

Aspen ROM Knee

Doctor: _____ Fitter: _____

Patient Name: _____ Date: _____

Patient #: _____ Additional Follow-Up Dates: _____

TOOLS NECESSARY: Scissors • Tape Measure • Bending Tools

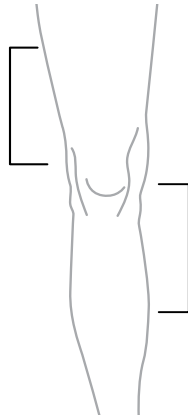
FOR USE WITH PRODUCTS MANUFACTURED BY ASPEN MEDICAL PRODUCTS ONLY. THIS PRODUCT IS INTENDED FOR APPLICATION BY HEALTH CARE PRACTITIONERS AS DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED MEDICAL AUTHORITY. THIS IS A PREFABRICATED ORTHOSIS. IT IS INTENDED TO BE CUSTOMIZED TO AN INDIVIDUAL PATIENT. FOLLOW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

STEP 1 - MEASUREMENTS

6 inches above and below mid patella

① Thigh measurement

② Calf measurement:



TIME SPENT: _____

STEP 2 - EXAMINATION

Knee stability notes _____

Bony prominence notes _____

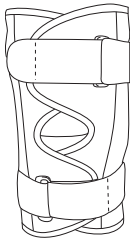
Soft tissue condition notes _____

Other Notes _____

TIME SPENT: _____

STEP 3: BRACE MODIFICATION

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



Thigh cuff notes: _____

Strut notes: _____

Strap notes: _____

Bend to accommodate anatomy

Trim to alleviate concern

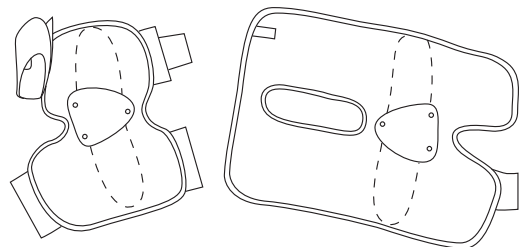
TIME SPENT: _____

STEP 4: SIZING ADJUSTMENTS

(Adjust size indicated in Step 1)

① Sizing notes: _____

TIME SPENT: _____



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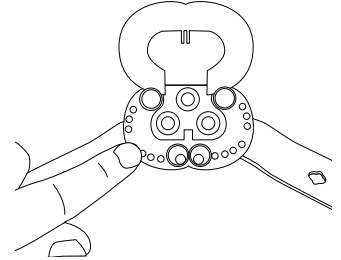
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STEP 5 - PRESCRIBED RANGE OF MOTION

Range of motion control required? YES: NO:

Stop Setting / Adjustment Notes: _____

TIME SPENT: _____



STEP 6 - EDUCATION

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: _____