



Scandi
orthopedic

Date ____ | ____ | ____

Evaluation and Referral Form

Owner / patient no.

Telephone

.....

.....

Patient

E-mail

.....

.....

Breed

Age

Weight

.....

.....

.....

Diagnosis

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Referring Veterinarian

Telephone

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Clinic

E-mail

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Diagnosis and comments about the orthosis

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Abbreviations of the orthosis terms

| | | | | | |
|-----|----------------|-----|----------------------------|-----|--------|
| ART | Articulated | MCP | Metacarpophalangeal | TAR | Tarsal |
| RIG | Rigid | MTP | Metatarsophalangeal | R | Right |
| HYE | Hyperextension | CRM | Controlled range of motion | L | Left |
| HYF | Hyperflexion | CAR | Carpal | | |

Mark the desired features of the orthosis:

Front leg L R

Hind leg L R

| CAR | | | |
|-----|-----|-----|-----|
| ART | RIG | CRM | HYE |

| TAR | | | | |
|-----|-----|-----|-----|-----|
| ART | RIG | CRM | HYE | HYF |

| MCP | | | |
|-----|-----|-----|------|
| ART | CRM | RIG | SHOE |

| MTP | | | |
|-----|-----|-----|------|
| ART | CRM | RIG | SHOE |

1. Will the orthosis be worn 24/7 (double padding)? Yes No
2. Shall the orthosis have a paw part? Yes No
3. If so, is the load in the desired position? Yes No
4. In case CRM in the tarsal or carpal motion restriction or stop band
5. When CRM in the MTP or MCP motion restriction or stop band
- (. Has the dog still got the dew spur? Yes No
-). Was the animal shaved on the body part in question? Yes No

We also need the following additional information to make the orthosis:

1. Two photos of the dog standing in a natural position, one from the side and one frontal.
2. A measurement from the floor to the middle of the carpal/tarsal joint: [..... cm] and a measurement from the carpal/tarsal joint to the elbow/knee joint: [..... cm]
3. A drawing of the paw in a natural standing position (see below).

Space for drawing the paw in loaded mode:

Left

Right

Vet. Signature: