

# Scottish Rite

Practitioner \_\_\_\_\_ Branch Name \_\_\_\_\_

PO# \_\_\_\_\_ Date: \_\_\_\_\_ Ship Via: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Fillauer** LLC  
Tel: 800.251.6398  
Fax: 423.698.6076

**Hosmer**  
Tel: 800.827.0070  
Fax: 408.379.9458



## Patient Information

Patient's Name \_\_\_\_\_

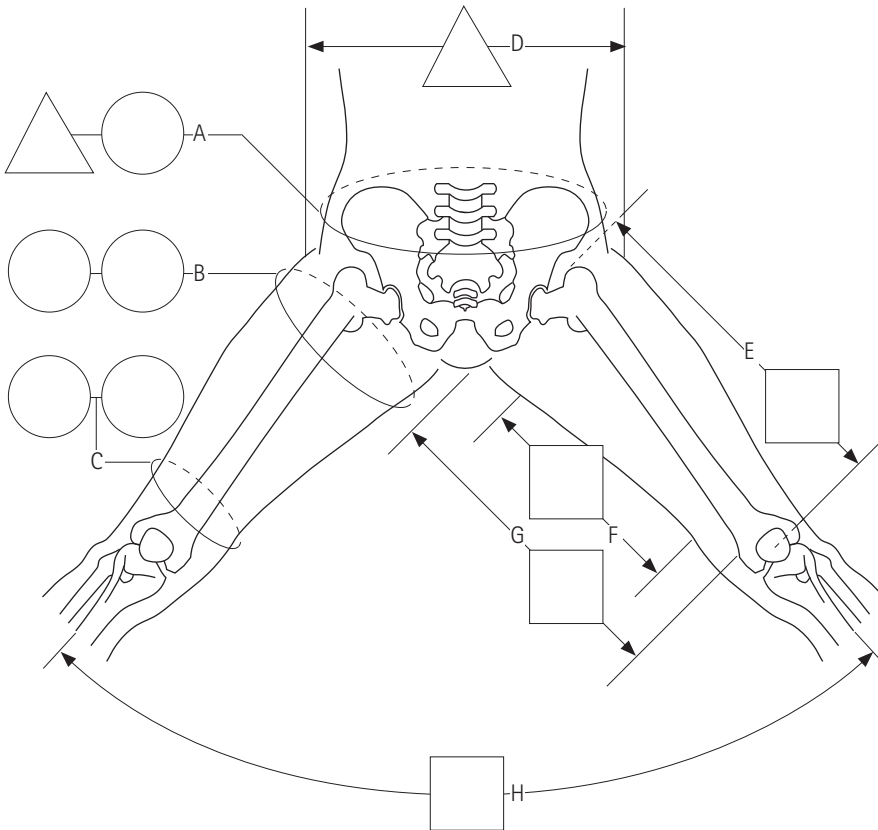
Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Ship To Address \_\_\_\_\_

\_\_\_\_\_

## Measurements

- A Diameter and Circumference taken just below Crests
- B Right and Left Circumference taken 2 inches below Perineum
- C Right and Left Circumference taken 2 inches above Patella
- D Diameter at Trochanters
- E Distance from Center Hip Joint (CHJ) to Center Knee Joint (CKJ)
- F Distance 2" below Perineum (Prox. Circ. B) to 2" above Patella (Distal Circ. C)
- G Distance from Perineum to Top of Condyle
- H Abduction Angle



Remarks \_\_\_\_\_

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

## Scottish Rite Options

### Type

- Scottish Rite Orthosis with Thrust Bearing Hip Joints No Telescoping Bar
- Scottish Rite Orthosis with Thrust Bearing Hip Joints with Telescoping Bar
- Scottish Rite Orthosis with Telescoping Bar
- Scottish Rite Orthosis for Failed Total Hip Prosthesis or for Post-Surgical Use

### Degree of Abduction

#### Right Side

- 0° Abduction
- 10° Abduction
- 25° Abduction
- 35° Abduction
- Variable Abduction Hip Joint

#### Left Side

- 0° Abduction
- 10° Abduction
- 25° Abduction
- 35° Abduction
- Variable Abduction Hip Joint

### Motion Control Plate

- Right, set at 0° Extension \_\_\_\_\_ ° Flexion
- Left, set at 0° Extension \_\_\_\_\_ ° Flexion