C-Brace

ottobock.

Patient Evaluation Form A

Facility			Ortho	ist			
Address			Ν	IPI			
Suite/Unit			Pho	ne			
City, State, Zip			F	ax			
1. Patient Inforn	nation						
Name			Date of 1	Birth	Day	Year Age	
Weightlbs	. Height	Affected Side(s) Left Righ		Male	Female	
Primary Diagnosis			Occupation				

Clinical Presentation

Medical Insurance	Payor Source	Medicare	Medicaid	Private	Veterans Administration	Other
	Plan					

2. Manual Muscle Test

Musc	le Strengtl	n Assessment		Right	Left	
5	Normal	Movement with normal strength.	Hip abductor Hip extensor	Hip flexor	1.	Hip abductor
4	Good	Movement against low to medium resistance possible.	Knee flexor	Knee extensor		Knee flexor
3	Weak	Movement against gravity possible.				
2	Very Weak	Distinct Muscle Tension. Movement is possible if gravity effect is eliminated.	Plantar flexor —	Dorsal flexor	-17	— Plantar flexor
1	Trace	Visible and palpable muscle contraction with no motoric effect.	Ankle invertor			Ankle invertor
0	None	No visible and/or palpable muscle contraction.	Ankle evertor			Ankle evertor

Ottobock will not disclose any Protected Health Information on this form to any third party without the patient's consent.

3. Passive Range of Motion Assessment - Using Neutral Zero Method (indicate in degrees)

The Neutral Zero Method documents the range of motion (ROM) as well as fixed/reducible contractures of a joint. The "zero" stands for the neutral position of the joint between the two movement directions in the plane of movement, e.g. for full extension (180°) of the knee in the sagittal plane (flexion-extension). The normal ROM of the knee joint in the sagittal plane is therefore documented "flexion-extension $140^{\circ}/0^{\circ}/0^{\circ}$, representing 140° of flexion, full extension of 180° (first 0) and no hyperextension (second 0). The ROM of a knee with a slight hyperextension of 5° is documented "flexion-extension $140^{\circ}/0^{\circ}/5^{\circ}$. For a knee with normal flexion and a fixed flexion contracture of 10° , the ROM and the contracture is documented "flexion-extension $140^{\circ}/10^{\circ}/0^{\circ}$. If the contracture can be reduced by 5° , it is documented "flexion-extension $140^{\circ}/10^{\circ}/5^{\circ}$.

Perform Thomas Test and record measurement.



	Normal	Right Side	Left Side
Hip Flexion-Extension	140°/0°/30°	°/°	°/°
Hip Abduction- Adduction	45°/0°/30°	°/°	°/°
Hip Internal-External Rotation (Knee and Hip in 90° flexion)	40°/0°/45°	°/°	°/°/°
Knee Flexion-Extension	140°/0°/0°	°/°	°/°
Ankle Dorsiflexion- Plantar Flexion	30°/0°/50°	°/°	°/°
Foot Inversion-Eversion	35°/0°/25°	°/°/°	°/°

4. Alignment (only indicate, in degrees, any axis that deviates from anatomical neutral)

No deviations

	Right Side			Left Side			
		Uncorrected Angle	Reduced Angle		Uncorrected Angle	Reduced Angle	
Hip	No deviations Vara Valga	°	•	No deviations Vara Valga	°	•	
Knee	No deviations Varum Valgum Recurvatum	°	•	No deviations Varum Valgum Recurvatum	°	°	
Ankle	No deviations Varus Valgus	°	°	No deviations Varus Valgus	°	0	

Name	Date of Birth			Age
	Month	Day	Year	3-

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5. Deformities			
Leg length difference:cm			
Right Side Foot Deformity Yes No If yes, describe	Left Side Foot Deformity If yes, describe	Yes	No
6. Patient Interview			
Is the patient using a powered wheelchair?	Yes	No	
Does the patient currently use an orthosis?	Yes	No	
If so, what type?			
Is the patient currently participating in physical therapy?	Yes	No	
When was the last time the patient received physical therapy? _			
Was patient injured at work?	Yes	No	
Has patient returned to work?	Yes	No	
Orthotist Signature & Credential Orthotist Printed Name			
Orthotist Printed Name			
Date Signed			
Name	Date of Birth		Age

Day

Year

Month