

C-Brace Evaluation Form B

Facility		Orthotist	
Address		NPI	
Suite/Unit		Phone	
City, State, Zip		Fax	

Patient Demographics

Name		Date of Birth	Age
Weight	Height	Affected Side(s) <input type="checkbox"/> L <input type="checkbox"/> R	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Primary Diagnosis		Occupation	

1. Past and Current Orthosis Use

Right Side (check all that apply)			Left Side (check all that apply)		
Type	Brand/Model	Dates of Use	Type	Brand/Model	Dates of Use
<input type="checkbox"/> None			<input type="checkbox"/> None		
<input type="checkbox"/> AFO			<input type="checkbox"/> AFO		
<input type="checkbox"/> KAFO			<input type="checkbox"/> KAFO		
<input type="checkbox"/> SCO			<input type="checkbox"/> SCO		

Current Use of Assistive Devices (check all that apply)

Manual Wheelchair
 Power Wheelchair
 Scooter
 Walker
 Quad Cane

Forearm crutches:
 single
 double

Axillary crutches:
 single
 double

Cane:
 single
 double

Other (describe: _____)

2. Why does the current orthosis no longer meet patient's functional needs?

Right Side (check all that apply)		Left Side (check all that apply)	
<input type="checkbox"/> Does not provide stumble recovery.	<input type="checkbox"/> Is not stable during stand to sit and sit to stand.	<input type="checkbox"/> Does not provide stumble recovery.	<input type="checkbox"/> Is not stable during stand to sit and sit to stand.
<input type="checkbox"/> Does not function on uneven terrain.	<input type="checkbox"/> Does not allow for variable cadence.	<input type="checkbox"/> Does not function on uneven terrain.	<input type="checkbox"/> Does not allow for variable cadence.
<input type="checkbox"/> Does not allow for changes in step length.	<input type="checkbox"/> Induces gait deviations.	<input type="checkbox"/> Does not allow for changes in step length.	<input type="checkbox"/> Induces gait deviations.
<input type="checkbox"/> Does not function on stairs.	<input type="checkbox"/> Does not function on ramps.	<input type="checkbox"/> Does not function on stairs.	<input type="checkbox"/> Does not function on ramps.
<input type="checkbox"/> Must bend at waist to unlock knee joint	<input type="checkbox"/> Hand/arm strength insufficient to unlock knee joint	<input type="checkbox"/> Must bend at waist to unlock knee joint	<input type="checkbox"/> Hand/arm strength insufficient to unlock knee joint
<input type="checkbox"/> Knee joint does not function for therapy or other activities other than walking on level ground	<input type="checkbox"/> Does not provide sufficient anatomical or biomechanical support.	<input type="checkbox"/> Knee joint does not function for therapy or other activities other than walking on level ground	<input type="checkbox"/> Does not provide sufficient anatomical or biomechanical support.
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

3. Pain Assessment

Scale	Pain Right Side (1-10 scale) check all that apply	Pain Left Side (1-10 scale) check all that apply	
1. Very mild 2. Discomforting 3. Tolerable 4. Distressing 5. Very distressing 6. Intense 7. Very intense 8. Utterly horrible 9. Excruciating unbearable 10. Unimaginable unspeakable	<input type="checkbox"/> Hip Level: ____	<input type="checkbox"/> Hip Level: ____	
	<input type="checkbox"/> Leg (sciatic pain) Level: ____	<input type="checkbox"/> Leg (sciatic pain) Level: ____	
	<input type="checkbox"/> Knee Level: ____	<input type="checkbox"/> Knee Level: ____	
	<input type="checkbox"/> Ankle Level: ____	<input type="checkbox"/> Ankle Level: ____	
	<input type="checkbox"/> Foot Level: ____	<input type="checkbox"/> Foot Level: ____	
	<input type="checkbox"/> Low Back Level: ____		
	Complete the following if patient uses ambulatory assistance:		
	<input type="checkbox"/> Shoulder Level: ____	<input type="checkbox"/> Shoulder Level: ____	
	<input type="checkbox"/> Elbow Level: ____	<input type="checkbox"/> Elbow Level: ____	
	<input type="checkbox"/> Wrist Level: ____	<input type="checkbox"/> Wrist Level: ____	
<input type="checkbox"/> Other Level: ____	<input type="checkbox"/> Other Level: ____		

Patient Name

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4. Gait Deviations

Right Side: (check all that apply)

- Vaulting Circumduction
 Recurvatum Thrust Hip Hiking

Left Side: (check all that apply)

- Vaulting Circumduction
 Recurvatum Thrust Hip Hiking
-

5. Fatigue

If applicable, describe the patient's fatigue as a result of using the current orthosis and then describe the patient's potential for reduction in fatigue with the use of a C-Brace:

What feature does the C-Brace offer that will help patient achieve the activity?

The C-Brace applies progressive hydraulic resistance (adjusted in real time) during swing extension, which allows the patient walk with less compensation (e.g. hip hike, circumduction, or vault) and more natural gait, which may result in less energy expenditure and reduction of fatigue.

6. Falls History

Frequency of Falls in the past year: per day per mo. per wk. per yr.

Frequency of Near Falls in the past year: per day per mo. per wk. per yr.

Frequency of Falls in the past 3 years: per day per mo. per wk. per yr.

Number of falls that required medical attention in the past 3 years:

Number of falls that resulted in permanent injury in the past 3 years:

Number of falls that resulted in missed work in the past 3 years :

Additional information about recent falls:

What feature does the C-Brace offer that will help patient achieve the activity?

The C-Brace microprocessor ramps up high stance flexion whenever the calf swings forward (after heel rise) and automatically provides the support needed to recover safely, should the user trip or stumble.

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7. (A-H) Current/Potential Activities of Daily Living (ADL)

Indicate functional needs to accomplish ADLs below and indicate the activities that patient has done in the past and would like to get back to using the C-Brace(s) (e.g. home, work, therapeutic, exercise). Provide details regarding the ADLs, including the distances needed for each activity.

A. Walk with variable speed	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> 3-4 /mo.	<input type="checkbox"/> 3-4 /wk.	<input type="checkbox"/> Daily
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Past history of activities: Describe activities **requiring variable speed** prior to illness/injury. This would be activities where you had to change speeds when walking: fast to slow or slow to fast.

- Crossing busy roadways and speeding up/slowing down suddenly
- Walking in/through crowds
- Walking with groups of people
- Exercising: treadmills, tennis, basketball, squash
- Caring for children/grandchildren
- Other

List current activities **requiring variable speed**, difficulties encountered, and what has been tried to solve problem

Current ability to walk slowly: Poor, Good, Fair, Excellent

Current ability to walk quickly: Poor, Good, Fair, Excellent

Current confidence in public areas/crowds: Poor, Good, Fair, Excellent

Potential: List activities **requiring variable speed** that patient desires to get back to.

Motivation to walk with variable speed:

Potential ability to walk with variable speed: Poor, Good, Fair, Excellent

What feature does the C-Brace offer that will help patient achieve the activity?

The C-Brace's hydraulic resistance is automatically adjusted 3-5 times per second to prepare for the patient's next movement (in real-time). This allows the patient to walk with less concentration and easily change walking speeds.

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B. Walk a longer distances Never Rarely 3-4 /mo. 3-4 /wk. Daily

Past history of activities: Describe activities (include distance and frequency) **requiring longer distance ambulation** prior to illness/injury. (400 yards = approx. 500 steps = approx. ¼ mile)

Activity	Times Per Month	Distance Traveled Each Time	Total Distance/Month
Walked for exercise			
Walked for/to work			
Walked for shopping			
Walked for childcare			
Other (list)			
Totals			

Divide Total Distance/Month by 30 to get daily activity: _____

Current activities: List current activities **requiring longer distance ambulation**, difficulties encountered, and what has been tried to solve problem:

- What is the furthest patient can walk?
- What makes him/her have to stop?

Current Ability to walk more than 400 yards /day? Poor, Good, Fair, Excellent

Potential: List activities **requiring longer distance ambulation** above that patient desires to get back to.

Activity	Times Per Month	Distance Traveled Each Time	Total Distance/Month

Motivation to walk longer distances:

Potential Ability to walk more than 400 yards /day? Poor, Good, Fair, Excellent

What feature does the C-Brace offer that will help your patient achieve the activity?

The C-Brace's microprocessor-controlled progressive extension resistance during terminal swing provides shock absorption against impact with faster walking speeds.

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C. Walk on uneven terrain/over barriers Never Rarely 3-4 /mo. 3-4 /wk. Daily

Past history of activities: Describe activities **that require walking on uneven terrain or traversing barriers** (size, distance, terrain) prior to injury/illness and also with any previous orthoses (if applicable)

- Caring for children/grandchildren (sports/other activities)

- Caring for home/property

- Mowing Lawn/Gardening

- Navigating the driveway

- Other places where terrain is uneven or barriers (curbs, uneven sidewalks, rocks, branches, other obstacles):

Current activities: List current activities **that require walking on uneven terrain or traversing barriers**, difficulties encountered, and what has been tried to solve problem.

Potential: List activities **that require walking on uneven terrain or traversing barriers** that patient desires to get back to.

Motivation:

What feature does the C-Brace offer that will help your patient achieve the activity?

The C-Brace's stumble recovery feature combined with its' hydraulic resistance against knee flexion allow the user to safely navigate uneven terrain and traverse barriers.

Patient Name

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D. Walk down stairs, ramps, or slopes Never Rarely 3-4 /mo. 3-4 /wk. Daily

Past history of activities: Describe activities **that include descending stairs/ramps/slopes** (description & frequency) prior to illness/injury or with previous orthosis.

How many stairs to front/back door

How many stairs to basement

How many stairs to bedroom

Ramps encountered

Slopes encountered

Other

Current activities: List current activities **that include stairs/ramps/slopes**, difficulties encountered, and what has been tried to solve problem

Current ability to walk down ramps: Poor, Good, Fair, Excellent

Current ability to walk down stairs: Poor, Good, Fair, Excellent

Potential: List activities **that include stairs/ramps/slopes** that patient desires to get back to.

Motivation:

What feature does the C-Brace offer that will help your patient achieve the activity?

C-Brace provides stance flexion yielding, allowing controlled partial knee flexion during weight bearing, which allows the patient to securely walk down hills and ramps and to descend stairs step over step.

Patient Name

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E. Carry or lifting items Never Rarely 3-4 /mo. 3-4 /wk. Daily

Past history of activities: Describe activities **that require carrying or lifting items** prior to illness/injury or with previous orthosis

Cooking

Shopping

Caring for family/home/pets

Working

Other chores

Current activities: List current activities **that require carrying or lifting items**, difficulties encountered, and what has been tried to solve problem

Current ability to carry something while walking: Poor, Good, Fair, Excellent

Potential: List activities **that require carrying or lifting items** that patient desires to get back to.

Motivation:

What feature does the C-Brace offer that will help your patient achieve the activity?

Most C-Brace candidates use mobility aids, which may prohibit them from carrying/lifting items.

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F. Controlled sitting /Get in and out of a car Never Rarely 3-4 /mo. 3-4 /wk. Daily

Past history: Describe activities **that required controlled sitting or driving/riding in a vehicle** prior to illness/injury or with previous orthosis

Current activities: List current activities **that require transitioning to sitting position or driving/riding in vehicle**, difficulties encountered **transitioning to sitting position or getting in and out of the vehicle**, and what has been tried to solve problem

Current ability to transition to sitting position: Poor, Good, Fair, Excellent

Current ability to get in/out of car: Poor, Good, Fair, Excellent

Potential: List activities **that require driving or riding in a vehicle** that patient wants to get back to.

Motivation:

What feature does the C-Brace offer that will help your patient get in and out of a vehicle?

C-Brace's stance flexion yielding feature provides controlled partial knee flexion during weight bearing which gives the user support during stand-to-sit activities or when getting in/out of a vehicle.

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G. Walk, stand or work in confined areas Never Rarely 3-4 /mo. 3-4 /wk. Daily

Past history: Describe activities **that require walking, standing or working in confined areas** prior to illness/injury or with previous orthosis

Current activities: List current activities **that require walking, standing or working in confined areas**, difficulties encountered, and what has been tried to solve problem

Ability to walk, stand or work in confined areas: Poor, Good, Fair, Excellent

Potential: List activities **that require walking, standing or working in confined areas** that patient wants to get back to. What feature does the C-Brace offer that will help your patient?

Motivation:

What feature does the C-Brace offer that will help your patient stand in a confined space?

The Intuitive Standing Mode on the C-Brace allows the patient to load the orthotic leg, unload the sound limb and rest while standing.

Patient Name

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H. Other Activities not Mentioned: Never Rarely 3-4 /mo. 3-4 /wk. Daily

Past history:

Current activities:

Potential:

Patient Name

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8. Current Ambulation Assessment

Without Orthosis	With Current Orthosis	Potential with C-Brace*	Classification	Description
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	Non-ambulatory	Not able to perform.
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Household Ambulator	Walks occasionally in the home, rarely in the community. At home may be limited by endurance, strength, or safety or may walk distances that are considered reasonable inside the home. May require assistance with stairs inside and curbs, ramps outside the home. A wheelchair may be used outdoors.
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Limited Community Ambulator	Walks regularly in the home and occasionally in the community. Walks outside the home and can manage doors, low curbs, and ramps. A wheelchair may be used for long distances.
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Full Community Ambulator	Can manage all aspects of walking including curbs, stairs, doors, and ramps. Walks regularly in the community and rarely or never uses a wheelchair.
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	Unlimited Community Ambulator	Has the ability or potential to exceed basic ambulation skills, such as an athlete or child, similar to an unlimited ambulator.

* based on medical history and prior, current, & potential activities

9. Describe patient's Motivation to ambulate and desire to get back to prior activities:

Include patient's specific functional goals:

Patient Name

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10. Summary of Medical Necessity

Mobility needs:

Limitations of the current orthosis:

Potential benefits of the C-Brace:

Orthotist Signature & Credential

Orthotist Printed Name

Date Signed

Patient Name

Date of Birth
