

L1845 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 | | _____ |
| | | _____ |

2 Brace Modifications

- Customized straps based on knee measurements.
- Added and adjusted strap padding and trimmed accordingly.
- Allowed additional length of straps for any atrophy or hypertrophy noted.
- Substitute silligrip strap padding on all straps to reduce migration.

- Bend or mold M/L condyle width.**
 - Widen/Expand M/L condyle width
 - Narrow M/L condyle width

- Bend or mold brace so that the upper flanges brace is aligned to patient anatomy.**

<input type="checkbox"/> Increase Valgus angle	<input type="checkbox"/> Increase Varus angle
<input type="checkbox"/> Decrease Valgus angle	<input type="checkbox"/> Decrease Varus angle

ISSUE

- | | |
|--|--|
| <input type="checkbox"/> Migration | <input type="checkbox"/> Skin irritation |
| <input type="checkbox"/> Condyle Pressure | <input type="checkbox"/> Gapping |
| <input type="checkbox"/> Pinching / Bunching | <input type="checkbox"/> Other _____ |
| | _____ |

MITIGATION

- | | |
|--|---|
| <input type="checkbox"/> Re-application | <input type="checkbox"/> Extension stop _____ ° |
| <input type="checkbox"/> Suspension Wrap | <input type="checkbox"/> Flexion stop _____ ° |
| <input type="checkbox"/> Changed condyle pad | <input type="checkbox"/> Other _____ |
| | _____ |

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

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3 Adjust Thigh Cuff

- Adjusted and/or trimmed for proper mid-medial/mid-lateral alignment
- Applied pivot clip to reduce motion of ATC
- Could not provide proper fit and adjustment in Off-The-Shelf model
 - Migration
 - Gapping of cuff to anatomical alignment
 - Impingement of soft tissue
 - Other _____

4 Patient Instruction

- Proper donning and doffing
- Cleaning
- Other _____

Fitter Name _____

Signature _____