



843 OA Knee Brace

DOCUMENTATION WORKSHEET: RETAIN IN PATIENT RECORD

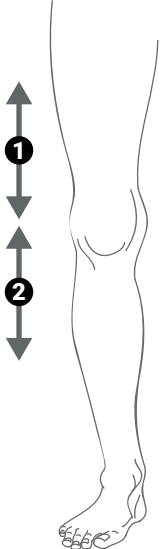
DOCTOR: _____ FITTER: _____
 PATIENT NAME: _____ DATE: _____ CONTROL #: _____
 PATIENT #: _____ ADDITIONAL FOLLOW-UP DATES: _____

TOOLS NECESSARY: SCISSORS, TAPE MEASURE, BENDING TOOLS, HEAT GUN

For use with products manufactured by Coretech™ 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

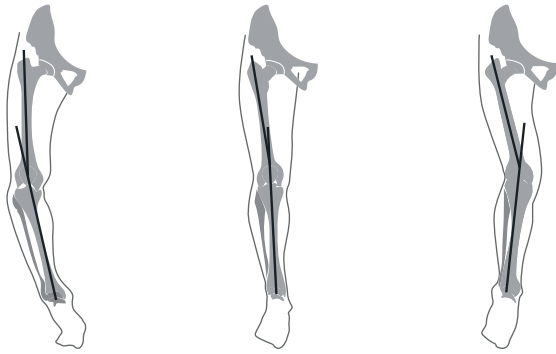
- Thigh measurement (6 inches above the center of the patella) _____
- Calf measurement (6 inches below the center of the patella) _____



TIME SPENT: _____

STEP 2 - EXAMINATION


Varus
 Neutral
 Valgus



TIME SPENT: _____

STEP 3 - BRACE MODIFICATION

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



Thigh cuff notes: _____ Heat mold to accommodate anatomy

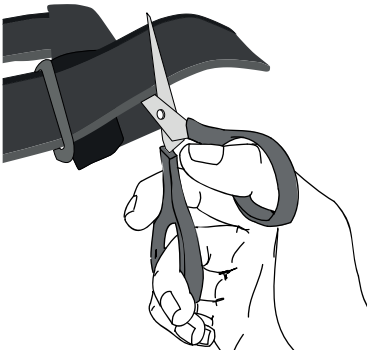
Strut notes: _____ Trim to accommodate anatomy

Calf cuff notes: _____ Bend to accommodate anatomy

TIME SPENT: _____

STEP 4 - SIZING ADJUSTMENTS

- Trim straps notes: _____
- Trim strap pads notes: _____
- Adjust individual strap placement or orientation for proper tightening: _____



TIME SPENT: _____



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STEP 5 - RANGE OF MOTION

Range of motion control required?

YES NO

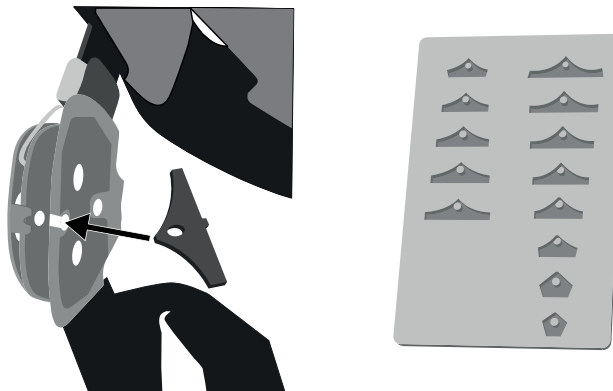
Stop requirement needed (Circle One):

Extension: 0°, 5°, 10°, 20° and 25°

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

Stop notes: _____

TIME SPENT: _____



STEP 6 - HINGE ADJUSTMENT

Upper hinge notes: _____

TIME SPENT: _____



STEP 6 - EDUCATION

EDUCATE PATIENTS

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

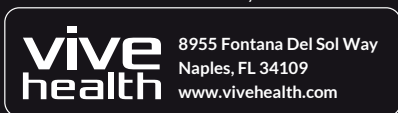
- Items to educate patients on:
- Don and Doff
 - Proper cleaning
 - Proper placement of brace
 - Follow up appointments

TIME SPENT: _____

CLINICAL JUSTIFICATION FOR CUSTOMIZING BRACE

TOTAL TIME TO CUSTOMIZE BRACE: _____

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