



Hersco Orthotic Labs

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PLEASE INCLUDE WEIGHT BEARING TRACINGS OF PATIENT'S FEET

FOOT TYPE

ARE THE PATIENT'S FEET;

RIGID **OR** FLEXIBLE?

WHEN WEIGHT BEARING ARE TOES;

UP **OR** DOWN?

WHEN NON-WEIGHT BEARING ARE TOES;

UP **OR** DOWN?

BRING LOWER LEG TO 90° BY;

CORRECTING CAST TO NEUTRAL

OR BUILDING EXTERNAL LIFT UNDER HEEL

OR LEAVE AS IS / DO NOT CORRECT

ARE PATIENT'S FEET SUBJECT TO EDEMA;

YES **OR** NO?

SPECIAL INSTRUCTIONS/NOTES



Left



Right

