

### Ordering Clinician

CPO    CO    CP    Other: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Billing & Shipping

**PO#:** \_\_\_\_\_

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

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

Shipping Address: \_\_\_\_\_

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

### Your Patient Profile

Weight  lbs  kgs \_\_\_\_\_ Height  in  cm \_\_\_\_\_ Age \_\_\_\_\_



Occupation \_\_\_\_\_

Patient's diagnosis \_\_\_\_\_

### Patient Range of Motion (ROM), Manual Muscle Test (MRC) and Modified Ashworth Scale (MAS)

#### Foot Posture Index (customer will select one)

-2    -1    0    1    2

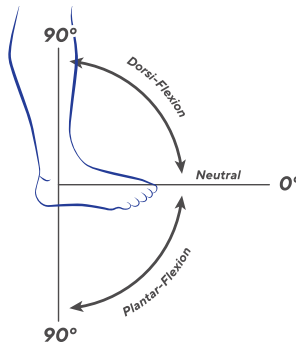
a. Hip ROM: \_\_\_\_\_° extension to \_\_\_\_\_° flexion

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



#### Hip Flexion



MMT \_\_\_\_\_

MAS \_\_\_\_\_

#### Hip Extension



MMT \_\_\_\_\_

MAS \_\_\_\_\_

#### Knee Extension



MMT \_\_\_\_\_

MAS \_\_\_\_\_

#### Knee Flexion



MMT \_\_\_\_\_

MAS \_\_\_\_\_

#### Ankle Dorsiflexion



MMT \_\_\_\_\_

MAS \_\_\_\_\_

#### Ankle Plantarflexion



MMT \_\_\_\_\_

MAS \_\_\_\_\_

### Patient Activity Level (choose all that apply)

- 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 (choose all that apply)

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

### Use of walking aids?

Yes    No

### Fitting Analysis

Please provide an objective analysis of the fit using the fitted device as reference, including location (anatomical references) and value (by how much). Pictures are helpful to assist with the analysis.

**Foot**    Too Large    Too Tight

\_\_\_\_\_ please give value of how much and where (anatomical references)

**Calf Band**    Too Large    Too Tight

\_\_\_\_\_ please give value of how much and where (anatomical references)

**Thigh Cuff**    Too Large    Too Tight

\_\_\_\_\_ please give value of how much and where (anatomical references)

**Knee Width**    Too Large    Too Tight

\_\_\_\_\_ please give value of how much and where (anatomical references)

#### Footwear and static alignment (bench alignment)

Does the HH of the patients shoe today match the order form?

Yes    No

Was any extrinsic wedging used?

Yes \_\_\_\_\_    No

### Gait Observations

Describe how the brace walks using the four rockers of gait. Videos are recommended to assist with the analysis.

Too stiff? \_\_\_\_\_  
Describe gait observations seen

Too flexible? \_\_\_\_\_  
Describe gait observations seen

### Composite Material Delamination

This is often the end result of a device that is not controlling the patient optimally. Please ensure as much information is provided in the previous sections. Having the device returned is required for full composite analysis.

#### Where did it occur?

- Strut
  Footplate  
 Strut / footplate junction
  other \_\_\_\_\_

#### How long was the device functioning before failure?

\_\_\_\_\_

#### Apart from standing and walking, what other activities did the patient participate in whilst wearing the device?

\_\_\_\_\_

#### How did the Failure occur?

- Delamination over time
  complete fracture

**Please send pictures and/or video of the failure and any labels on the brace.**

### Mechanical Issues – Knee Joints & Locking Mechanism

#### Difficulty engaging locks

- both joint
  medial only
  lateral only

#### Difficulty disengaging locks

- both joint
  medial only
  lateral only

### Configuration

- Posterior Configuration
  Hyperextension Resist Configuration  
 Flexion Resist Configuration  
 Anterior Configuration

Brace side \_\_\_\_\_