

**ottobock.**



**Documentation.**

***C-Brace Ready* orthosis fitting.**

# Documentation.

## C-Brace Ready orthosis fitting.

### About this documentation

This documentation is designed to help you monitor a patient's progress closely during the various rehabilitation phases associated with the Ready orthosis and **C-Brace** knee joint (**C-Brace Ready**). Using this information, you can then continue to assess and establish the patient's abilities after 6 months of rehabilitation. All results, from the patient's first upright stance to standing, walking and engaging in everyday activities, should be documented and used for assessment purposes.

The documentation is structured in a way that provides an in-depth description of the basic master data and the background to the treatment; that is, the indications. Muscular and sensory situations can change, especially during rehabilitation. These situations are usually monitored regularly during rehabilitation. Results reflecting them can be taken from these documents and transferred to a form if any noteworthy changes develop. This documentation can also be used for longer trial fittings to give patients the opportunity to switch from their previous fittings to the **C-Brace**.

The most important parts of the documentation relate to the patient's progress. The progress made during rehabilitation/testing can be objectively assessed by means of recognised therapeutic assessments. In this documentation, we limit ourselves to an ICF-based questionnaire, the Berg balance test, the Timed up and Go (TuG) test and the 10-metre walking test.

Another aspect involves regularly checking the function of the Ready orthosis and verifying that it fits correctly or whether there are any changes to the function.

The **C-Brace** joint permits adaptation to the patient's capabilities, to the point of potentially eliminating the knee joint function. For this purpose, the upper part of the orthosis with the **C-Brace** joint can be removed and the remaining part of the orthosis can continue to be used as an AFO. This ensures that the appropriate

fitting or solution can be determined for the patient after 6 months.

Please take the appropriate time to complete this documentation and complete it with the necessary accuracy, so that you are tracking the progress of the 6-month Ready fitting in full. If you do this, it will be easier to use the results for documentation purposes and provide supporting information to third parties

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# Master data.

### Personal details

First name \_\_\_\_\_

Surname \_\_\_\_\_

Customer no. \_\_\_\_\_

Street, house no. \_\_\_\_\_

Postal code, town/city \_\_\_\_\_

Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Date of birth \_\_\_\_\_

**Affected side**      Left                  Right                  Both sides

User height \_\_\_\_\_ cm

Body weight when first admitted \_\_\_\_\_ kg

Date of measurement \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

**Health insurance**  
 Statutory      Private                  Employer's liability insurance association

Other \_\_\_\_\_

O&P professional/therapist \_\_\_\_\_

Date of first data recording \_\_\_\_\_

Prescribing physician \_\_\_\_\_

Name of hospital \_\_\_\_\_

Phone \_\_\_\_\_

### Fitting status

Date of initial fitting \_\_\_\_\_

Date of follow-up fitting \_\_\_\_\_

Date of rehabilitation stay \_\_\_\_\_

Name of rehabilitation clinic \_\_\_\_\_

### Previous fittings

If this is a conversion fitting:

**KAFO**                  Locked                  SCO                  SSCO

### Components or product names

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Are any adaptations to the person's home environment necessary?

Already adapted  
 Adaptations still to be made  
 No adaptation to date

### Does the patient have a vehicle?

Yes                  No

If yes, are (further) adaptations to the vehicle necessary?

Yes                  No

# Health and mobility status.

Please state the patient's general state of health and mobility status at the time of the first survey.

Indication (primary disease) \_\_\_\_\_

Affected since \_\_\_\_\_

## Diagnosis

Paraplegia	MS	ALS
Neuropathy	Dystrophy	Cerebral palsy
Polio	Stroke	Peripheral nerve lesion
Central nerve lesion		

Other \_\_\_\_\_

## For spinal cord injuries

Lesion height      Complete      Incomplete

### General state of health at the time of the first survey

Only able to lie down      Able to sit      Able to stand  
Able to walk

Does the patient have cardiovascular diseases?      Yes      No

Is ventilation necessary?      Yes      No

Does the patient have circulatory disorders?      Yes      No

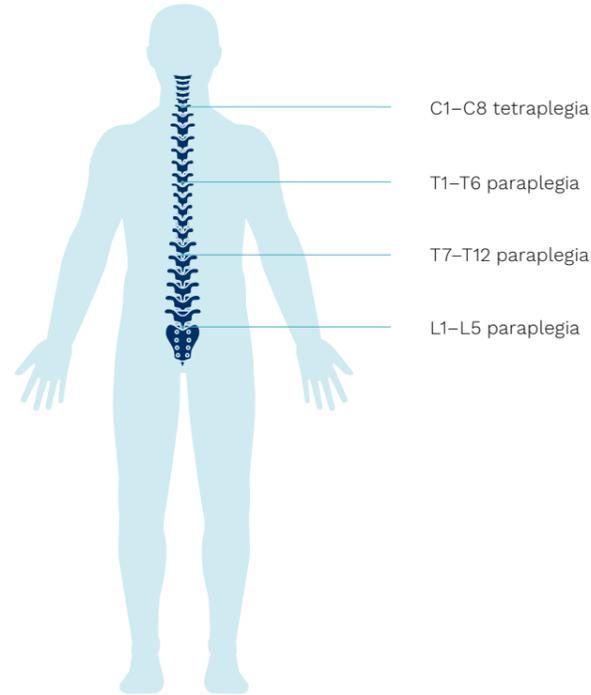
Does the patient have varicosis?w      Yes      No

Are compression stockings used?      Yes      No

If yes, which class? \_\_\_\_\_

Does the patient have incontinence?      Yes      No

Is a catheter used?      Yes      No



## Volume

### General leg shape

Normal      Muscular      Voluminous

Other \_\_\_\_\_

Are there any volume fluctuations?      Yes      No

Does the patient have diabetes?      Yes      No

Does the patient have coordination disorders?      Yes      No

Does the patient have dizziness and/or balance disorders?      Yes      No

Does the patient have any infectious diseases?      Yes      No  
Notice: Important for your own safety when with the patient!

Does the patient have allergies?      Yes      No

Are they in pain?      Yes      No

# Health and mobility status.

## Pain

Does the patient have general leg pain?

Yes      No

If yes, in which area? \_\_\_\_\_

How intense is the pain on a scale of 0 (none) to 10 (unbearable)?

Can the area of pain be touched?      Yes      No

Can load be applied to the area of pain?      Yes      No

If yes, how much load?

Full      High      Moderate      Low

Comments \_\_\_\_\_

## Contractures

Do contractures occur?      Yes      no

Hip      Left      Right

Knee      Left      Right

Foot      Left      Right

Comments \_\_\_\_\_

## Spasticity

Spasticity present      Left      Right      Both sides

### Spasticity area

Upper limb      Lower limb

In all limbs      Hand      Elbow

Hip      Knee      Foot

## Ashworth 1964

1. No increase in muscle tension during passive movement.
2. Slight increase in muscle tension during passive movement. This is described as the "pocket knife phenomenon": as is the case when a pocket knife is opened, the resistance is first increased and then decreases. Slight resistance at the end of the movement may also indicate spasticity of the same degree.
3. Considerable increase in muscle tension during the entire movement, but limb can be moved easily.
4. The affected limb remains rigid in flexion or extension.

Classification according to "Ashworth 1964" \_\_\_\_\_

Detailed description \_\_\_\_\_

# Health and mobility status.

## Skin

### General skin condition

Normal    Scaly    Weeping  
 Dry    Irritated    Inflamed

Other \_\_\_\_\_

Area \_\_\_\_\_

### Skin colour

Normal    Yellowish    Bluish    Pale  
 Reddish

Other \_\_\_\_\_

### Temperature

Normal    Cold    Warm

Area \_\_\_\_\_

### Soft tissue coverage

Normal    Low    Excessive

Area \_\_\_\_\_

Pressure/chafing points    Yes    No

If yes, which area: \_\_\_\_\_

Scars    Yes    No

If yes, which area: \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Medication taken

### Medication for

Pain    Swelling    Sense of balance  
 Vision    Blood thinning    Spasticity

Other \_\_\_\_\_

\_\_\_\_\_

Taking permanently?    Yes    No

# Screening log to determine suitability.

Absolute exclusion criteria			
<b>Body weight</b>	> 110 kg	No	Yes
<b>User height:</b>	<155 cm / > 195 cm	No	Yes
<b>Leg length discrepancy</b>	Up to max. 5 cm	No	Yes
<b>Genum varus/valgus</b>	> 10° fixed*	No	Yes
<b>Knee flexion contracture</b>	> 10° fixed*	No	Yes
<b>Hip flexion contracture</b>	>10° fixed*	No	Yes
<b>Cognitive abilities</b>	The patient has the cognitive abilities needed to follow the training and care process	Yes	No
<b>Circulation stability</b>	The circulation is stable enough to allow the patient to sit for at least 15 minutes.	Yes	No
<b>Result</b>	<b>If there is 1x tick in the red zone, a test with C-Brace Ready is not possible</b>		

\* Long-term contracture; joint cannot be mobilised, even with therapy

# Screening log to determine suitability.

Relative exclusion criteria	C-Brace Ready ++ 😊	C-Brace Ready + 😐	C-Brace Ready - (too early) 😞	Comment
<b>Knee flexion contracture</b>	>10° with positive prognosis*	No	Yes	
<b>Hip flexion contracture</b>	>10° with positive prognosis*	No	Yes	
<b>Diseases that prohibit wearing an orthosis</b>	e.g. skin diseases/skin defects or severe sensory disorders	No	Yes, acute issue	Yes, chronic issue
<b>Wheelchair/therapy bed transfer</b>	<b>Starting position:</b> Sitting position <b>Instructions:</b> Sit on the therapy bench	Independent transfer possible	Transfer possible with support	Not possible
<b>Sitting stability test</b>	<b>Starting position:</b> Sit without a back support, with both feet on the floor or on another type of foot support.** <b>Instructions:</b> Sit with your arms crossed for 2 minutes.	Can sit securely and stably for 2 minutes	Can sit under supervision for 2 minutes	Unassisted sitting not currently possible  ** If the patient shows clonus when sitting with their soles in contact with the floor or support, this is an initial indication of spasticity and lack of load on the leg
<b>Stance stability test:</b>	<b>Starting position:</b> Stand between parallel bars with/without knee fixation (orthoses or with fixed knees) <b>Instructions:</b> Stand for 2 minutes with or without holding on (weight must not be transferred to the arms)	Can stand under supervision for 2 minutes or more	Can stand under supervision for less than 2 minutes	Standing is not possible (with/without fixed knees)
<b>Test: swinging the leg forwards/backwards</b> (only for unilateral users)	<b>Starting position:</b> Stand between parallel bars. The unaffected side stands on a wooden board, allowing the affected leg to swing freely. <b>Instructions:</b> Try swinging your affected leg forwards and back a few times. (Compensation is permitted)	The leg can be swung forwards and back	The leg cannot be swung forwards and back	
<b>Spasticity test</b> According to the Tardieu scale**	<b>Starting position:</b> The patient lies in a relaxed position on their back. Counter-tension should not be applied in the case of passive movements. <b>Instructions:</b> The therapist moves the muscle group being examined at two different speeds: 1. As slowly as possible 2. As quickly as possible.	<b>No spasticity</b> <b>Tardieu 0:</b> No resistance during passive movement through full range of motion	<b>Mild spasticity</b> Additional information:  <b>Tardieu 1:</b> Slight resistance during passive movement without a clear catch in a certain angled position  <b>Tardieu 2:</b> Clear catch in a certain angled position, which interrupts the passive movement but then releases	<b>Strong spasticity</b> Additional information:  <b>Tardieu 3:</b> Infatigable clonus in a certain angled position (when the position is held for less than 10 seconds)  <b>Tardieu 4:</b> Infatigable clonus in a certain angled position (for more than 10 seconds when the position is held)
<b>Result, relative criteria</b>	Ticks: · In the green zone: start <b>C-Brace Ready</b> – walking training · In the yellow zone: start <b>C-Brace Ready</b> – standing training · In the red zone: consultation with a <b>C-Brace</b> expert is recommended – it should be considered whether it is too early for a <b>C-Brace Ready</b> .			

\* Positive prognosis: short-term contracture, good prognosis for therapy  
\* Tardieu scale: [https://www.igptr.ch/wp-content/uploads/2019/03/pp509\\_assessment\\_neuro.pdf](https://www.igptr.ch/wp-content/uploads/2019/03/pp509_assessment_neuro.pdf)

# Timed Up and Go Test.

The following series of tests to document the patient's mobility can be carried out using the verification carpet (VeriTep). The test should be carried out at each of the T0–T6 stages so that the results can be compared.

## Classification

- T0= at the time of initial recording (some assessments cannot be carried out yet; in this case, mark a line through any that are not yet feasible)
- T1= after fitting of the Ready orthosis is complete
- T2= after a 1-week rehabilitation phase
- T3= after a 4-week rehabilitation phase
- T4= after an 8-week rehabilitation phase
- T5= after a 16-week rehabilitation phase
- T6= at end of the rehabilitation/test phase, after 24 weeks at most

## Preparation

- The following materials are required: chair, stopwatch, verification carpet (VeriTep)

## Carrying out the test

- The patient sits on a chair with their back against the back of the chair and their arms resting on the arm supports
- When asked, the patient stands up, walks to a mark 3 m away, turns around, walks back to the chair and sits down again
- The time required for the test is recorded in seconds; the patient is allowed to use devices during the test
- The procedure may be practised or demonstrated by the examiner once before the patient takes the actual test
- Test is carried out twice, the better result is noted down

## Notes

- Demonstrate the process and give the option of a test run.
- An accompanying person is not allowed to provide physical support.



	Evaluation							Time	
<b>T0</b>	0	1	2	3	4	5	6	7	
<b>T1</b>	0	1	2	3	4	5	6	7	
<b>T2</b>	0	1	2	3	4	5	6	7	
<b>T3</b>	0	1	2	3	4	5	6	7	
<b>T4</b>	0	1	2	3	4	5	6	7	
<b>T5</b>	0	1	2	3	4	5	6	7	
<b>T6</b>	0	1	2	3	4	5	6	7	

- 1 = Full support (patient performs 0–24 % of the task)\*
- 2 = Maximum support (patient performs 25–49 % of the task)
- 3 = Moderate support (patient performs 50–74 % of the task)
- 4 = Minimum support (patient performs 75–99 % of the task)
- 5 = Supervision (the patient needs support during setup or when preparing for the test; there is no body contact)
- 6 = Modified independence (patient needs devices or supports, needs extra time, minor safety problems)
- 7 = Independent

\* Notice: If your patient requires full assistance, an evaluation of 0 should be documented.



# 10-metre walking test.

The test is used to measure the walking speed in metres per second (m/s) over a short distance. The following series of tests to document the patient's mobility can be carried out using the verification carpet (VeriTep). The test should be carried out at T0, T1 and T2 so that the results can be compared.

### Classification

- T0= at the time of initial recording (some assessments cannot be carried out yet; in this case, mark a line through any that are not yet feasible)
- T1= after fitting of the Ready orthosis is complete
- T2= after a 1-week rehabilitation phase
- T3= after a 4-week rehabilitation phase
- T4= after an 8-week rehabilitation phase
- T5= after a 16-week rehabilitation phase
- T6 =at end of the rehabilitation/test phase, after 24 weeks at most

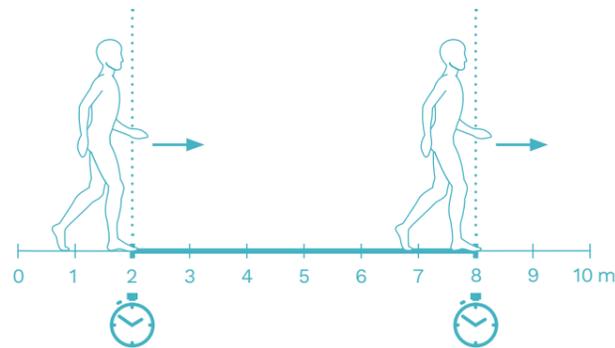
### Preparation

- The following materials are required: verification carpet (VeriTep)
- Measure and mark the start and end points of a 10 m route on solid ground.
- Add a mark at 2 m and 8 m (to mark the middle 6 m over which the time is measured).

### Carrying out the test

- Document the time it takes the patient to walk the middle 6 m, the level of support and the type of devices and/or supports used.
- The time is measured for the middle 6 m to take into account the acceleration and deceleration of the patient.
- Start the stopwatch when any part of the leading foot crosses the 2 m mark.

- Stop the stopwatch when part of the leading foot crosses the 8 m mark.
- If a patient requires full assistance or is unable to walk at all, a value of 0 m/s should be documented
- Perform the test twice and note down the better result.



	Evaluation							Time	
<b>T0</b>	0	1	2	3	4	5	6	7	
<b>T1</b>	0	1	2	3	4	5	6	7	
<b>T2</b>	0	1	2	3	4	5	6	7	
<b>T3</b>	0	1	2	3	4	5	6	7	
<b>T4</b>	0	1	2	3	4	5	6	7	
<b>T5</b>	0	1	2	3	4	5	6	7	
<b>T6</b>	0	1	2	3	4	5	6	7	

- 1 = Full support (patient performs 0–24 % of the task)\*
- 2 = Maximum support (patient performs 25–49 % of the task)
- 3 = Moderate support (patient performs 50–74 % of the task)
- 4 = Minimum support (patient performs 75–99 % of the task)
- 5 = Supervision (the patient needs support during setup or when preparing for the test; there is no body contact)
- 6 = Modified independence (patient needs devices or supports, needs extra time, minor safety problems)
- 7 = Independent

\* Notice: If your patient requires full assistance, an evaluation of 0 should be documented.

# Berg balance test.

The Berg balance test is used to determine the degree of impairment: tick the appropriate box, enter the corresponding number in the right-hand column and add up the numbers to get the total score.

### Classification: degree of impairment

- 0 = 100 %
- 1–11 = 80 %
- 12–22 = 60 %
- 23–33 = 40 %
- 34–44 = 20 %
- 45–55 = 10 %
- 56 = 0 %

### Classification

- T0= at the time of initial recording (some assessments cannot be carried out yet; in this case, mark a line through any that are not yet feasible)
- T1= after fitting of the Ready orthosis is complete
- T2= after a 1-week rehabilitation phase
- T3= after a 4-week rehabilitation phase
- T4= after an 8-week rehabilitation phase
- T5= after a 16-week rehabilitation phase
- T6 =at end of the rehabilitation/test phase, after 24 weeks at most

	4	3	2	1	0	T0	T1	T2	T3	T4	T5	T6
<b>Sitting to standing</b>	Able to stand independently	Able to stand using hands for support	Able to stand after several attempts	Needs minimal assistance to stand	Needs moderate to maximum assistance							
<b>Standing unsupported</b>	2 min	Able to stand for 2 min with supervision	Able to stand for 30 s unsupported	Needs several attempts to stand for 30 s	Unable to stand for 30 s							
<b>Sitting unsupported</b>	Able to stand safely for 2 min	Able to stand for 2 min with supervision	30 s	10 s	Unable to sit unsupported for 10 s							
<b>Standing to sitting</b>	Able to sit safely without using hands for support	Able to sit using hands for support	Uses backs of legs against chair for support	Uncontrolled descent	Needs assistance							
<b>Transfer</b>	Able to transfer safely with minimal use of hands	Able to transfer safely using hands for support	Needs verbal cueing and guidance	Needs assistance once	Needs assistance several times							
<b>Standing with eyes closed</b>	Able to stand safely for 10 s	Able to stand for 10 s but needs supervision	Able to stand for 3 s	Unable to keep eyes closed for 3 s but can stand safely	Needs help to prevent them falling							
<b>Standing with feet together</b>	Able to put feet together independently and stand safely for 1 min	Able to put feet together independently and stand for 1 min with supervision	Able to put feet together independently and hold the position for 30 s	Needs help to assume the position, then is able to stand for 15 s	Needs help to assume the position and cannot stand for 15 s							
<b>Reaching forwards with an outstretched arm while standing</b>	> 25 cm	> 12.5 cm	> 5 cm	Reaches forwards but needs support	Loses balance/needs external support							
<b>Picking an object up off the floor while standing</b>	Able to pick up object safely	Able to pick up object but needs supervision	Unable to pick up object, but able to reach 2–5 cm from it	Unable to pick up object, needs supervision	Unable to attempt task							
<b>Looking over the shoulder</b>	Turns with no limitations	Only turns to one side	Can only turn to the side but keeps balance	Needs supervision when turning	Unable to complete task							
<b>Turning 360° while standing</b>	Able to turn in < 4 s	Able to turn in one direction only in < 4 s	Able to turn in one direction only in > 4 s	Able to turn but only with supervision and verbal cueing	Unable to attempt task							
<b>Placing each foot alternately on step</b>	Able to complete 8 steps in < 20 s	Able to complete 8 steps in > 20 s	Able to complete 4 steps with supervision	Able to complete 2–4 steps, at least 1x supported	Unable to complete task							
<b>Standing with one foot in front of the other</b>	Able to stand still for 30 s with one foot directly in front of the other	Able to stand for 30 s with one foot to the side	Able to stand after taking small steps and hold for 30 s	Able to stand with assistance for 15 s	Unable to stand							
<b>Standing on one leg</b>	10 s	Able to lift leg for 5–10 s	Able to lift leg for 3–5 s	Able to lift leg for < 3 s, but remains standing	Unable to complete task							
<b>Total</b>												

# Muscle status.

## Muscle strength assessment according to Janda

- 0 No visible and/or palpable muscle contraction
- 1 Visible and/or palpable muscle contraction with no motor effect
- 2 Pronounced muscle tension, movement is possible\*
- 3 Movement against gravity is possible
- 4 Movement against low to medium resistance is possible
- 5 Movement with normal strength

\* When gravity is suspended

Muscle status, left	T0	T1	T2	T3	T4	T5	T6
A Upper body extension of the ventral muscles							
B Upper body extension of the dorsal muscles							
C Hip abduction							
D Hip adduction							
E Hip flexion							
F Hip extension							
G Knee flexion							
H Knee extension							
I Plantar flexion							
J Dorsiflexion							

Muscle status, right	T0	T1	T2	T3	T4	T5	T6
A Upper body extension of the ventral muscles							
B Upper body extension of the dorsal muscles							
C Hip abduction							
D Hip adduction							
E Hip flexion							
F Hip extension							
G Knee flexion							
H Knee extension							
I Plantar flexion							
J Dorsiflexion							

# Handover of the C-Brace Ready orthosis to the patient.

Please document changes and adjustments to the Ready orthosis as well as pressure points, alignment, etc.

## T1

### Functional test and instruction with the patient

Date \_\_\_\_\_

Time (from to) \_\_\_\_\_

Location \_\_\_\_\_

Who performed the functional test and instruction?  
\_\_\_\_\_

### I hereby confirm the functional test and instruction

Signature \_\_\_\_\_

### Programming changes

In what mode is the **C-Brace Ready** orthosis used during training?

Basic Mode      Training Mode      Freeze position

If the **C-Brace Ready** orthosis is being used in basic or training mode:

Is it possible to initiate the swing phase?      Yes      No

Is relevant knee flexion in the swing phase possible?      Yes      No

If the **C-Brace Ready** orthosis is being used in basic mode:

Does the patient use the stance function?      Yes      No

Does the patient use the sitting function?      Yes      No

Were there any changes to the programming?      Yes      No

If yes:

Stance phase flexion damping:      Increased      Reduced

Stance phase flexion damping plus:      Increased      Reduced

Stance phase extension damping:      Increased      Reduced

# Development of the C-Brace Ready orthosis.

## T2

### Changes to the orthosis

Were there pressure points? Yes No  
If yes, where and to what extent was the orthosis adjusted?

Were there volume fluctuations? Yes No  
If yes, where and to what extent was the orthosis adjusted?

Was the orthosis reduced to an AFO? Yes No  
If yes, when (DATE: DD.MM.YYYY) and how?

Were components replaced? Yes No  
If yes, describe:

Has the ankle joint setting been changed? Yes No  
If yes, describe:

Has the position of the orthotic joint (the knee pivot point) been changed? Yes No

### Programming changes

In what mode is the **C-Brace Ready** orthosis used during training?  
Basic mode Training mode Freeze position

If the **C-Brace Ready** orthosis is being used in basic or training mode:  
Is it possible to initiate the swing phase? Yes No  
Is relevant knee flexion in the swing phase possible? Yes No

If the **C-Brace Ready** orthosis is being used in basic mode:  
Does the patient use the stance function? Yes No  
Does the patient use the sitting function? Yes No

Were there any changes to the programming? Yes No  
If yes:  
Stance phase flexion damping: Increased Reduced  
Stance phase flexion damping plus: Increased Reduced  
Stance phase extension damping: Increased Reduced

# Development of the C-Brace Ready orthosis.

## T3

### Changes to the orthosis

Were there pressure points? Yes No  
If yes, where and to what extent was the orthosis adjusted?

Were there volume fluctuations? Yes No  
If yes, where and to what extent was the orthosis adjusted?

Was the orthosis reduced to an AFO? Yes No  
If yes, when (DATE: DD.MM.YYYY) and how?

Were components replaced? Yes No  
If yes, describe:

Has the ankle joint setting been changed? Yes No  
If yes, describe:

Has the position of the orthotic joint (the knee pivot point) been changed? Yes No

### Programming changes

In what mode is the **C-Brace Ready** orthosis used during training?  
Basic mode Training mode Freeze position

If the **C-Brace Ready** orthosis is being used in basic or training mode:  
Is it possible to initiate the swing phase? Yes No  
Is relevant knee flexion in the swing phase possible? Yes No

If the **C-Brace Ready** orthosis is being used in basic mode:  
Does the patient use the stance function? Yes No  
Does the patient use the sitting function? Yes No

Were there any changes to the programming? Yes No  
If yes:  
Stance phase flexion damping: Increased Reduced  
Stance phase flexion damping plus: Increased Reduced  
Stance phase extension damping: Increased Reduced

# Development of the C-Brace Ready orthosis.

T4

## Changes to the orthosis

Were there pressure points? Yes No  
If yes, where and to what extent was the orthosis adjusted?

Were there volume fluctuations? Yes No  
If yes, where and to what extent was the orthosis adjusted?

Was the orthosis reduced to an AFO? Yes No  
If yes, when (DATE: DD.MM.YYYY) and how?

Were components replaced? Yes No  
If yes, describe:

Has the ankle joint setting been changed? Yes No  
If yes, describe:

Has the position of the orthotic joint (the knee pivot point) been changed? Yes No

## Programming changes

In what mode is the **C-Brace Ready** orthosis used during training?  
Basic mode Training mode Freeze position

If the **C-Brace Ready** orthosis is being used in basic or training mode:  
Is it possible to initiate the swing phase? Yes No  
Is relevant knee flexion in the swing phase possible? Yes No

If the **C-Brace Ready** orthosis is being used in basic mode:  
Does the patient use the stance function? Yes No  
Does the patient use the sitting function? Yes No

Were there any changes to the programming? Yes No  
If yes:  
Stance phase flexion damping: Increased Reduced  
Stance phase flexion damping plus: Increased Reduced  
Stance phase extension damping: Increased Reduced

# Development of the C-Brace Ready orthosis.

T5

## Changes to the orthosis

Were there pressure points? Yes No  
If yes, where and to what extent was the orthosis adjusted?

Were there volume fluctuations? Yes No  
If yes, where and to what extent was the orthosis adjusted?

Was the orthosis reduced to an AFO? Yes No  
If yes, when (DATE: DD.MM.YYYY) and how?

Were components replaced? Yes No  
If yes, describe:

Has the ankle joint setting been changed? Yes No  
If yes, describe:

Has the position of the orthotic joint (the knee pivot point) been changed? Yes No

## Programming changes

In what mode is the **C-Brace Ready** orthosis used during training?  
Basic mode Training mode Freeze position

If the **C-Brace Ready** orthosis is being used in basic or training mode:  
Is it possible to initiate the swing phase? Yes No  
Is relevant knee flexion in the swing phase possible? Yes No

If the **C-Brace Ready** orthosis is being used in basic mode:  
Does the patient use the stance function? Yes No  
Does the patient use the sitting function? Yes No

Were there any changes to the programming? Yes No  
If yes:  
Stance phase flexion damping: Increased Reduced  
Stance phase flexion damping plus: Increased Reduced  
Stance phase extension damping: Increased Reduced

# Development of the C-Brace Ready orthosis.

T6

## Changes to the orthosis

Were there pressure points? Yes No

If yes, where and to what extent was the orthosis adjusted?

Were there volume fluctuations? Yes No

If yes, where and to what extent was the orthosis adjusted?

Was the orthosis reduced to an AFO? Yes No

If yes, when (DATE: DD.MM.YYYY) and how?

Were components replaced? Yes No

If yes, describe:

Has the ankle joint setting been changed? Yes No

If yes, describe:

Has the position of the orthotic joint (the knee pivot point) been changed? Yes No

## Programming changes

In what mode is the C-Brace Ready orthosis used during training?

Basic mode Training mode Freeze position

If the C-Brace Ready orthosis is being used in basic or training mode:

Is it possible to initiate the swing phase? Yes No

Is relevant knee flexion in the swing phase possible? Yes No

If the C-Brace Ready orthosis is being used in basic mode:

Does the patient use the stance function? Yes No

Does the patient use the sitting function? Yes No

Were there any changes to the programming? Yes No

If yes:

Stance phase flexion damping: Increased Reduced

Stance phase flexion damping plus: Increased Reduced

Stance phase extension damping: Increased Reduced

# Development of the C-Brace Ready orthosis.

## Restriction of use for the C-Brace Ready orthosis

For medical reasons, the orthosis cannot be worn for

\_\_\_\_\_ week(s), from \_\_\_\_\_ to \_\_\_\_\_

## The Ready orthosis must be returned after 6 months at the latest!

Planned date \_\_\_\_\_

Actual return date \_\_\_\_\_

To the service provider \_\_\_\_\_

