

Aspen OA Knee Wrap

Doctor: _____ Fitter: _____

Patient Name: _____ Date: _____

Patient #: _____ Additional Follow-Up Dates: _____

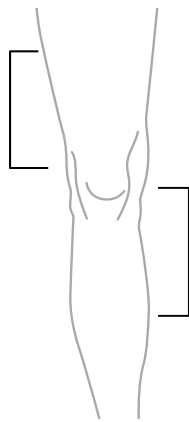
TOOLS NECESSARY: Scissors • Tape Measure • Bending Tools

FOR USE WITH PRODUCTS MANUFACTURED BY ASPEN MEDICAL PRODUCTS ONLY. THIS PRODUCT IS INTENDED FOR APPLICATION BY HEALTH CARE PRACTITIONERS AS DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED MEDICAL AUTHORITY. THIS IS A PREFABRICATED ORTHOSIS. IT IS INTENDED TO BE CUSTOMIZED TO AN INDIVIDUAL PATIENT. FOLLOW THE STEPS BELOW TO CUSTOMIZE.

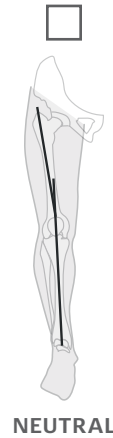
STEP 1 - MEASUREMENTS

1 Thigh measurement
(6 inches above the
center of the patella) _____

2 Calf measurement:
(6 inches below the
center of the patella) _____



STEP 2 - EXAMINATION

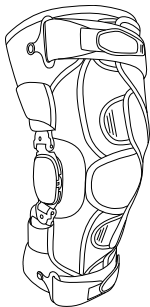


TIME SPENT: _____

TIME SPENT: _____

STEP 3: BRACE MODIFICATION

Any abnormal bony or soft tissue contours required (Circle One) YES NO



Strut notes: _____

Wrap notes: _____

Trim to accommodate anatomy

Bend to accommodate anatomy

TIME SPENT: _____

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STEP 4 - RANGE OF MOTION

Range of motion control required?

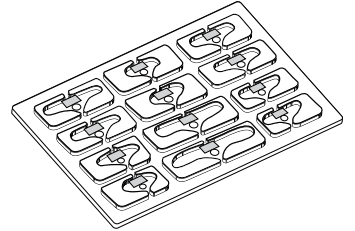
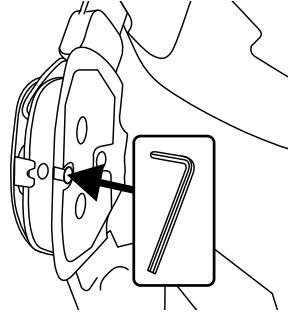
Yes: No:

Stop requirement needed (Circle One):

-Extension: 0°, 5°, 15°, 20°, and 25°

-Flexion: 0°(180°), 30°, 45°, 60°, 75°, and 90°

Stop notes: _____



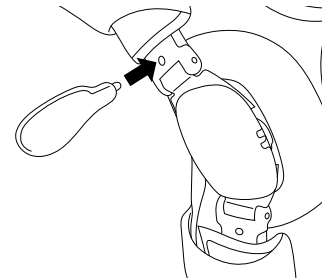
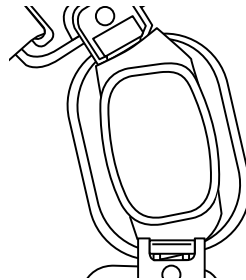
TIME SPENT: _____

STEP 5 - HINGE ADJUSTMENT

Upper hinge notes: _____

Lower hinge notes: _____

TIME SPENT: _____



STEP 6 - EDUCATION

EDUCATE PATIENTS

Proper education is needed to maintain proper fit throughout total time of wear.

Items to educate patients:

- Don and Doff
- Proper cleaning
- Proper placement of brace
- Follow up appointment

TIME SPENT: _____

CLINICAL JUSTIFICATION FOR CUSTOMIZING BRACE

TOTAL TIME TO CUSTOMIZE BRACE: _____