

# Clinical Application for Custom Fit Knee brace

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

Product Fitted:  L1832       L1843       L1845

### Medical Necessity:

- Deformity of the leg or knee
- Disproportionate Size of thigh and calf
- Minimal muscle mass upon which to suspend an orthosis
- Facilitate healing following a surgical procedure to the Knee or related ligament instabilities

### Need for Custom-fitting:

- Thigh to calf ratio/disparity     Obesity       Multi-ligament level injury/ surgery
- Knee deformity     Compromised cognitive/ physical ability     Other \_\_\_\_\_

Additional notes: \_\_\_\_\_  
\_\_\_\_\_

- Substantial modifications required to meet above medical necessity and need for custom fitting:

Gross Modifications:

- Brace assembled/ modified to fit patient circumference

\_\_\_\_\_ "Thigh; \_\_\_\_\_ "Calf                      Measurement of the knee \_\_\_\_\_ "Knee M-L

### Brace/ component Modifications:

|           | Proximal                 | Distal                   | Anterior                 | Posterior                | Purpose: _____ |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|
| Assembled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| Trimmed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| Bent      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| Molded    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____          |

### Accessories/ Other Modifications

Description \_\_\_\_\_

Purpose \_\_\_\_\_

- Assembled and angulated brace/support components to accommodate:
  - Deformity of the leg or knee     Thigh to Calf ratio/disparity     Minimal muscle mass

### Patient Education:

- Donning and doffing     Proper application to maximize compression and support
  - Proper location inferior/ superior

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_