

# Ottobock Sensor Walk

## Stance Control KAFO Patient Data & Order Form

USA 800.795.8846  
Fax 800.810.7994

For clinical questions call 800.328.4058. NOTE: Training required.

Company \_\_\_\_\_

PO Number \_\_\_\_\_

Practitioner \_\_\_\_\_

Requested Due Date \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Fax \_\_\_\_\_

**Shipping Options:**

- UPS Next Day       UPS Ground  
 UPS 2-Day       Other \_\_\_\_\_

Patient Name \_\_\_\_\_

	Weight	Joint Range of Motion			Muscle Strength*			Joint Deviations**	
		Hip	Knee	Ankle	Hip	Knee	Ankle	Knee Valgum/Varum	Ankle Valgus/Varus
<b>Sensor Walk</b>	Up to 300 lbs/ 136 kg	Accommodates full R.O.M	Up to 15° knee flexion contracture	Accommodates full R.O.M. No minimum patient requirements	Flex 3-5	Flex 0-5	Flex 0-5	Accommodates up to 10° valgum/varum.	No minimum patient requirements
					Ext 0-5	Ext 0-5	Ext 0-5		

Ottobock recommends a corrected negative wrap/cast for best results.

**Specify**

- Left     Right     Inches     Centimeters

**KAFO Finish**

- KAFO Laminated with Double Action Ankle Joint\*  
 KAFO Laminated with Solid Ankle\*

\*Check Orthosis Required at additional cost

**Fabrication Specifications – Correction to Cast**

- |   |   |
|---|---|
| <input type="checkbox"/> Ankle                    | <input type="checkbox"/> Knee   |
| <input type="checkbox"/> Leave as Casted          | <input type="checkbox"/> Leave as Casted                                  |
| <input type="checkbox"/> To 90°                   | <input type="checkbox"/> To _____° Flexion<br>(may not exceed 15 degrees) |
| <input type="checkbox"/> To _____° Plantarflexion | <input type="checkbox"/> Correct to neutral                               |
| <input type="checkbox"/> To _____° Dorsiflexion   | <input type="checkbox"/> Valgus/varus to neutral                          |
| <input type="checkbox"/> Valgus/varus to neutral  | <input type="checkbox"/> Valgus/varus fixed                               |

**Liner**

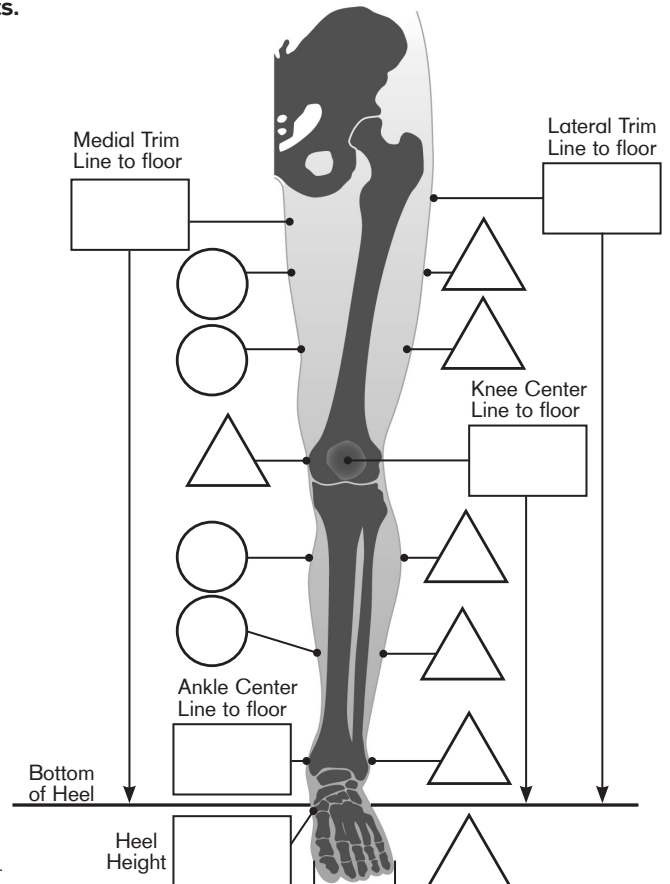
- Bocklite     SpaceTex     Microcell Puff

**Liner Thickness**

- 3mm     4mm     5mm     6mm     Other

\* Based on Kendall and Kendall scale presented in "Muscle Testing and Function," Williams and Wilkins Co., ©1971.  
Five-point grading system: 5 = Motion against gravity, with full resistance; 4 = Motion against gravity, with some resistance; 3 = Motion against gravity, with no resistance; 2 = Motion, with gravity omitted; 1 = Some muscle contractility with no joint motion; 0 = No muscle contractility.

\*\* Indicates whether the device accommodates the degree of corrected joint deviation, from anatomical neutral position.



Fabrication Center: 14800 28th Avenue North, Suite 110, Minneapolis, MN 55447  
For more information please visit our web site at [www.ottobockus.com](http://www.ottobockus.com)

All specifications and pricing are subject to change without notice.  
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