FIREFLY
CUSTOM MADE FOOT ORTHOSES

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Firefly Orthoses N.I. Ltd,
12 Main Street,
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ROI POSTAL
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FIREFLY.IE
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RESET FORM | ORDER FORM

RICHIE BRACE

1 PATIENT

PATIENT NAME _____

ADDRESS _____

_____

DATE D / M / Y SEX M / F WEIGHT_____

FOOTWEAR TYPE _____ SHOE SIZE_____

2 PRESCRIBER

PRESCRIBER _____

ADDRESS _____

_____

PHONE _____

EMAIL _____

3 ORDER INFO

DATE D / M / Y

WO #_____

☐ RUSH

☐ POST TO PATIENT

REPEAT ORDER # _____

☐ DUPLICATE (no change)

☐ CHANGE (as marked)

4 DEVICE TYPE

BRACE

☐ RICHIE BRACE (standard brace)
- ☐ Full Articulation
- ☐ Permanently Fixed

☐ RICHIE DYNAMIC ASSIST
- ☐ Tamarac Hinge

☐ RICHIE SOCCER (shin guard)

☐ LITTLE RICHIE (1-12 years)

☐ RICHIE GAUNTLET
- ☐ 7" Most versatile height
- ☐ 9" For maximum rigidity and control

☐ RICHIE CALIFORNIA
- ☐ 7" Most versatile height cast must measure 7"
- ☐ 9" For maximum rigidity and control cast must measure 9"

☐ RICHIE SOLID
(Cast must capture full calf circumference)

FOOT

☐ LEFT ☐ RIGHT ☐ PAIR

☐ Separate cast & separate order form enclosed for orthotic of non-braced foot.

5 OPTIONAL SPECS

TOP COVER

MATERIAL

Puff ☐ 1.5mm ☐ 3mm

Plastazote ☐ 1.5mm ☐ 3mm

COMBINE MATERIAL WITH

☐ Poron ☐ 1.5mm ☐ 3mm

LENGTH

☐ mets ☐ sulcus ☐ toes

BOTTOM COVER SELECTION

MATERIAL

☐ Agoflex
☐ Vinyl
☐ Puff 1.5mm
☐ Nyplex 1.5mm
☐ Microsuede
☐ WSL Carbon

6 POSTING, ADDITIONS & MODS

POSTING

POST TO REARFOOT

☐ Calcaneal Vertical ☐ Neutral (as they sit)

POST TO FOREFOOT

☐ extrinsic ☐ intrinsic L ___ ° VR/VLG R____° VR/VLG

☐ to sulcus ☐ to toes

Skive L_____mm R_____mm

CAST DRESSING

☐ Skin ☐ Type 1 ☐ Min ☐ Moderate ☐ Max

SHELL MODIFICATIONS

L/R Heel Cup Depth ☐ 15mm ☐ 25mm ☐ 35mm

L/R 1st Met Cut-Out ☐ w/ support post

L/R 1st Ray Cut-Out

L/R Rigid 1st Extension ☐ sulcus ☐ toes

L/R Medial Flange ☐ standard ☐ 50%

L/R Lateral Flange ☐ standard ☐ 50%

L/R Narrow Shell Grind

L/R Wide Shell Grind

L/R Fascial Accommodation

L/R Heel Spur Accommodation

L/R Heel Hole ☐ w/gel plug ☐ w/ poron plug

L/R Lateral Arch Suspender (not with lateral flange)

L/R Medial Arch Suspender (not with medial flange)

L/R Sweet Spot

ADDITIONS

L/R Heel Lift ___ mm ☐ EVA ☐ poron ☐ loose

L/R Heel Pad ☐ 1.5mm ☐ 3mm

L/R Morton's Extension

L/R Reverse Morton's Ext. ☐ cushion cork ☐ poron ☐ EVA

L/R Functional Hallux Limitus Accommodation

Lesion Accommodation L 5 4 3 2 1 R 1 2 3 4 5

L/R Horseshoe Spur

L/R Metatarsal Pad ☐ Standard ☐ 50%

L/R Metatarsal Bar ☐ Standard ☐ 50%

L/R Metatarsal Raise

L/R Poron Arch Pad ☐ 1.5mm ☐ 3mm

L/R Neuroma Pad

L/R Cuboid Pad

EFFECTIVE PATHOLOGY-SPECIFIC PRESCRIPTIONS

Posterior Tibial Tendon Dysfunction
- Original Richie Brace
- Full articulation pivot
- 4mm/6mm Medial skive
- 35mm Heel cup
- Medial flange optional & Sweet spot optional

Lateral Ankle Instability
- Original Richie Brace
- Full articulation pivot
- 2°/4° Valgus forefoot post to sulcus
- 35mm Heel cup

DJD of the Ankle/Subtalar Joint
- Original Richie Brace
- Permanently fixed pivot
- Medial flange
- 35mm Heel cup

Dropfoot Deformity
- Original Richie Brace / Dynamic
- Permanently fixed or Tamarac pivot
- 15mm/25mm Heel cup

Note: The Richie Brace is not indicated for patients with total dorsiflexion paralysis, an unstable knee or if patient weighs over 250lbs.

Charcot Deformity
- Original Richie Brace
- Permanently fixed pivot
- Poron & Plastazote cover
- 15mm/25mm Heel cup

Note: The Richie Brace is not indicated for patients with severe "rocker bottom" deformity

Caution: The Richie Brace is not recommended if equinus is a primary deformity or for high risk diabetic patients

7 SPECIAL INSTRUCTIONS

_____

_____

_____

_____

_____

8 ADDITIONAL EVALUATION NOTES

9 ADJUSTMENTS & MODIFICATIONS

D/M/Y

D/M/Y

D/M/Y

D/M/Y

D/M/Y

D/M/Y

D/M/Y

D/M/Y

D/M/Y

D/M/Y

D/M/Y

D/M/Y

D/M/Y

CASTING - PLASTER GUIDE

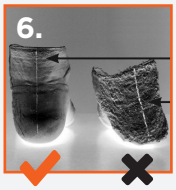
Outline medial and lateral malleoli with transferable marker. Place dot at central apex of each malleolus.

Apply dampened strip of plaster above level of malleoli. Leave anterior aspect of ankle exposed to facilitate removal of cast.

Apply 1 or 2 strips of plaster to foot as with traditional orthotic casting.

Establish casting position and eliminate supinatus. Ensure ankle joint is dorsiflexed to resistance. Lock lateral column.

Upon cast removal do not splay ankle section.



For optimal results, casts should rest near calcaneus vertical.

Left cast = CORRECT ✓

Right cast = INCORRECT ✗