



CSO - Controlled Step Orthotics
 "Custom made in the USA"

CSO - Controlled Step Orthotics

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Date Casted

Date Received

Practitioner Information

Telephone: (____) _____

Fax #: (____) _____

CSO/Patient # _____ (CSO use Only)

Patient Information

Name: _____ Male Female

Age _____ Weight _____ Shoe Size: _____

Shoe Type: Athletic Casual Dress Work

*RX / Diagnosis: _____

**Must be completed by Physician / Practioner*

Foot Type: Forefoot : Varus / Valgus / Neutral

Rearfoot : Varus / Valgus / Neutral

Control Shell Prescription

- Rigid Control
- Active Control
- Subortholine 2.0 / 3.0
- Relaxed Control
- Graphite Control
- UCBL
- Tri-Lam
- Diabetic Device
- Max Subtalar Supination/Inverted

Heel Cup Control

- 8mm Dress
- 10mm Casual
- 14mm Standard
- 24mm UCBL
- Other _____

Orthotic Width:

- Normal
- Narrow

Plantar Arch Fill:

- Soft
- Firm

Circle area of pain



Posting Forefoot Extrinsic Intrinsic

L Varus / Valgus _____ Degree

R Varus / Valgus _____ Degree

Posting Rearfoot Extrinsic Intrinsic

L Varus / Valgus _____ Degree

R Varus / Valgus _____ Degree

Heel Lift

Left _____ mm

Right _____ mm

Control Top Cover Length

- Metatarsal (Shell Only)
- Sulcus (3/4 length)
- Toes (Full Length)

Control Top Cover

- No Cushioning
- No Cover
- Vinyl
- 1/16" Thickness
- Diabetic
- Microcell Puff
- Neoprene / Antimicrobial
- Leather (+\$5.00)
- 1/8" Thickness
- Suede (+\$5.00)

PPT / Forefoot Padding

- 1/16
- 1/8
- 3/16

Heel Cushion

- 1/16
- 1/8
- 3/16
- Full

Control Bottom Cover

- MC-Puff
- M-Sole
- Synthetic Suede
- None

Control Bottom Cover Length:

- Distal
- Full Length

Control Accomodations

- Metatarsal Pad Left Right
- Metatarsal Raise/Bar
 Left 1 2 3 4 5 Right 1 2 3 4 5
- Neuroma Tube Left Right
- Arch Pad Left Right
- Pocket Left Right
- Heel Spur (mark cast) Pocket Poron Fill
- Plantar Fascia Groove Left Right
- Dancer's Pad Left Right

- Lateral Flange Left Right
- Medial Flange Left Right
- Morton's Extension Left Right
- Reverse Morton's Ext Left Right
- PTTD/Flare Left Right
- Gait Plate to Promote
 Toe In Left Right
 Toe Out Left Right
- 1st Ray Cut-out Left Right
- Other: _____