

CUSTOM-FITTED OA KNEE Documentation Worksheet

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

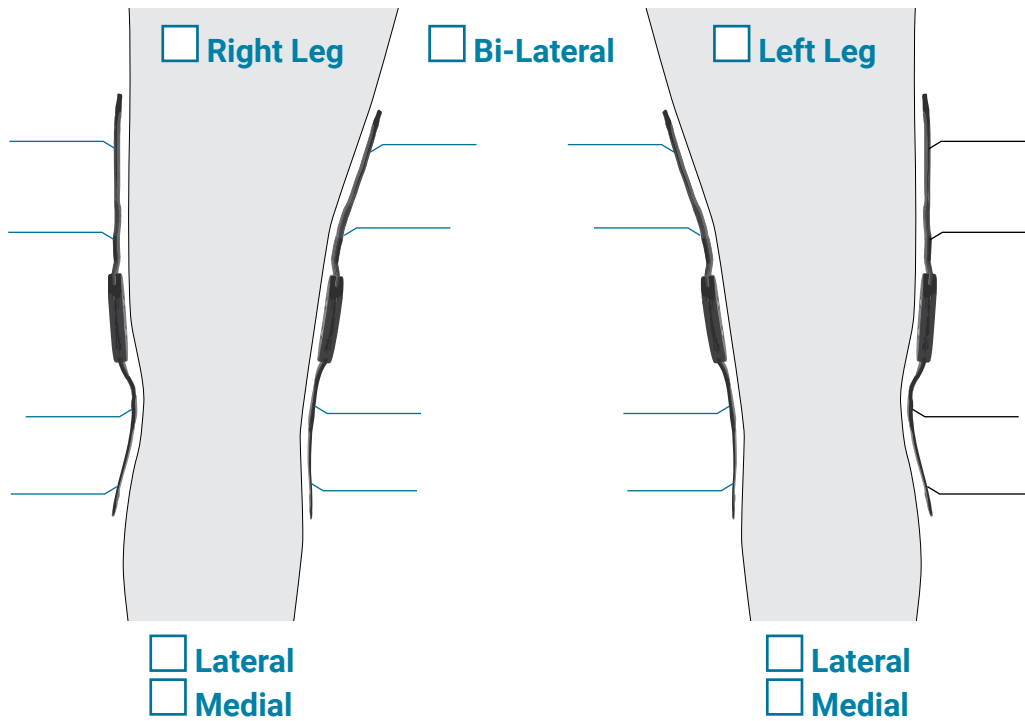
Retain in Patient Record

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

TOOLS NECESSARY: • Bending Iron • Tape Measure • Scissors

STEP 1 - Shaping the Uprights

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



STEP 2 - Trimming

Note adjustment made on each component.

Spiral Strap _____

Patella Strap _____

Upper Sizing Panel _____

Lower Sizing Panel _____

Note Additional adjustments made: _____

Time spent making assessment, adjustments and educating patient: _____