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|  | WITH  UK  [TheraPaw-UK@ClassicPhysiotherapy.co.uk](mailto:TheraPaw-UK@ClassicPhysiotherapy.co.uk)  Tel: 07767455168 OXFORD, UK  **THERAPAW UK CUSTOM CARPAL SUPPORT ORDER/QUOTE FORM 2020** | |  |
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# **CLINIC INFORMATION** \_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Vet/Therapist Name:** \_\_

# **Email:** \_\_

# **Phone:** \_\_

# **Clinic Name and Postal Address :** \_\_

**QUOTE and PAYMENT  and  POSTING  INFORMATION  (please  read  carefully)**

**Upon receipt of this form we will assess the pet’s requirements and provide a quote within 2 working days. If you do not receive this please contact as we may not have received the form.**

**The product will  be  fabricated  upon  receipt  of  payment – allow 5 working days after payment for product to be posted via tracked special delivery.**

**We accept  payment via  BANK TRANSFER only. There are no refunds on these custom  orders.**

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**PATIENT INFORMATION Is this a repeat order for the same device? Yes** \_\_ **No** \_\_

**Pet’s name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **dog** \_\_ **cat** \_\_ **other** \_\_

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

**PHOTOS and VIDEO gratefully received in order to better the custom order.**

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

**Injury/condition affecting the carpus**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ congenital \_\_ acute/traumatic \_\_ chronic \_\_ progressive \_\_ degenerative \_\_ not sure

**Type of instability *(check all that apply)*:** \_\_ hyperextension \_\_ palmigrade \_\_ medial laxity \_\_ lateral laxity \_\_ valgus \_\_varus \_\_flexion contracture \_\_ oedema other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If condition is a deformity/deviation, can it be passively manually corrected:** \_\_ yes \_\_no \_\_somewhat

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

**FABRICATION – Photographs are much appreciated to help design**

**Custom Carpal Support needed for which limb:** \_\_ right fore \_\_ left fore \_\_ both

**Type of support needed *(check one)*:** \_\_ Light *(e.g., light fabric, narrow straps, thin padding)*

\_\_ Moderate *(e.g., medium-weight fabric, wider straps)*

\_\_ Heavy (*e.g.,* *heavy fabric, additional straps, thick padding*)

**Rate degree of movement desired at carpal joint:**

\_\_1 \_\_2 \_\_3 \_\_4 \_\_5 \_\_6 \_\_ 7 \_\_8 \_\_9 \_\_10

almost complete mobility moderate stability **\***complete immobilization

\**for complete immobilization, thermoplastic splinting material is required to mold over carpal support*

**FABRICATION - *continued***

**Are you going to fabricate a thermoplastic splint over the carpalsupport?** \_\_yes \_\_no \_\_not sure

**If “yes”, over what aspect(s) of the limb are you splinting *(check all that apply*)?**

\_\_cranial \_\_caudal \_\_medial \_\_ lateral \_\_not sure

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

\_\_thermoplastic sheet - *includes 1 thermoplastic sheet, self-adhesive Velcro hook, splinting instructions*

\_\_nylon support strap(s) - *for additional support or to inhibit movement* *(can be applied/removed as needed)*

**Padding** (this refers to the inner padding material in direct contact with the pet’s limb - please select style)

\_\_self-adhesive foam - *lightweight, water resistant, should be replaced as needed when soiled or flattened*

\_\_sheepskin - *for delicate skin or shaved limb*

\_\_neoprene - *for use in water, UWTM, free swim etc. (Carpal Support MUST be removed when pet completes water activity and dried completely before reapplying; an additional Carpal*

*Support may be warranted for land-based activities)*

\_\_no padding - suitable if required for proprioceptive purposes only

**In what activities will the pet be engaged while wearing the Carpal Support ?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How many hours per day will the pet be wearing the Carpal Support?** \_\_\_\_\_

**MEASUREMENTS**

**Measurements to be taken in Centimetres**   **Is the limb shaved:** \_\_**Yes** \_\_**No**

**Measurements are taken while pet is:** \_\_ **standing, weight bearing/** \_\_ **lying down**

**Measure ONLY the limb requiring Custom Carpal Support**



**A** (circumference of limb just above paw) \_\_\_\_\_\_\_Right \_\_\_\_\_\_\_Left

**B** (circumference at mid meta-carpal) \_\_\_\_\_\_\_Right \_\_\_\_\_\_\_Left

**C** (circumference at carpal joint) \_\_\_\_\_\_\_Right \_\_\_\_\_\_\_Left

**H**

**D** (circumference just above carpal joint) \_\_\_\_\_\_\_Right \_\_\_\_\_\_\_Left

**E**

**E** (circumference at mid-radius/ulnar) \_\_\_\_\_\_\_Right \_\_\_\_\_\_\_Left

**G**

**F** (palmar height - main footpad to accessory pad) \_\_\_\_\_\_\_Right \_\_\_\_\_\_\_Left

**D**

**G** (caudal height - accessory pad to mid-radius/ulna **E**) \_\_\_\_\_\_Right \_\_\_\_\_\_\_Left

**H** (caudal height - accessory pad to point of elbow) \_\_\_\_\_\_\_Right \_\_\_\_\_\_\_Left

**C**

**If there is a wound or abrasion on the limb please indicate its location**

**B**

**by description/marking diagram -🡪**

**A If there is a wound or abrasion on the limb please indicate its location by description/marking diagram -🡪**

**F**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please email to TheraPaw-UK@ClassicPhysiotherapy.co.uk**

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

**If you do not hear from us, contact us at 07767455168 or resend your order, as we did not receive it.**