

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

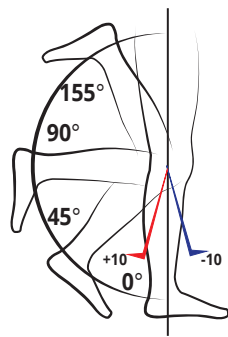
a. Hip ROM: _____° extension to _____° flexion

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
- Posterior/Anterior Knee Drawer Control

Use of walking aids?

Yes No

Fitting Analysis

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

Too Loose

Decrease width **A.**

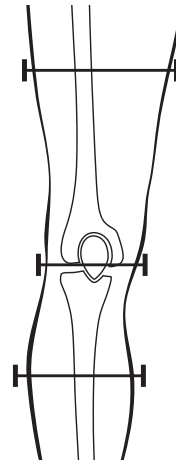
- Medial by _____
- Lateral by _____

Decrease width **B.**

- Medial by _____
- Lateral by _____

Decrease width **C.**

- Medial by _____
- Lateral by _____



Too Tight

Increase width **A.**

- Medial by _____
- Lateral by _____

Increase width **B.**

- Medial by _____
- Lateral by _____

Increase width **C.**

- Medial by _____
- Lateral by _____

Decrease A-P depth:

Of Thigh band by _____
Of Calf band by _____

Increase A-P depth:

Of Thigh band by _____
Of Calf band by _____

Move mechanical knee center back by _____

Increase mechanical knee center height by _____

Decrease mechanical knee center height by _____

Explain:

Brace Model/Configuration

- SpryStep® KO Ligament
- SpryStep® KO Ligament (Full Shell)
- SpryStep® KO Osteoarthritis
- SpryStep® KO Osteoarthritis (Full Shell)
- SpryStep® KO Neurological
- SpryStep® KO Neurological (Locking)
- Right leg
- Left leg

Hinge Type :

- TM5 Aluminum with LoadShifter
- TM5 Aluminum without LoadShifter
- TM5 Stainless without LoadShifter

Hinge Lock Type :

- Single Pivot Locking (Twist Release with free motion)
- Single Pivot Locking (Manual Trigger)
- 5-bar Free
- 5-bar Locking (Twist Release with Free Motion)
- 5-bar Locking (Manual Trigger)

Force Application

Insufficient correction - Increase correction in the sagittal/coronal plane by _____ degrees

Excessive correction - Decrease correction in the sagittal/coronal plane by _____ degrees

(Delete as appropriate)

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.

How long was the device functioning before failure?

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

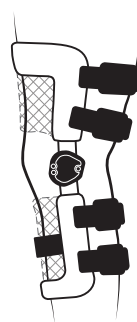
Indicate any areas of delamination or defect:



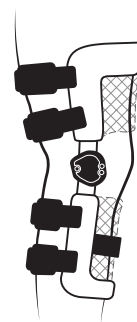
Anterior



Posterior



Medial



Lateral

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

Considerations that may effect potential changes:

- Mechanical knee joints - 2-3 degrees of play is normal
- 5 bar locking is the only locking joint that can have the extension angle adjusted after fabrication
- The single pivot locking joint cannot be adjusted after fabrication
- The 5 bar free can have extension stops and flexion stops added after fabrication
- Extension stops can be applied by the clinician within facility
- Flexion stops must be added by manufacturer