

C-Brace

Patient Evaluation Form A



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

1. Patient Information

Name _____ Date of Birth _____ Age _____
Month Day Year

Weight _____ lbs. Height _____ Affected Side(s) Left Right Gender Male Female

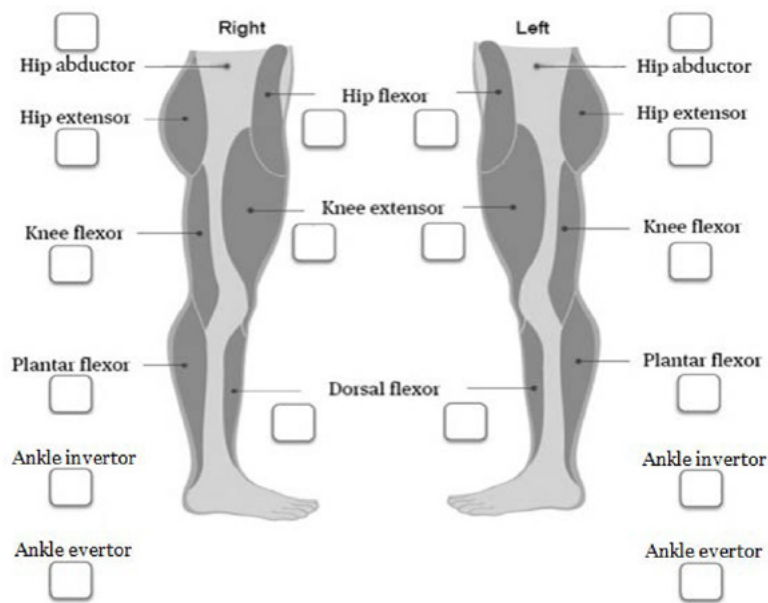
Primary Diagnosis _____ Occupation _____

Clinical Presentation

Medical Insurance Payor Source Medicare Medicaid Private Veterans Administration Other _____
 Plan _____

2. Manual Muscle Test

Muscle Strength Assessment		
5	Normal	Movement with normal strength.
4	Good	Movement against low to medium resistance possible.
3	Weak	Movement against gravity possible.
2	Very Weak	Distinct Muscle Tension. Movement is possible if gravity effect is eliminated.
1	Trace	Visible and palpable muscle contraction with no motoric effect.
0	None	No visible and/or palpable muscle contraction.



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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°/0°/0°”, 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°/0°/5°”. For a knee with normal flexion and a fixed flexion contracture of 10°, the ROM and the contracture is documented “flexion-extension 140°/10°/0°”. If the contracture can be reduced by 5°, it is documented “flexion-extension 140°/10°/5°”.

Perform Thomas Test and record measurement.



Thomas Test

	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	___°	___°

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