

# Moore Balance Brace Order Form



MBB



MBB Diabetic

**Closure** (default to Velcro unless otherwise noted):

Velcro  Lace  Combination

**Color** (default to black unless otherwise noted):

Black  Sand

## Patient Information:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Functional Fall Risk Assessment Total: \_\_\_\_\_

Gender:  M  F  Bilateral  Right  Left

Shoe Size: Length \_\_\_\_\_ Width \_\_\_\_\_

## Diagnosis:

- |  |  |
|--|--|
| <input type="checkbox"/> Muscle Weakness (728.87)                                | <input type="checkbox"/> Pain in joint, ankle, foot (719.47)         |
| <input type="checkbox"/> Ataxia, Muscular incoordination (781.3)                 | <input type="checkbox"/> Instability of Joint, ankle & foot (718.87) |
| <input type="checkbox"/> Gait abnormality (781.2)                                | <input type="checkbox"/> Drop foot (736.79)                          |
| <input type="checkbox"/> Osteoarthritis, localized primary ankle & foot (715.17) | <input type="checkbox"/> Hemiplegia (438.20)                         |
| <input type="checkbox"/> Arthropathy, unspecified, ankle and foot (716.97)       | <input type="checkbox"/> Other: _____                                |

## MBB Considerations:

- See the Library section of SafeStep website for "Fall Prevention Assessment Template" – This easy to use form is an excellent way to assess fall risk and provide compliance documentation
- See the SafeStep website for prescription forms and compliance documentation templates
- A physical/occupational therapy referral is strongly recommended for further assessment and treatment for imbalance
- Consider prescription for home health care services for homebound patients
- Use Standard Arizona AFO style bracing if significant PTTD or other frontal plane deformity is present
- Moore Balance Brace is NOT indicated for PTTD, Charcot, moderate to severe drop foot, osteoarthritis, accommodation of plantar prominences or whenever significant frontal plane support is required
- MBB Diabetic features bilaminar flat spacer to place into shoe and cushion forefoot

## Account Information:

Account Name: \_\_\_\_\_

Practitioner: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (            ) \_\_\_\_\_

Fax: (            ) \_\_\_\_\_

## Casting Information:

Unless noted below, the cast will be set in slight plantar flexion so the AFO will be at a 90 degree angle to the floor when in a shoe.

### Ankle Joint Sagittal Plane Position

- Correct cast 90 degrees to the floor (default)  
 Leave cast as is

### Forefoot to Rearfoot

- Correct to neutral (default)  
 Leave as in cast:  
fixed in \_\_\_\_\_ degrees varus, \_\_\_\_\_ degrees valgus

### Frontal Plane

- Correct ankle varus / valgus

If ankle and/or foot position are correctable, it is highly recommended that you capture it at time of casting to obtain best result.

Special Casting Instructions:

## STS Casting Socks:

STS MID-LEG CASTING SOCKS (box of 10)  Medium  Large  Extra large  Free STS Casting Sock (One with each AFO upon request)

## Shipping Instructions:

Normal: 2 weeks in lab  7 days in lab rush: \$50  3 days in lab rush: \$75

## Please Send:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> FREE UPS shipping labels | <input type="checkbox"/> MBB Order Forms            | <input type="checkbox"/> AZ AFO Order Forms                | <input type="checkbox"/> SafeStep Shoe Catalog         |
| <input type="checkbox"/> Casting Platform         | <input type="checkbox"/> Fall Risk Assessment Forms | <input type="checkbox"/> Patient Fall Prevention Brochures | <input type="checkbox"/> Office Fall Prevention Poster |

Print additional copies at [SafeStep.net](http://SafeStep.net) | 866.712.STEP (7837)