

Information for referring doctors

Rigid removable boots cover the lower leg and foot. They immobilise the ankle (at 90 degrees) as well as foot, and toe joints. They can be used non weight bearing, and weight bearing. For weight bearing, they have a rounded sole to allow walking without ankle movement.

Indications

Refer for RRB if person:


- ✓ Has a stable fracture of ankle, foot or toe or soft tissue injury or pain
- ✓ Requires ankle to be immobilised at 90 degrees.

Please specify below instructions including daily use, length of treatment, review date.

Contraindications

Do not refer for RRB if person:

- ✓ Has an unstable fracture
- ✓ Requires ankle to be immobilised in a position other than 90 degrees
- ✓ Requires treatment for both legs.

For any person with diabetic related leg or foot wound  Refer for wound management and/or offloading.



1. Information about the referrer

First name:		Family name:	
Telephone:		Address:	



2. Information about the person


First name:		Family name:		Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
Age:	0-5 <input type="checkbox"/>	6-18 <input type="checkbox"/>	19-39 <input type="checkbox"/>	40-54 <input type="checkbox"/>	55+ <input type="checkbox"/>	Telephone:	
Address:							

3. Person's condition

Type of injury (reason for referral)	Fracture <input type="checkbox"/> Soft tissue injury <input type="checkbox"/> Surgery <input type="checkbox"/> Other:  _____	Notes 
Location of injury or pain	Left: Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Toe/s <input type="checkbox"/> Right: Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Toe/s <input type="checkbox"/>	

4. Instructions for use

Weight bearing	Non weight bearing <input type="checkbox"/> Semi weight bearing <input type="checkbox"/> Full weight bearing <input type="checkbox"/>
Wearing routine	Continuous (do not remove) <input type="checkbox"/> Remove for: Washing <input type="checkbox"/> Sleeping <input type="checkbox"/>
Length of use	2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> 6 weeks <input type="checkbox"/> Other:  _____
Review	Send for review on:  _____

Referrer signature		Date: 
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