

CUSTOM TARSALE SUPPORT ORDER FORM 2019

For Veterinary/Therapy Professional Use Only

Please TAB to each field to enter information

CLINIC INFORMATION

DATE

Vet/Therapist Name: _____

Email: _____

Phone: _____

Clinic Name and Postal Address: _____

QUOTE and PAYMENT and POSTING INFORMATION (please read carefully)

Upon receipt of this form we will assess the pet's requirements and provide a quote within 2 working days. If you do not receive this please contact as we may not have received the form. The product will be fabricated upon receipt of payment – allow 5 working days after payment for product to be posted via tracked special delivery.

We accept payment via BANK TRANSFER only. There are no refunds on these custom orders.

PATIENT INFORMATION

Is this a repeat order for the same device? Yes ___ No ___

Pet's name: _____ Last name: _____ dog ___ cat ___ other ___

Breed (REQUIRED): _____ Age (REQUIRED): _____ Weight (REQUIRED): _____

Photos and video gratefully received to benefit custom support.

Affected limb(s): ___ right hind ___ left hind Date of injury/Onset of Symptoms: _____

Injury/condition affecting the tarsus: _____

___ congenital ___ acute/traumatic ___ chronic ___ progressive ___ degenerative ___ not sure

Type of instability (check all that apply): ___ hyperextension ___ hyperflexion ___ complete plantargrade

___ medial laxity ___ lateral laxity ___ luxation ___ oedema ___ N/A other: _____

If condition is a deformity/deviation, can it be passively manually corrected: ___ yes ___ no ___ somewhat

Other medical issues: _____

FABRICATION – Photographs are much appreciated to help design

Custom Tarsal Support needed for which limb: ___ right hind ___ left hind ___ both

Type of support needed (check one):
___ Light (e.g., light fabric, narrow straps, thin padding)
___ Moderate (e.g., medium-weight fabric, wider straps)
___ Heavy (e.g., heavy fabric, additional straps, thick padding)

Rate degree of movement desired at tarsal joint:

___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8 ___9 ___10
almost complete mobility moderate stability *complete immobilization

*for complete immobilization, thermoplastic splinting material is required to mold over tarsal support

FABRICATION - continued

Are you going to fabricate a thermoplastic splint over the tarsal support? ☐ yes ☐ no ☐ not sure
If "yes", over what aspect(s) of the limb are you splinting (*check all that apply*)?

☐ cranial ☐ caudal ☐ medial ☐ lateral ☐ not sure

OTHER REQUESTED MATERIALS (*check all that apply*) – there may be an added cost for these items:

- ☐ extension-assistive straps - *caudal straps to encourage tarsal extension*
- ☐ hyper-extension-reducing straps - *cranial straps to encourage tarsal flexion and inhibit hyperextension*
- ☐ thermoplastic sheet - *includes 1 thermoplastic sheet, self-adhesive Velcro hook, splinting instructions*
- ☐ nylon support strap(s) - *for additional support or to inhibit movement (can be applied/removed as needed)*

Padding (this refers to the inner padding material in direct contact with the pet's limb - please select style)

- ☐ self-adhesive foam - *lightweight, water resistant, should be replaced as needed when matted or soiled*
- ☐ sheepskin - *for long-term wear (6+ hours at one time) or for delicate skin*
(highly recommended for toy breeds and cats, thin-haired pets, and those with shaved limb)
- ☐ neoprene - *for use in water, UWTM, free swim and play, etc. (Tarsal Support should be removed when pet completes water activity and dried completely before reapplying; an additional Tarsal Support may be warranted for land-based activities)*
- ☐ no padding

In what activities will the pet be engaged while wearing the Tarsal Support?

How many hours per day will the pet be wearing the Tarsal Support? _____

MEASUREMENTS

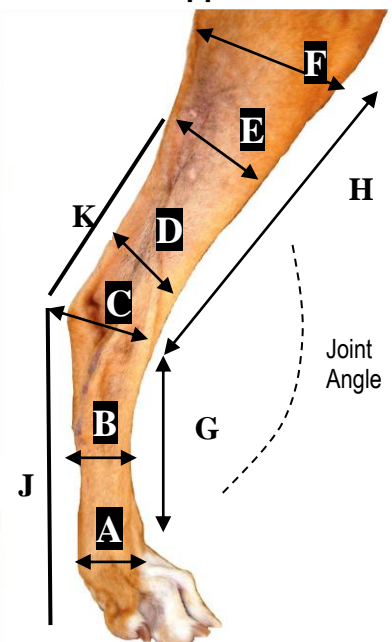
Measurements are taken in centimetres

Is the limb shaved: ☐ Yes ☐ No

Measurements are taken while pet is: ☐ standing, weight bearing ☐ lying down

Measure **ONLY** the limb requiring Custom Tarsal Support

- | | | |
|---|-------------|------------|
| A (circumference of limb just above paw) | _____ Right | _____ Left |
| B (circumference at mid meta-tarsal) | _____ Right | _____ Left |
| C (circumference at tarsal joint) | _____ Right | _____ Left |
| D (circumference just above tarsal joint) | _____ Right | _____ Left |
| E (circumference at mid-tibia) | _____ Right | _____ Left |
| F (circumference just below tibial crest) | _____ Right | _____ Left |
| G (cranial height from dorsal paw to tarsal joint) | _____ Right | _____ Left |
| H (cranial height from tarsal joint to tibial crest) | _____ Right | _____ Left |
| J (caudal height from floor to point of hock) | _____ Right | _____ Left |
| K (caudal height from point of hock to crease of flexed stifle) | _____ R | _____ Left |
- *- - - **OPTIONAL:** What tarsal joint angle would you like the Tarsal Support to have?
(please use goniometer): _____ ° Right _____ ° Left



If there is a wound or abrasion on the limb please indicate its location on photo, by description or on diagram -> _____

Please email to TheraPaw-UK@ClassicPhysiotherapy.co.uk. We will contact you within 2 business days of receipt of this order. If you do not hear from us, contact us at 07767455168 or resend your order, as we did not receive it.