PROPRIO®

Order Form NEURO

COMPANY		PHONE	
STREET		FAX	
POST CODE/ZIP, CITY		E-MAIL	
CONTACT PERSON		DATE	

COMMISSION/ PATIENT NAME:

_____

_____

AGE: _____

DIAGNOSIS:

Cerebral paresis / ICP	ALS / Amyotrophic lateral sclerosis
Trisomy 21	Status post Skull / brain trauma
Spina Bifida	Status post Intracerebral hemorrhage
Status post stroke	not known
Parkinson's disease	Other:
Multiple sclerosis	_____

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① FOOT TYPE

Normal foot		pes planus flat foot		pes valgus		pes cavus		pes adductus		pes varus club-foot		pes equinus	
left	right	left	right	left	right	left	right	left	right	left	right	left	right

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② MUSCLE STATUS

Neutral		Peroneus Paresis		general insufficiency of the muscles		general high tension of the muscles		Plegia / paresis		Tremors	
left	right	left	right	left	right	left	right	left	right	left	right

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③ ANKLE JOINT MOBILITY

⚠ **No mix pairs** of PROPRIO® and DAFO® models!

PROPRIO® MODELS				OR	DAFO® MODELS			
Flexible		Flexible to partially contracted			Partially contracted		Contracted	
left	right	left	right		left	right	left	right

④ GAIT

Neutral		Rotated inwards		Rotated outwards	
left	right	left	right	left	right

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⑤ FOOT IN MID STANCE

Neutral		Overpronated		Supinated		No heel contact	
left	right	left	right	left	right	left	right

⑥ CLAW TOES

Yes		No	
left	right	left	right

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⑦ MATERIAL

Soft foam with PP base plate

Soft foam without PP base plate

Microcork without PP base

NOTE: The material should be selected based on the mobility of the ankle joint! ► *see ordering instructions*

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⑧ LENGTH MEASUREMENT*

☞ Our employees will be happy to help you find the right model. When you place your first order, our employees will convert this measurement to the size used for milling and stamping out of the insoles.

	Item number	Foot length	Insole length	Milling size	Stamping size
Left	PROPRIO®	cm	cm		
Right	PROPRIO®	cm	cm		

SPRINGER

PRŌPRIO®

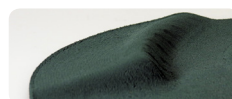## Ordering Instructions NEURO

> ⚠ The information you provide is used to design the surface of the insert. Please fill out the medical history sheet carefully. Any missing information will be evaluated as neutral or as a negative answer. We would be happy to select the correct model number for you.

① FOOT TYPE — Determines the basic shape of the insole

② MUSCLE STATUS — Determines the difference in height between the forefoot and hindfoot elements.

③ ANKLE JOINT MOBILITY — Determines the ratio of sensory-motor elements and mechanical elements. The more contracted a foot is, the more mechanical support it requires.

④ GAIT — Determines the height difference between the medial and lateral spot.

⑤ FOOT IN LOAD PHASE — Determines the ratio between forefoot and hindfoot stimulation, as well as between pronating and supinating effects.

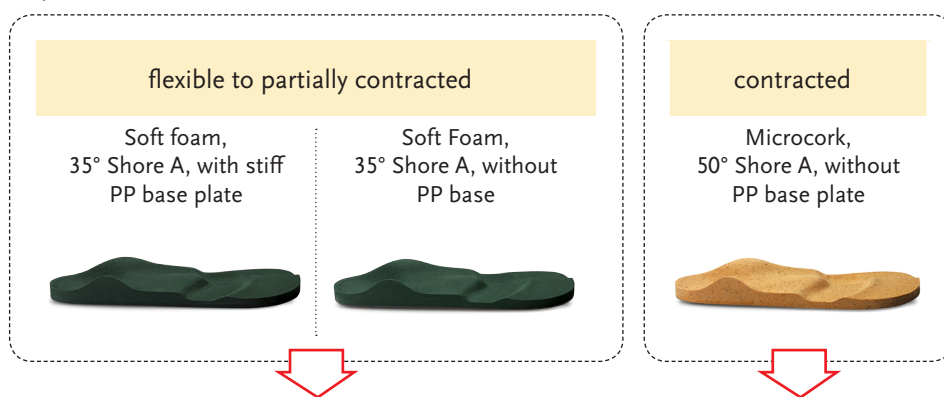**⑥ HAMMERTOES** — Determines the design of the toe module.

No claw toes ▸ Toe strip   *Claw toes ▸ Toe support*

⑦ MATERIAL SELECTION

depends on

▸ 1) **FLEXIBILITY OF THE FOOT:**

flexible to partially contracted		contracted
Soft foam, 35° Shore A, with stiff PP base plate	Soft Foam, 35° Shore A, without PP base	Microcork, 50° Shore A, without PP base plate

▸ 2) **FURTHER MODIFICATIONS / FORMING TECHNIQUE:**

• Ready-made shoe • Orthopedic shoe • PE orthotics	• Ready-made braces • Cast resin orthotics	• Prepreg orthotics • PE orthotics

⑧ FOOT LENGTH INSOLE LENGTH — Determines the proportion of the individual stimulation points to one another, and the overall length of the insert.

▸ Measure foot length from contour to contour interdigital III

▸ Insert length: based on interior shoe dimension