

# 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<br>(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 ( $\geq 25^\circ$ )

### Additional Comments

## 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-siligrip strap padding where skin condition or sensitivity present.

#### ISSUE

- Migration
- Condyle pressure
- Pinching/bunching
- Skin irritation
- Rotation
- Other \_\_\_\_\_

#### MITIGATION

- |  |   |
|--|---|
| <input type="checkbox"/> Re-application                                | <input type="checkbox"/> Removed condyle cup and placed<br>condyle padding on hinge plate |
| <input type="checkbox"/> Suspension wrap                               | <input type="checkbox"/> Extension stop _____ °   |
| <input type="checkbox"/> Doeskin liners (non-siligrip)                 | <input type="checkbox"/> Flexion stop _____ °   |
| <input type="checkbox"/> Changed condyle pad                           | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Installed extension strap<br>(strap #3 or #4) | _____   |

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- 3**
- Could not provide proper fit and adjustment in Off-The-Shelf model
    - Migration/rotation
    - Impingement of soft tissue
    - Gapping of cuff to anatomical alignment
    - Other \_\_\_\_\_

## Additional Comments

**4 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 \_\_\_\_\_

## Patient Instruction

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

Fitter Name \_\_\_\_\_

Signature \_\_\_\_\_