

# Reciprocating Gait Orthosis



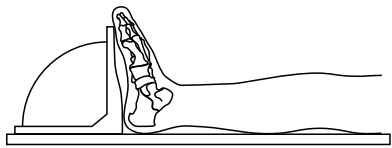
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_____ Company	_____ Practitioner
_____ Account No.	_____ Phone
_____ Address Line 1	_____ Email
_____ Address Line 2	_____ Patient ID
_____ City, State, Zip	_____ Purchase Order

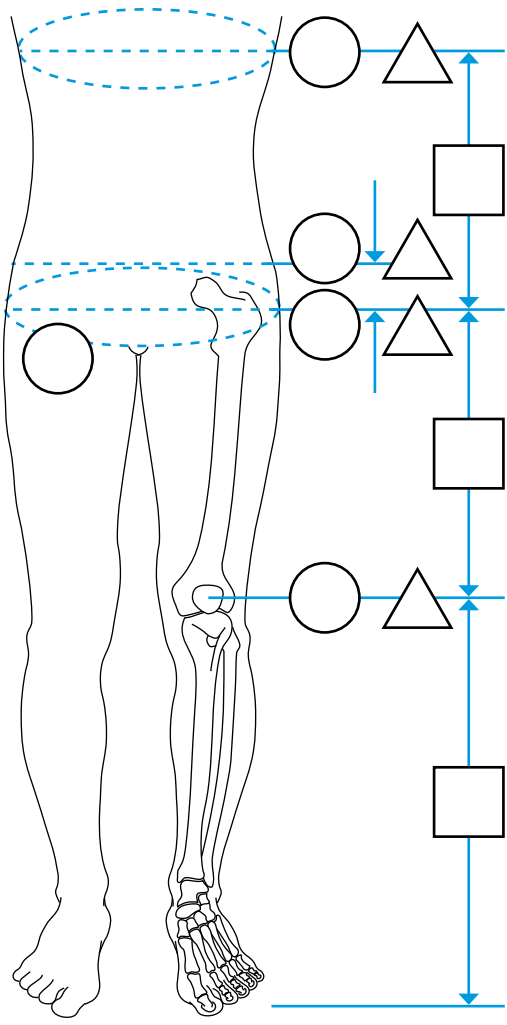
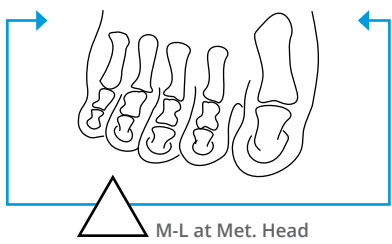
## Patient Information

_____ Diagnosis	_____ Weight
_____ Patient ID	_____ Height
_____ Age	<input type="checkbox"/> Fabricate Complete RGO
_____ Sex	<input type="checkbox"/> Fabricate Pelvic Section Only

- Provide all measurements, especially the M-L diameters taken with caliper gauge.
- Supply a profile tracing from axilla to feet. Please check that tracing matches calipered diameters.
- Plaster molds of each extremity are required
  - Maintain ankle joint in neutral position for low heel shoe.
  - Correct ankle inversion or eversion as much as possible
  - Reduce knee valgus or varus
  - Use a right angle casting board



- When a plastic pelvic band is desired, refer to special casting suggestions in the RGO Fabrication Manual.



## RGO Options

**Cable Type**  
 Horizontal Cable     Dual Cable

**Pelvic Section**  
 LSO Shell     Metal Band

**Uprights**  
 Single     Double

**Hip Joints**  
 Regular Thrust Bearing Hip Joints  
 Abduction Hip Joints  
 Non-abduction Hip Joints

**Hip Joint Sizes**  
 Small ( $\frac{3}{16} \times \frac{5}{8}$ )  
 Medium ( $\frac{1}{4} \times \frac{13}{16}$ )  
 Large ( $\frac{5}{16} \times \frac{7}{8}$ )

**Knee Joint**  
 Fillauer Cam Lock  
 Drop Locks     Bail Lock  
 Other \_\_\_\_\_

**Knee Joint Bar Size**  
  $\frac{3}{16} \times \frac{5}{8}$       $\frac{3}{16} \times \frac{3}{4}$       $\frac{1}{4} \times \frac{3}{4}$

**Heel Height**  
 0 in.      $\frac{1}{4}$  in.      $\frac{1}{2}$  in.

**Additional Instructions**

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