

ORTHO REHAB DESIGNS

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Videotaping Instructions

Video Format: any format.

Wear shorts that expose your legs from mid-thigh down.

Video position 1: While standing upright and still, have someone take video of you from the front, back, and each side (full body) without any orthoses or shoes: with a close-up of your feet and legs.

Video position 2, (angle 1*): Take approximately two (2) minutes of video of you walking without orthoses or shoes for about twenty (20) feet, walking toward and away from the camera repeatedly.

Video position 3: Repeat position 2 while wearing your current devices (if you currently wear any).

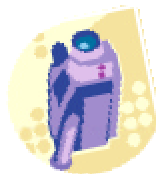
Video position 4, (angle 2*): Position the camera to view you walking from the side. Take video of you walking from the side, past the camera, without orthoses or shoes. Walk forward and back repeatedly for about twenty (20) feet.

Video position 5: Repeat position 4 while wearing your current devices (if you currently wear any).



Angle 1.

Walk back and forth



Angle 2.

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Normal shoe size: _____ Shoe size currently used to accommodate existing leg braces: _____

Diagnosis or nature of problem: _____

Do you have a leg length discrepancy? If so, how much: Left _____ Right _____

What joints are primarily affected (i.e.; ankle, knee, hip) _____

Have you had any surgery that affects your current condition? (Please state type of surgery and area affected) _____

Are you using any devices to assist while ambulating? _____

Do you have any other medical conditions? _____

Are you experiencing any balancing problems? _____

Do you have any sensory loss anywhere in your lower extremities? _____

Are you currently under the care of a physical therapist? _____

Do you have any upper extremity weakness? _____

Have you ever fallen due to lack of balance? _____

Please provide the following information:

Patient name: _____

Patient age: _____ Height: _____

Address: _____

Weight: _____

Contact name: _____

Physician Name: _____

Phone number: _____

Phone number: _____

E-Mail address: _____

*Enclose this information form with your videotape.

Please attach a separate sheet, if necessary, to tell us any additional information you feel is important.

You may direct any questions you have to Mitchell Warner, CPO, at the address on the top of this form.