

# Offloader Elite

## DOCUMENTATION WORKSHEET: RETAIN IN PATIENT RECORD

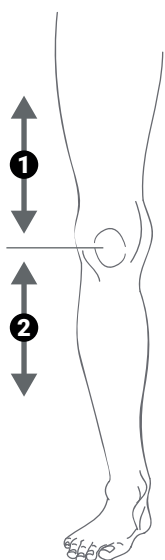
DOCTOR: \_\_\_\_\_ FITTER: \_\_\_\_\_  
 PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ CONTROL #: \_\_\_\_\_  
 PATIENT #: \_\_\_\_\_ ADDITIONAL FOLLOW-UP DATES: \_\_\_\_\_

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

For use with products manufactured by Coretech<sup>®</sup> 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 orthotic. 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) \_\_\_\_\_



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: \_\_\_\_\_

Strut notes: \_\_\_\_\_

Calf cuff notes: \_\_\_\_\_

☐ Heat mold to accommodate anatomy

☐ Trim to accommodate anatomy

☐ Bend to accommodate anatomy

TIME SPENT: \_\_\_\_\_

### STEP 4 - SIZING ADJUSTMENTS

- 1 Trim straps notes: \_\_\_\_\_
- 2 Trim strap pads notes: \_\_\_\_\_
- 3 Adjust individual strap placement or orientation for proper tightening: \_\_\_\_\_



TIME SPENT: \_\_\_\_\_

Distributed by

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### STEP 5 - RANGE OF MOTION

Range of motion control required?

☐ YES ☐ NO

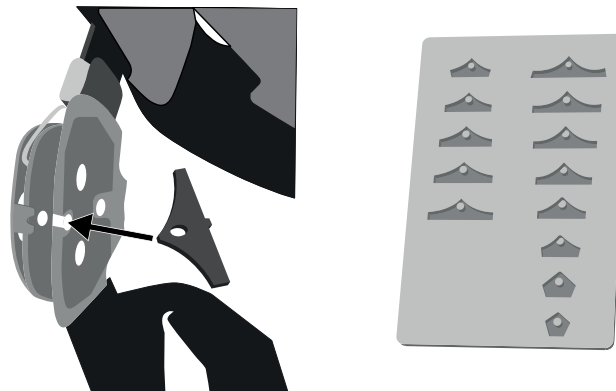
Stop requirement needed (Circle One):

**Extension:** 0°, 10°, 20°, 30°, 40° (0° included in brace)

**Flexion:** 0°, 10°, 20°, 30°, 45°, 60°, 75°, 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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