

CUSTOM-FITTED KNEE Documentation Worksheet

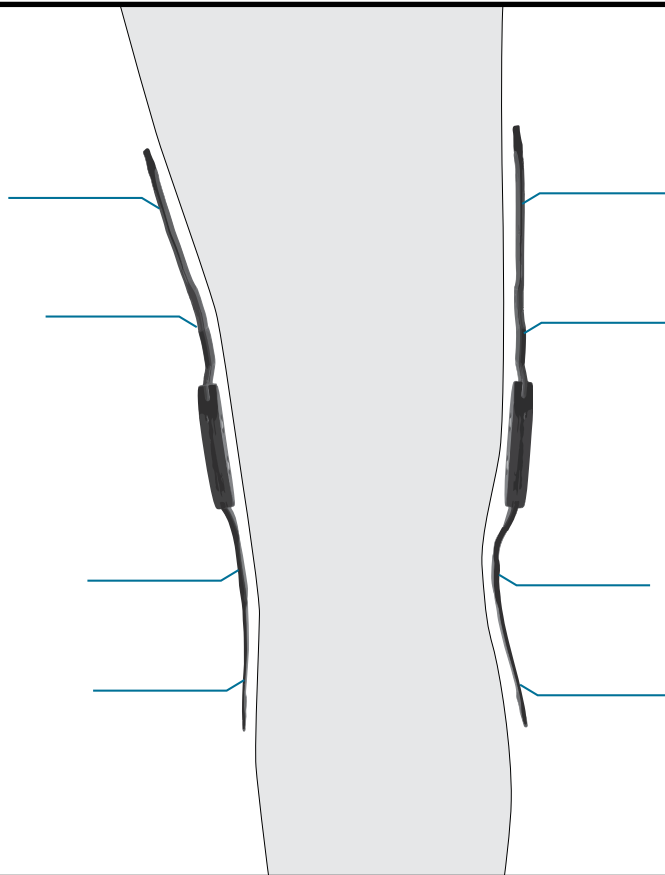
Use this form to document alterations to optimize fit, comfort, and function for a specific patient.

Retain in Patient Record

Patient Name: _____	DOB: _____	Date: _____
Referred By: _____	Fitter: _____	Follow-up Dates: _____
Diagnosis: _____	Product: _____	HCPCS: _____
Expected outcome of brace: _____		
Need for a custom-fitted brace: _____		

TOOLS NECESSARY: • Bending Iron • Tape Measure

Use bending irons to contour the hinge uprights to the shape of the patient's leg and document each bend on the diagram.



Adjustments to limit flexion and/or extension: _____

Note additional adjustments made: _____

Time spent making assessment, adjustments and educating patient: _____