charge. With this Kinetic CROW:**

- Bermuda  Mid-calf  Med  Lrg  X-Lrg  None at this time

### Patient Info:

Patient Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex:  M  F Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ \*  
Patient Activity Level:  Very Low  Low  Medium  
 High  Non-Ambulatory  
\*Patient Weight Required

**The Kinetic CROW** is a custom molded total contact orthotic walker designed to off-load the foot in a similar fashion to a total contact cast (TCC). It is essential for diabetic foot maintenance, the off-loading of foot ulcerations, unstable Charcot foot/ ankle, and for post surgical protection for diabetic patients. The Kinetic CROW provides a total contact interface, posterior/anterior shell and rocker bottom sole.

- PTB design available upon request at additional charges. [Special cast mold is required]

### Mark Accommodation Location(s) on Cast.

**Note:** Above calf cast is ABSOLUTELY necessary.

