

### Contact Information

Clinician    Fitter/Assistant/Tech    Other: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Ordering Clinician

CPO    CO    CP    Other: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Billing & Shipping

PO#:

Billing Account#: \_\_\_\_\_  
 Shipping Account#: \_\_\_\_\_

Shipping Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Shipping Preference

Ground    Next Day AM    Next Day PM    2-Day AM    2-Day PM

*(If no preference is indicated, this order will be shipped 2 Day PM) Note: We do not ship products directly to patients.*

### Patient Information

*By filling this order form and placing an order for this device, I hereby certify that I am authorized to dispense this medical device in virtue of any national law governing the fitting and adjustment of orthopedic medical devices*

*Please do not provide any personal information (name etc) regarding the patient, but only provide health information necessary to the fabrication of this medical device*

Fit Date: \_\_\_\_\_ Patient ID: \_\_\_\_\_

Age \_\_\_\_\_  Male    Female  
 Weight \_\_\_\_\_  Lbs.    Kg.   Height \_\_\_\_\_  in.    cm.  
 Leg:    Left    Right

Diagnosis: \_\_\_\_\_

Surgeries (type/date): \_\_\_\_\_

#### Is the patient currently using any assistive device?

Brace/KAFO    Crutch    Wheel Chair  
 Cane    Walker

Shoe Size: \_\_\_\_\_

- Appropriately scaled tracing of shoe insole provided with order form
- Not sending shoe or tracing (toe segment will be made longer and wider, requiring trimming during fitting)

### PLEASE PROVIDE MEASUREMENTS

Shoe Height Measurement (Shoe sole thickness at heel and forefoot)

Heel \_\_\_\_\_  in.    cm.

Forefoot \_\_\_\_\_  in.    cm.



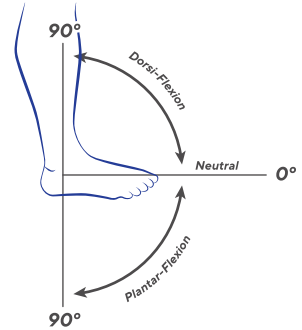
### Cast Info

Cast Adjustments Required (coronal and sagittal plane)

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

### Range Of Motion

- a. Hip ROM: \_\_\_\_\_° extension to \_\_\_\_\_° flexion
- b. Knee ROM: \_\_\_\_\_° extension to \_\_\_\_\_° flexion
- c. Ankle ROM, with knee extended  
 Dorsi-Flexion \_\_\_\_\_°  
 Plantar-Flexion \_\_\_\_\_°
- d. Plantarflexion contracture  
 Yes \_\_\_\_\_°    No
- e. Knee flexion contracture  
 Yes \_\_\_\_\_°    No



### Activity Level (Check one)

- Limited ambulator: sits to stands and transfers
- Household ambulator: level surfaces with walking aids
- Limited community ambulator: level surfaces with walking aids
- Active community ambulator: mild inclines and declines with or without walking aids
- Independent ambulator: varied cadence, uneven surfaces and no walking aids
- Active ambulator: walking, running, some athletic activity

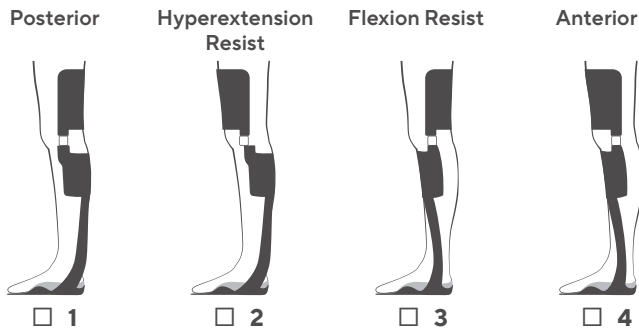
### Biomechanical objectives

- Resist Knee Hyperextension in Stance
- Resist Knee Flexion in Stance
- Knee Valgus Control
- Knee Varus Control
- Posterior/Anterior Knee Drawer Control
- Control Dorsiflexion Weakness
- Control Plantar Flexion weakness
- Control Ankle Valgus Instability
- Control Ankle Varus Instability

**Received Date** *Thuasne USA's shipping department use only*

## Brace Configuration

### Shell Configuration



### Coronal Plane Extension

- Valgus Resist  Varus Resist

### Molded Inner Boot



- Leave inner boot unattached

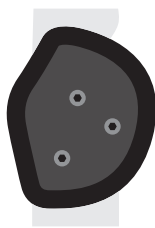
### Strap Options

- Include ankle strap  
 Leave ankle strap unattached

### Knee Joint Options



- Single Pivot Locking **37700-L**  
*(Twist Release with free motion)*  
 Single Pivot Locking **37700-L**  
*(Manual Triggers)*



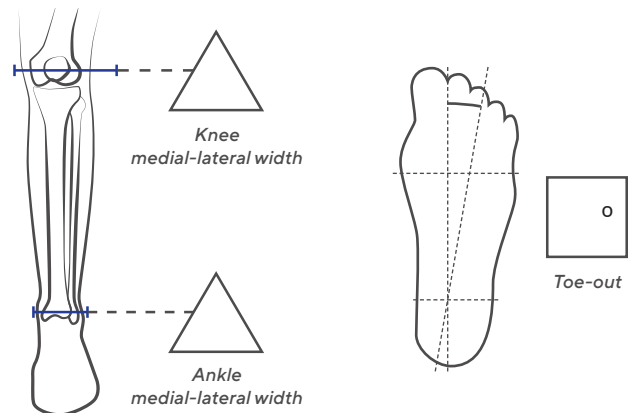
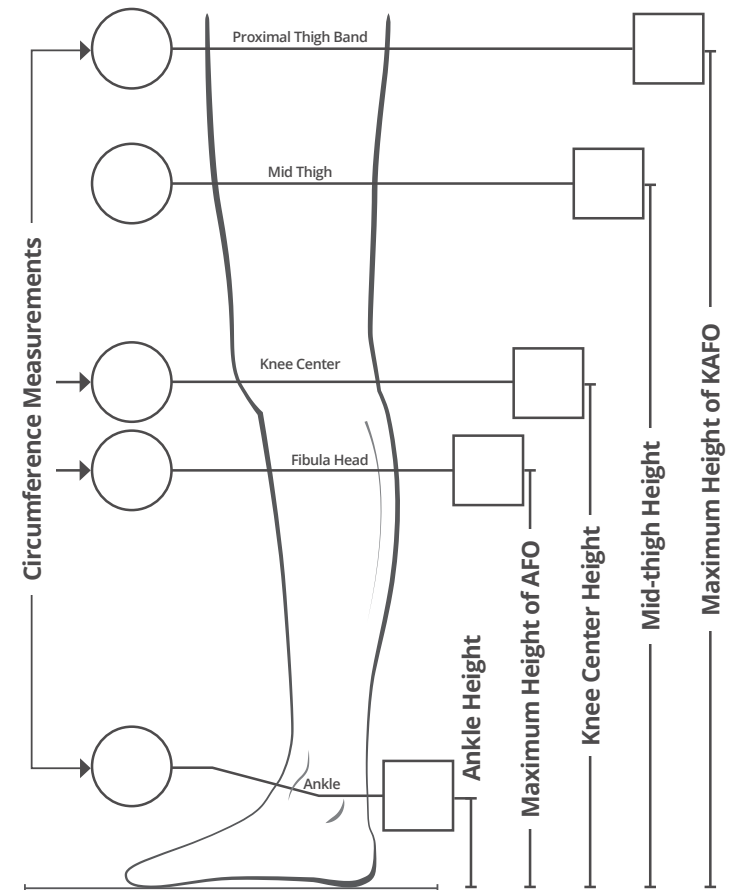
- 5-bar Free **37700**  
*(Twist Release with Free motion)*  
 5 bar Locking **37700-L**  
*(Twist Release with Free motion)*  
 5 Bar Locking **37700-L**  
*(Manual Triggers)*

### Extension Assist

- Install Extension Assist Bands/Posts

## Measurements

Measurements below are in:  in.  cm.



### Suggested L-Codes\*

<b>L2036</b>	KAFO Base Code
<b>L2387</b>	Polycentric hinges (5 Bar Hinge)
<b>L2390</b>	Posterior offset hinges (Single Pivot Hinge)
<b>L2415</b>	Built in release mechanism (if locking joints are used)
<b>L2810</b>	Condyle pads

### Suggested L-Codes\*

<b>L2820</b>	Below knee padding
<b>L2830</b>	Above knee padding
<b>L2280</b>	Molded inner boot
<b>L2755</b>	Carbon graphite construction
<b>L2275</b>	Varus or valgus correction

\* Thuasne USA's suggested uses of Medicare billing codes are developed based on nationally accepted industry standards and billing practices, they do not ensure a specific device will be reimbursed. It is the responsibility of the provider to abide by lawful Medicare billing practices and Thuasne USA is not liable for the denial of reimbursements when it comes to the use of suggested billing codes