



# Custom Foot Orthotic Prescription Form - RX BasicX

Practitioner .....

Patient .....

Clinic .....

Weight (lbs) .....

Date of Casting .....

Shoe Size (UK) .....

Presenting Complaint .....

## Shell Selector

### SHELL TYPE

- Polypro (Plastic)
- EVA (Foam Rubber)

### SHELL PROFILE

- Dress (Narrow)
- Casual
- Sport (Wide)

### SHELL RIGIDITY

- Soft/Flex
- Semi Flex
- Semi Rigid
- Firm/Rigid

### SHELL EXTRAS

- Medial Flange  L  R
- Lateral Flange  L  R
- 1st Met Out  L  R
- 1st Ray Out  L  R
- Fascial Groove  L  R
- Heel Hole  L  R

### TISSUE SPECIFIC DEVICES

- Plantar Fasciopathy
- MTPJ Capsulitis .....MPJ
- Achilles Tendinopathy
- AAFF / Post Tib Tendon Dysfunction
- Peroneal Tendinopathy

## Corrections

### HEEL CORRECTION (°)

	6	4	2	0	2	4	6
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varus				Valgus			
+ Pronation Control				Supination Control +			

### SKIVE (mm)

	6	4	2	0	2	4	6
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medial				Lateral			
+ Pronation Control				Supination Control +			

### ARCH HEIGHT

	100%	75%	50%	25%	0%
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Contact			Low Arch		
+ Pronation Control			Pronation Control -		

### SPECIAL REQUESTS

.....  
 .....

## Additions & Coverings

- Forefoot Cushioning (3.2 Poron)  L  R  Sulc  Full
- Met Pad (Poron)  L  R
- Met Bar  L  R
- Reverse Mortons (Cork)  L  R
- Mortons Extension (Cork)  L  R
- PMP 'U' to .....  L  R  Poron 3.2mm  Cork 3mm
- Soft Poron Arch Pad  L  R
- Heel Raise  L  R ..... mm
- Poron Plantar Arch Fill  L  R
- Heel Cushion (poron)  L  R
- Rearfoot Post Type  Unitized (plastic)  Medium density EVA  High density EVA

### TOP COVER

- UltraVinyl Color .....
- EVA Color .....  1mm  2mm  3mm
- Neolon (fabric covered rubber)  1.6mm  3.2mm
- Microsuede
- Lunalon (lunasoft/neolon 3.5mm)

### DEVICE LENGTH

- Met
- Sulcus
- Full Length