OA PRO™
Decompression Knee Brace

Standard Written Order: PDAC L1852

Patient Name: _____DOB ____/_____/_____

Address:_____ Phone: _____

City: _____ State:_____Zip:_____

☐ Left Knee(LT Modifier) Size _____ Length of Need _____ Substitutions No ☒ Yes ☐
☐ Right Knee (RT Modifier) Size_____ Order Date_____ Start Date_____

DIAGNOSIS

- ☐ M17.0: Bilateral Primary Osteoarthritis Knee
- ☐ M 17.11: Unilateral Primary Osteoarthritis RT
- ☐ M 17.12: Unilateral Primary Osteoarthritis LT
- ☐ M 23.51: Chronic Instability RT
- ☐ M 23.52: Chronis Instability LT
- ☐ Q 68.2: Congenital Deformity of Knee
- ☐ M 23.203: Derangement of Medical Meniscus RT
- ☐ M23.204: Derangement of Medical Mensicus LT
- ☐ Other _____

SUBJECTIVE

Patient has significant knee pain which interferes with daily activities. The patient reports trouble with:

- ☐ Lifting
- ☐ Stairs
- ☐ Other
- ☐ Walking
- ☐ Daily Activities

Drawer Test performed Date_____
Results_____

OBJECTIVE

Knee Range of Motion

Flexion_____
Extension_____
Left Lateral Flex_____
Right Lateral Flex_____

Tenderness

- ☐ Medial
- ☐ Patella
- ☐ Lateral
- ☐ Anterior
- ☒ Positive Anterior/ Posterior Drawer test
- ☐ Varus Instability
- ☐ Valgus Instability
- ☐ Posterior

Physician Signature_____
Physician Name Printed_____
Date:_____NPI:_____
Address:_____
Phone:_____Fax:_____

ASSESSMENT

The patient is responding to treatment:

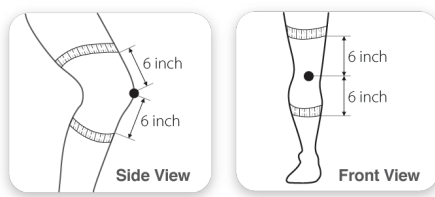
- ☐ As Expected
- ☐ Slower than Expected
- ☐ Faster than Expected

PLAN

Patient is being fitted today for a _____

- ☐ To facilitate healing following post surgery
- ☐ To otherwise support weak knee muscles and or deformed knee
- ☐ To improve an unstable knee & joint laxity

Total Time Spent fitting Brace_____
Total Time Spent with Patient_____



As shown in the figure above, measure the circumference of both the thigh and the calf 6" away from the center of the knee.

Size	Thigh (6" above the center of the knee)	Center of Knee	Calf (6" below the center of the knee)
S	15.5"~18.5"	12"~14"	12"~14"
M	18.5"~21"	14"~15"	14"~16"
L	21"~23.5"	15"~17"	16"~18"
XL	23.5"~26.5"	17"~19"	18"~20"

Easy Wrap Accessory(One Size Fits All) ☐ Right Leg (RT Modifier)
HCPCS L2397 (KX Modifier ☐ Left Leg (LT Modifier)

☐	M17.0	Bilateral Primary Osteoarthritis of Knee
☐	M17.10	Unilateral Primary Osteoarthritis, unspecified knee
☐	M17.9	Osteoarthritis of knee, unspecified