ottobock.

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) ❑ L ❑ R	Gender ❑ M ❑ F
Primary Diagnosis		Occupation	

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1. Past and Current Orthosis Use

Right Side (check all that apply)			**Left Side** (check all that apply)		
❑ None			❑ None		
Type	Brand/Model	Dates of Use	Type	Brand/Model	Dates of Use
❑ **AFO**			❑ **AFO**		
❑ **KAFO**			❑ **KAFO**		
❑ **SCO**			❑ **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)

❑ Does not provide stumble recovery.	❑ Is not stable during stand to sit and sit to stand.
❑ Does not function on uneven terrain.	❑ Does not allow for variable cadence.
❑ Does not allow for changes in step length.	❑ Induces gait deviations.
❑ Does not function on stairs.	❑ Does not function on ramps.
❑ Must bend at waist to unlock knee joint	❑ Hand/arm strength insufficient to unlock knee joint
❑ Knee joint does not function for therapy or other activities other than walking on level ground	❑ Does not provide sufficient anatomical or biomechanical support.
❑ Other	❑ Other

Left Side (check all that apply)

❑ Does not provide stumble recovery.	❑ Is not stable during stand to sit and sit to stand.
❑ Does not function on uneven terrain.	❑ Does not allow for variable cadence.
❑ Does not allow for changes in step length.	❑ Induces gait deviations.
❑ Does not function on stairs.	❑ Does not function on ramps.
❑ Must bend at waist to unlock knee joint	❑ Hand/arm strength insufficient to unlock knee joint
❑ Knee joint does not function for therapy or other activities other than walking on level ground	❑ Does not provide sufficient anatomical or biomechanical support.
❑ Other	❑ 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	
	❑ Hip	Level: _____	❑ Hip	Level: _____
1. Very mild	❑ Leg (sciatic pain)	Level: _____	❑ Leg (sciatic pain)	Level: _____
2. Discomforting	❑ Knee	Level: _____	❑ Knee	Level: _____
3. Tolerable	❑ Ankle	Level: _____	❑ Ankle	Level: _____
4. Distressing	❑ Foot	Level: _____	❑ Foot	Level: _____
5. Very distressing	❑ Low Back Level: _____			
6. Intense	**Complete the following if patient uses ambulatory assistance:**			
7. Very intense	❑ Shoulder	Level: _____	❑ Shoulder	Level: _____
8. Utterly horrible	❑ Elbow	Level: _____	❑ Elbow	Level: _____
9. Excruciating unbearable	❑ Wrist	Level: _____	❑ Wrist	Level: _____
10. Unimaginable unspeakable	❑ Other	Level: _____	❑ Other	Level: _____

Patient Name

Date of Birth

4. Gait Deviations

Right Side: (check all that apply)		Left Side: (check all that apply)	
❑ Vaulting	❑ Circumduction	❑ Vaulting	❑ Circumduction
❑ Recurvatum Thrust	❑ Hip Hiking	❑ 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.

Patient Name   Date of Birth

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	❑ Never	❑ Rarely	❑ 3-4 /mo.	❑3-4 /wk.	❑ Daily

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.

Patient Name   Date of Birth

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.

Patient Name   Date of Birth

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)

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

o   Caring for home/property

o   Mowing Lawn/Gardening

o   Navigating the driveway

o   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   Date of Birth

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   Date of Birth

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.

Patient Name   Date of Birth

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.

Patient Name   Date of Birth

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   Date of Birth

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

Past history:

Current activities:

Potential:

Patient Name   Date of Birth

8. Current Ambulation Assessment

Without Orthosis	With Current Orthosis	Potential with C-Brace*	Classification	Description
❑ 0	❑ 0	❑ 0	Non-ambulatory	Not able to perform.
❑ 1	❑ 1	❑ 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.
❑ 2	❑ 2	❑ 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.
❑ 3	❑ 3	❑ 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.
❑ 4	❑ 4	❑ 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   Date of Birth

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