



DATE PROCESSED \_\_\_\_\_

EAST COAST ORTHOTIC & PROTHETIC CORP.  
75 BURT DRIVE, DEER PARK, NY 11729 TEL: 631.254.5577 FAX: 631.254.5550

WORK ORDER # \_\_\_\_\_

## CUSTOM ELBOW ORTHOSIS

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Right or Left: \_\_\_\_\_

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

Doctor: \_\_\_\_\_ DX: \_\_\_\_\_ Date Needed: \_\_\_\_\_

### STYLE

**Static Progressive Elbow**

Elbow Flexion & Extension with Mackie Joint

**Static Progressive Wrist**

Wrist Pronation & Supination with Mackie Joint

**Dynamic**

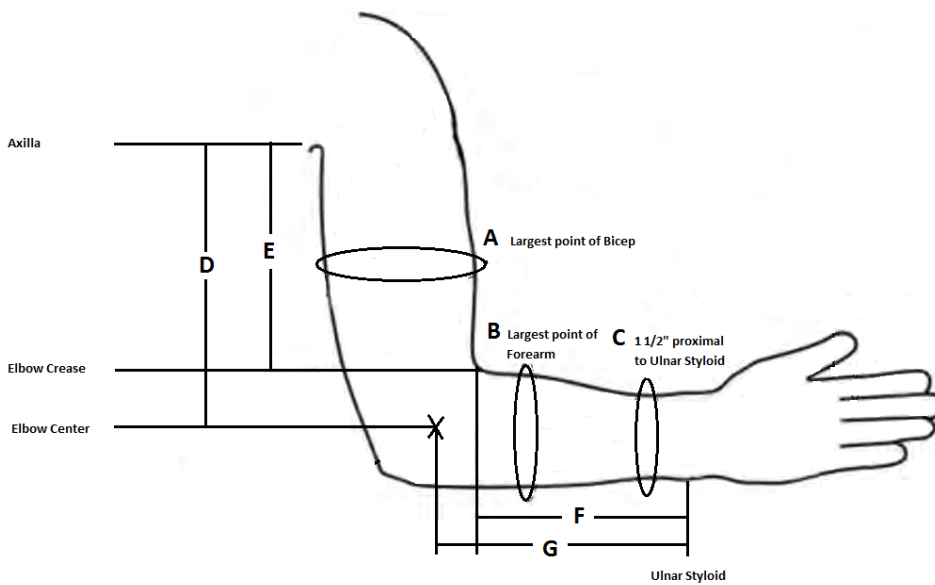
Elbow Orthosis with Ultraflex Joint

### SPECIFICATIONS

**Plastic Type:**  Copolymer  Poypropylene Thickness:  1/8"  5/32"  3/16"

**Liner Type:**  Aliplast  Plastizote Thickness:  1/8"  5/32"  3/16"

### MEASUREMENTS



#### Circumferences

- A. Largest point of Bicep
- B. Largest point of Forearm
- C. 1 1/2" proximal to Ulnar Styloid

#### Lengths

- D. Axilla to Elbow Center
- E. Axilla to Elbow Crease
- F. Elbow Crease to Ulnar Styloid
- G. Elbow Center to Ulnar Styloid

### SPECIAL INSTRUCTIONS

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