

DuAlign OA

DOCUMENTATION WORKSHEET: RETAIN IN PATIENT RECORD

Page 1 of 2

Doctor: _____

Fitter: _____

Patient Name: _____

Date: _____

Patient #: _____

Additional Follow-Up Dates: _____

TOOLS NECESSARY: Scissors • Tape Measure • Bending Tools • Heat Gun

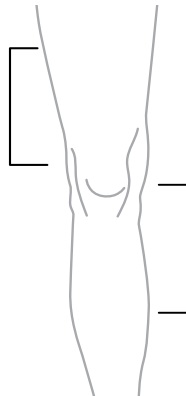
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STEP 1: MEASUREMENTS

6 Inches above and below mid patella

① Thigh measurement
(6 inches above the
center of the patella) _____

② Calf measurement:
(6 inches below the
center of the patella) _____



STEP 2: EXAMINATION

☐ Knee stability notes _____

☐ Bony prominence notes _____

☐ Soft tissue condition notes _____

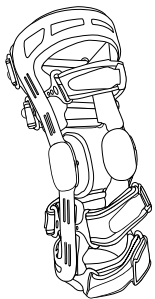
☐ Other Notes _____

TIME SPENT: _____

TIME SPENT: _____

STEP 3: BRACE MODIFICATION

Any abnormal bony or soft tissue contours required (Circle One) YES NO



Thigh cuff notes: _____

Strut notes: _____

Calf cuff notes: _____

☐ Heat mold to accommodate anatomy

☐ Trim to accommodate anatomy

☐ Bend to accommodate anatomy

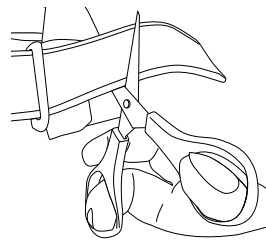
TIME SPENT: _____

STEP 4: BRACE MODIFICATION

① Trim straps notes: _____

② Trim strap pads notes: _____

③ Adjust individual strap placement
or orientation for proper tightening: _____



TIME SPENT: _____

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STEP 5 - RANGE OF MOTION

Range of motion control required?

Yes: ☐

No: ☐

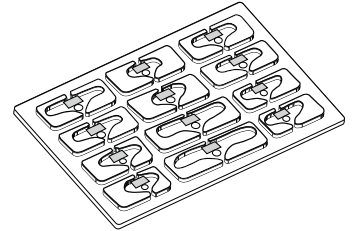
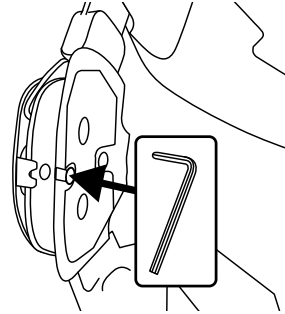
Stop requirement needed (Circle One):

-Extension: 0°, 5°, 15°, 20°, and 25°

-Flexion: 0°(180°), 30°, 45°, 60°, 75°, and 90°

Stop notes: _____

TIME SPENT: _____

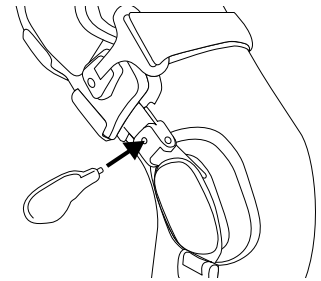
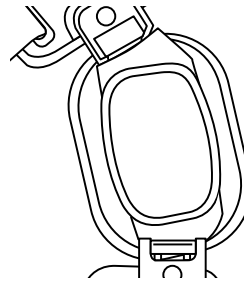


STEP 6 - HINGE ADJUSTMENT

Medial hinge notes: _____

Lateral hinge notes: _____

TIME SPENT: _____



STEP 7: EDUCATION

EDUCATE PATIENTS

Proper education is needed to maintain proper fit throughout total time of wear.

Items to educate patients:

☐ Don and Doff

☐ Proper cleaning

☐ Proper placement of brace

☐ Follow up appointment

TIME SPENT: _____

CLINICAL JUSTIFICATION FOR CUSTOMIZING BRACE

TOTAL TIME TO CUSTOMIZE BRACE: _____