

Patient Qualification

Patient Name Age: Male Female:
 Parent/Guardian Parent/Guardian phone

Orthotist Name Physician Name
 Therapist Name

Taos Patient Requirements : Weigh less than 120 lbs* Femur length at least 4”
 Shorter than 60”* Knee center to floor length at least 6.5”
 Pelvic width no less than 5.75” * Call Sky Medical to see if exception is possible

Taos Patient Functional Ratings:

A. Head Control: (check one) 1 2 3 4 5

Rating of 1 Child has little to no control of head and neck.. Should include children who can only hold their head up for short bursts of 2-5 seconds. Also should include athetoid children whose positioning is wildly erratic

Rating of 3 Child should be able to maintain head position unassisted for periods of time of 1-2 minutes. May exhibit fatigue over time and head control will diminish but do have ability to control for these shorter periods of time.. Also includes children who have reasonable head control but have to constantly be reminded to keep there head up

Rating of 5 - Head control is of no issue. Child can control head positioning for 30 minutes or more without problem

B. Trunk/Torso Control: (check one) 1 2 3 4 5

Rating of 1 - Child has little or no ability to maintain trunk while in a seated or standing position..after only a few seconds will slump over

Rating of 3 - Child can maintain an upright position for 1 -2 minutes prior to fatiguing, can recover relatively quickly and once again exhibit control for short periods...also includes children who have relatively good control and strength but always require reminding to stand strait

Rating of 5 - these children can control their upper bodies without limitation

C. Ability to Bear Weight: (check one) 1 2 3 4 5

Rating of 1 - child has little or no ability to support a significant percentage of his body weight for any period of time. May be able to support slight amounts (10-30%) of body weight but for only very short periods of time (20-30 seconds) May tend to pick feet up to avoid weight bearing

Rating of 3 - Child can bear significant percentages of his own weight 50% or more for longer periods of time (3- 5 minutes) Or can bear smaller percentages of weight (10%-30%) for long periods of time 10 minutes+,

Rating of 5 - Child has no difficulty bearing total body weight for periods of time beyond 5 min

D. Initiates Reciprocation: (check one) 1 2 3 4 5

(problems with scissoring should not be reflected in this score...we will assume the orthotic will enable the child to overcome the scissoring issues)

Rating of 1 - child has little or no ability to initiate reciprocation on his own, includes children who can take one or two steps then stop and don't initiate again for a matter of a minute or more.. Taking any steps requires significant physical prompting and assistance

Rating of 3 - Child can initiate reciprocation but my have weak push though or small strides,, also includes children who step well with one leg but not as well with the other.. These children should be able to initiate these steps with less physical prompting and execute 10-12 steps relatively easily






Rating of 5 - Child is capable of initiating steps on there own with very little or no physical prompting.. steps are of good length and power. Number of steps is really not limited..they could continue reciprocating with support for long distances

E. Energy Level: (check one)     

Rating of 1 - These children have very low activity levels.. Can participate in light physical activities for very limited periods of time (1-2 min)prior to fatiguing... normally these children will have lower strength levels as well... these children do not recover quickly at all

Rating of 3 - These children can participate in light physical activities for longer periods of time without fatiguing (15-20 min) or for shorter periods of time but recover very rapidly..or heavier physical activities for short periods (3-4 min) Also include children without a great deal of strength but can participate for long periods

Rating of 5 - These children should be able to participate in heavier physical activities for long periods of time

F. Cognitive Ability (check one)     

Rating of 1 Child has difficulty following even the most basic of instructions... Has little or no awareness of surroundings

Rating of 3 Child can follow some basic instructions and has a reasonable understanding of his surroundings



Rating of 5 Child can understand and follow instructions as allowed by physical limitations... patient has very good awareness of surroundings


G. Desire to Walk/Stand: (check one)     


Rating of 1 Child rarely or never shows desire to be upright or stand....when the child is standing or held upright often tries to get out of this position


Rating of 3 Child likes to be upright or walking but only for shorter periods of time (5-6 min) After this amount of time wants a change..



Rating of 5 Child loves to be up and enjoys long periods of upright activity

Functional Ratings A - E Are areas that can affect **ACTIVITY** levels while in the Taos. **Three or more**  **yellow areas or a single red**  **shows a very real potential for low activity levels while in the Taos. Get assurance that the caregivers are motivated and understand the challenges they are facing**


Red  Area of serious concern as it may limit activity levels of the child while in the system.


Yellow  Area of potential concern as it might limit activity levels of the child while in the system

Green  NO concern in this area as far as limiting activity while in the system

Functional Ratings F - G Are areas that indicate potential for **MOTIVATIONAL** concerns while in the Taos. **Two yellows**  **or a single red**  **means very real potential for difficulty in motivating the child while in the Taos. Get assurance that the caregivers are motivated and understand the challenges they are facing**

Red  Area of serious concern as it may indicate difficulty in motivating child while in the system.

Yellow  Area of potential concern as it might limit activity levels of the child while in the system

Green  NO concern in this area as far as limiting activity while in the system

Care Giver Desire/Motivation: (check one)     

(This has to be a measure of the person who is ultimately going to put the child in the system... The parent could be very motivated but pass the responsibility over to a therapist or teacher who doesn't have the time or desire)


Rating of 1 Caregiver seems to show little excitement concerning the Taos or putting the child in it


Rating of 3 Caregiver shows some excitement but also exhibits apprehension about the ability/desire to use the system

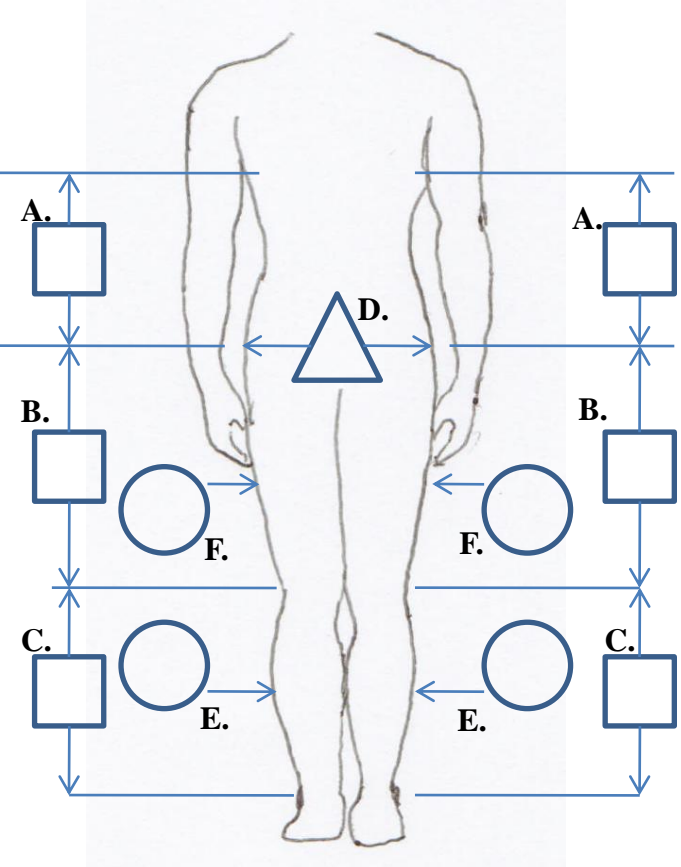
Rating of 5 Caregiver is very excited about using the system and shows no hesitation concerning learning how to use it

Caregiver Desire/Motivation: Is an area that indicate potential for lack of use of the system

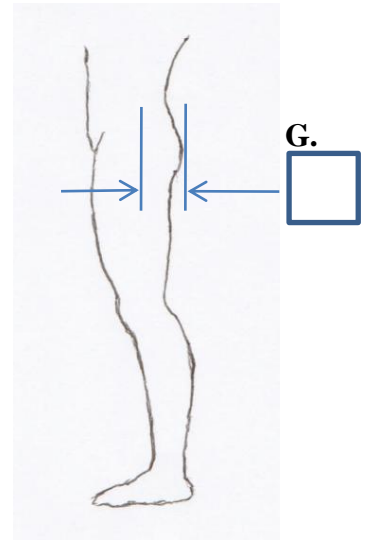
Red  Area of serious concern that the device will be used. Recommend not fitting the system.

Yellow  Area of potential concern that the device will be used. Suggest counseling caregivers.

Green  NO concern in this area



- A. Xiphoid to center of rotation of Hip
- B. Hip Center of rotation to Knee center of rotation
- C. Knee center of rotation to floor
- D. ML Hip
- E. Circumference of mid calf
- F. Circumference of mid thigh
- G. AP of center of rotation of Hip to buttocks



Height: _____ **Weight:** _____ **Shoe size:** _____

O&P Facility Name: _____ **Phone number** _____

PO number: _____ **Date Needed for fitting (allow 4-5 days manufacture + shipping from FL):** _____

Patient Contact Information: (please provide mailing address of patient so that parents can receive a pre-fitting packet from Sky Medical to help prepare them for the fitting.)

Mailing Address: _____

Phone Number (not required if they Don't want to be contacted): _____

E-mail (not required if they Don't want to be contacted): _____

Names of people who will most often fit the Taos (ALL THESE PEOPLE MUST BE TRAINED): _____

Send Foot Plates ASAP Y/N

Square Head Pad option Y/N

Heavy Duty Joint Bars (3/8") request Y/N

Special Instructions: _____

Tracing Included Y/N

Tibias Casted Y/N