

L1843 Custom Fitting Record

Patient Name _____ Date _____

Doctor _____

1 Measurements and Observations

6" above mid-patella _____ in Mid-patella _____ in 6" below mid-patella _____ in

OBSERVATIONS:

- | | | |
|--|---|---|
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Pes planus/flat feet | <input type="checkbox"/> Prominent fibular head |
| <input type="checkbox"/> Excessive soft tissue | <input type="checkbox"/> Abnormal thigh to calf ratio | <input type="checkbox"/> Patellar malalignment |
| <input type="checkbox"/> Swelling | <input type="checkbox"/> Bony protuberance of knee joint
(knobby knee) | <input type="checkbox"/> Genu recurvatum |
| <input type="checkbox"/> Atrophy | <input type="checkbox"/> Prominent tibial crest | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Lack of prominent gastroc | | |

Patient Alignment/Deformity

DEFORMITY

- Genu Varus _____ °
(measured by goniometry)
- Genu Valgus _____ °
(measured by goniometry)
- Neutral



OR DEGREE OF DEFORMITY:

- None – Mild ($\leq 10^\circ$)
- Moderate
- Severe ($\geq 25^\circ$)

2 Brace Modifications requiring need for custom fitting.

- Customized and trimmed straps based on knee measurements.
- Added and adjusted strap padding and trimmed accordingly.
- Allowed additional length of straps for any atrophy or hypertrophy.
- Substitute non-silligrip strap padding where skin condition or sensitivity present.

ISSUE

- Migration
- Condyle pressure
- Pinching/bunching
- Skin irritation
- Rotation
- Other _____

MITIGATION

- Re-application
- Suspension wrap
- Doeskin liners (non-siligrip)
- Changed condyle pad
- Installed extension strap
(strap #3 or #4)

- Removed condyle cup and placed
condyle padding on hinge plate
- Extension stop _____ °
- Flexion stop _____ °
- Other _____

Could not provide proper fit and adjustment in Off-The-Shelf model

- | | |
|---|---|
| <input type="checkbox"/> Migration/rotation | <input type="checkbox"/> Impingement of soft tissue |
| <input type="checkbox"/> Gapping of cuff to anatomical
alignment | <input type="checkbox"/> Other _____ |

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3 Osteoarthritis Correction

- Adjusted hinge with valgus force for medial OA.
- Adjusted hinge with varus correction for lateral OA.
- Correction

Angulation of Brace to provide Osteoarthritis Correction _____

- Could not provide proper fit and adjustment in Off-The-Shelf model
 - Inadequate correction
 - Migration
 - Gapping of cuff to anatomical alignment
 - Impingement of soft tissue
 - Rotation
 - Other _____

4 Patient Instruction

- Patient demonstrated proper donning and doffing
- Duration and frequency of use
- Cleaning
- Other _____

Fitter Name _____

Signature _____