



**CUSTOM FORELIMB DORSI-FLEX ASSIST ORDER FORM 2017/18**

**For Veterinary/Physical Therapy Professional Use Only**

**Must be completed by a veterinary professional. Not to be given to pet owner.**

**RECOMMENDED FOR DISTAL FORELIMB WEAKNESS;  
PET SHOULD BE ABLE TO ADVANCE SHOUDLER/EXTEND ELBOW**

Thera-Paw, Inc.  
therapaw.com  
908-439-9139 (ph)

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**CLINIC INFORMATION**

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Vet/Therapist First Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Clinic Name: \_\_\_\_\_

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

**BILLING INFORMATION (Please read carefully)**

**There are no refunds on custom orders**

- We accept payment from the veterinary clinic/professional that places this order OR pet owner.
- Pet owners are charged retail price (usually 30%-40% above veterinary price).
- Regardless of billing information, this product will be shipped to the veterinary facility.

The billing information below is provided by the:  Clinic/Veterinary Professional OR  Pet Owner

Is the billing information already on file with us?  Yes  No

Do you want us to keep this billing information on file for future orders?  Yes  No

Do you want us to wait for you to approve cost before we start fabrication?  Yes  No

Preferred Ship Method (we ship using US Postal Service):  Priority  Express

If submitting your order form via e-mail, we recommend that you call us with billing information rather than filling out the information below (for security purposes, call us @ 908-439-9139).

Credit Card # (MC or Visa) \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Expiration Date (month & year) \_\_\_\_/\_\_\_\_ 3 digit security code \_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

Name on Credit Card (if different from above): \_\_\_\_\_

**PATIENT INFORMATION**

Is this a repeat order for the same device?  YES  NO

Pet's name: \_\_\_\_\_ Last name: \_\_\_\_\_  canine  feline  M  F

Breed (REQUIRED): \_\_\_\_\_ Age (REQUIRED): \_\_\_\_\_ Weight (REQUIRED): \_\_\_\_\_

Affected limb(s):  right fore  left fore Date of injury/Onset of Symptoms: \_\_\_\_/\_\_\_\_/\_\_\_\_

Condition for which Dorsi-Flex is being ordered: \_\_\_\_\_

congenital  acute/traumatic  chronic  progressive  degenerative  not sure

Condition of limb (check all that apply):  flaccid/hypotonic  spastic/hypertonic  bony contracture

soft tissue shortening/contracture - If soft tissue contracture, are you able to passively, manually:

\*straighten the carpus / digits to weight-bearing position:  yes  somewhat  no **Notes:** \_\_\_\_\_

\*extend the elbow:  yes  somewhat  no **Notes:** \_\_\_\_\_

Do you anticipate return of function:  yes  somewhat  no **Notes:** \_\_\_\_\_

Pet's use of limb:

walks on dorsum of paw  walks on lateral aspect of paw  does NOT use limb for ambulation

Other medical issues: \_\_\_\_\_

**FABRICATION**

Custom Dorsi-Flex Assist needed for which limb:  right forelimb  left forelimb  both

Type of assistance needed (check one):  Light (e.g., scuffing, knuckling < 50%)  
 Moderate (e.g., knuckling >50%)  
 Heavy (e.g., knuckling near 100%, not weight bearing)

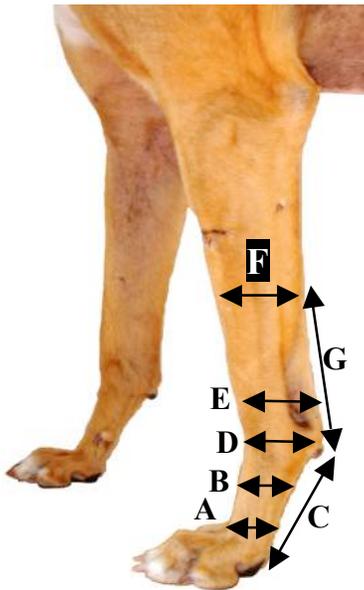
**FORELIMB DORSI-FLEX ASSIST OPTIONS (select option)**

- Dorsi-Flex Assist** – includes boot, elastic toe straps, carpal cuff. Used to reduce knuckling, stabilize the carpus, improve gait pattern (not recommended for pets with severe proximal weakness).
- Short Dorsi-Flex Assist** – includes boot and elastic toe straps that affix around metacarpal region. Used to reduce knuckling without influencing carpus. Lighter, more streamlined construction for pets with mild scuffing.

**MEASUREMENTS**

Measurements are taken in:  CM  IN Is the limb shaved:  Yes  No  
Measurements are taken while pet is:  standing, weight bearing  lying down

Measure ONLY the limb requiring Forelimb Dorsi-Flex Assist



**BOOT MEASUREMENTS**

Paw circumference at widest point \_\_\_\_\_ Right \_\_\_\_\_ Left  
Paw width at widest point \_\_\_\_\_ Right \_\_\_\_\_ Left  
Paw length at longest point, including nails \_\_\_\_\_ Right \_\_\_\_\_ Left  
A (circumference of limb just above paw) \_\_\_\_\_ Right \_\_\_\_\_ Left  
B (circumference at mid meta-carpal) \_\_\_\_\_ Right \_\_\_\_\_ Left  
C (palmar height from main footpad to accessory pad) \_\_\_\_\_ Right \_\_\_\_\_ Left

**PLEASE INCLUDE A PAW TRACING IF POSSIBLE TO ENSURE A PROPER FIT**

No further measurements are needed for **Short Dorsi-Flex Assist**.

**CARPAL CUFF MEASUREMENTS**

D (circumference at carpal joint) \_\_\_\_\_ Right \_\_\_\_\_ Left  
E (circumference just above carpal joint) \_\_\_\_\_ Right \_\_\_\_\_ Left  
F (circumference at mid-radius/ulna) \_\_\_\_\_ Right \_\_\_\_\_ Left  
G (caudal height from accessory pad to mid-radius/ulna) \_\_\_\_\_ Right \_\_\_\_\_ Left

Select dorsiflexion toe straps:  elastic & nylon (dynamic pull/assist)  all nylon (static pull/assist)

Are you going to fabricate a thermoplastic splint over the carpal cuff?  yes  no  not sure

In what activities will the pet be engaged while wearing the Dorsi-Flex Assist (check all that apply)?

activities of daily living / mild exercise  therapeutic exercise  water therapy/sports  other: \_\_\_\_\_

How many hours per day will the pet be wearing the Dorsi-Flex Assist? \_\_\_\_\_

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

- open-top boot design (for pets with paw abrasions, digital contracture; top flap of boot opens entirely)
- reinforced / heavy-duty toe straps (for large dogs with significant knuckling or soft tissue contracture)
- thermoplastic sheet - includes 1 thermoplastic sheet, self-adhesive Velcro hook, splinting instructions

**Padding** (this refers to the inner padding material paced in carpal cuff and in direct contact with the pet's limb

- self-adhesive foam - lightweight, water resistant, should be replaced as needed when matted or soiled
- sheepskin - long-term wear (6+ continuous hours); recommend for delicate skin, thin-coated/shaved limb
- shearling (thin sheepskin) - long-term wear (6+ continuous hours) recommended for toy breeds & cats
- neoprene - for use in water therapy, UWTM, etc. (Dorsi-Flex Assist should be removed after completion of water activity and dried completely before reapplying; an additional Dorsi-Flex Assist may be warranted for land-based activities)

**FAX OR E-MAIL THIS COMPLETED ORDER FORM TO US AT: 908-439-9239 OR orders@therapaw.com**

**We will contact you within 2 business days of receipt of this order.**

**If you do not hear from us, contact us at 908-439-9139 or resend your order, as we did not receive it.**