

# Aspen OA Knee+

Doctor: \_\_\_\_\_ Fitter: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient #: \_\_\_\_\_ Additional Follow-Up Dates: \_\_\_\_\_

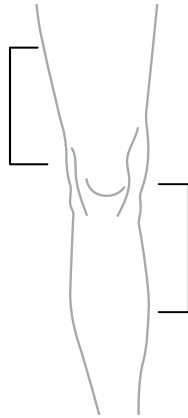
TOOLS NECESSARY: Scissors • Tape Measure • Bending Tools • Heat Gun

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

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

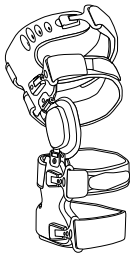


TIME SPENT: \_\_\_\_\_

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

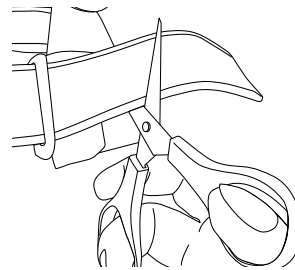
TIME SPENT: \_\_\_\_\_

### STEP 4: SIZING ADJUSTMENTS

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?

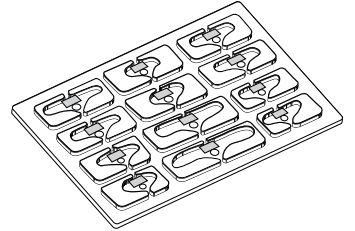
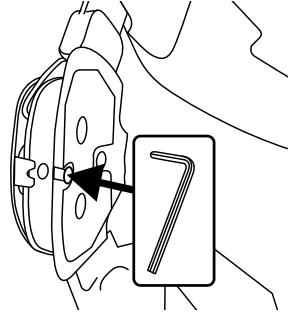
Yes:  No:

Stop requirement needed (Circle One):

-Extension: 0°, 5°, 10°, 20°, and 25°

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

Stop notes: \_\_\_\_\_



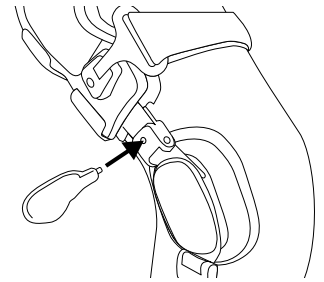
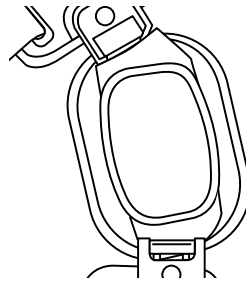
TIME SPENT: \_\_\_\_\_

### STEP 6 - HINGE ADJUSTMENT

Upper hinge notes: \_\_\_\_\_

Lower 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: \_\_\_\_\_