

Aspen Hinged Knee

Doctor: _____ Fitter: _____

Patient Name: _____ Date: _____

Patient #: _____ Additional Follow-Up Dates: _____

TOOLS NECESSARY: Scissors • Tape Measure • Bending Tool

FOR USE WITH PRODUCTS MANUFACTURED BY ASPEN MEDICAL PRODUCTS ONLY. THIS PRODUCT IS INTENDED FOR APPLICATION BY HEALTH CARE PRACTITIONERS AS DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED MEDICAL AUTHORITY. THIS IS A PREFABRICATED ORTHOSIS. IT IS INTENDED TO BE CUSTOMIZED TO AN INDIVIDUAL PATIENT. FOLLOW THE STEPS BELOW TO CUSTOMIZE.

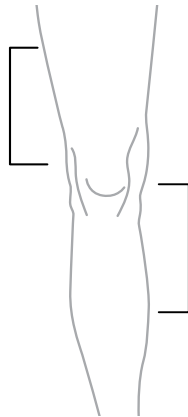
STEP 1 - MEASUREMENTS

6 inches above and below mid patella

STEP 2 - EXAMINATION

① Thigh measurement

② Calf measurement:



Knee stability notes: _____

Bony prominence notes: _____

Soft tissue condition notes: _____

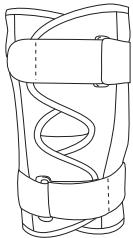
Other Notes: _____

TIME SPENT: _____

TIME SPENT: _____

STEP 3: BRACE MODIFICATION

Any abnormalities from Step 2 that required customization (Circle One) YES NO



Hinge notes: _____

Sth notes: _____

Strap notes: _____

Bend to contour around concern

Trim to alleviate concern

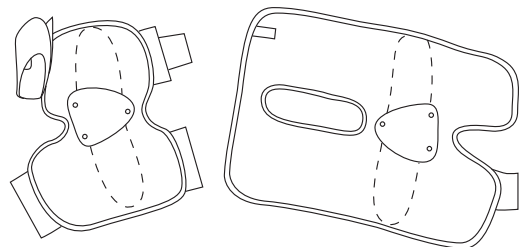
TIME SPENT: _____

STEP 4: SIZING ADJUSTMENTS (UNIVERSAL ONLY)

(Adjust size to indicated in Step 1)

① Sizing notes: _____

TIME SPENT: _____



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DOCUMENTATION WORKSHEET: RETAIN IN PATIENT RECORD Page 2 of 2

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STEP 5 - EDUCATION

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: _____