ottobock.

Documentation.
C-Brace Interim orthosis fitting.

Documentation. *C-Brace Interim* 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 interim orthosis and ***C-Brace*** knee joint (***C-Brace Interim***). 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 interim 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 interim 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.

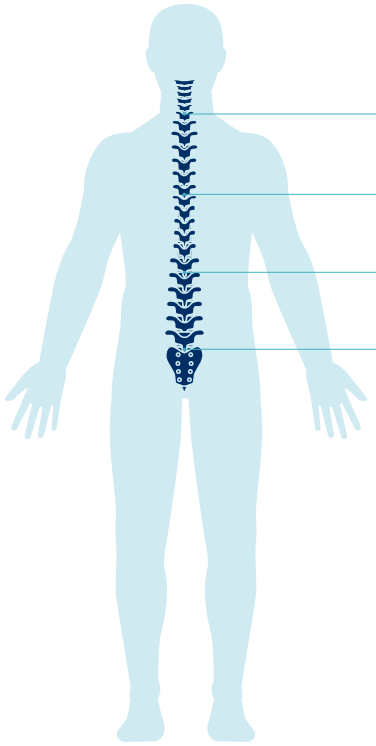
Indication (primary disease) _____

Affected since _____

Diagnosis

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

Other _____



◯ C1–C8 tetraplegia
◯ T1–T6 paraplegia
◯ T7–T12 paraplegia
◯ L1–L5 paraplegia

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

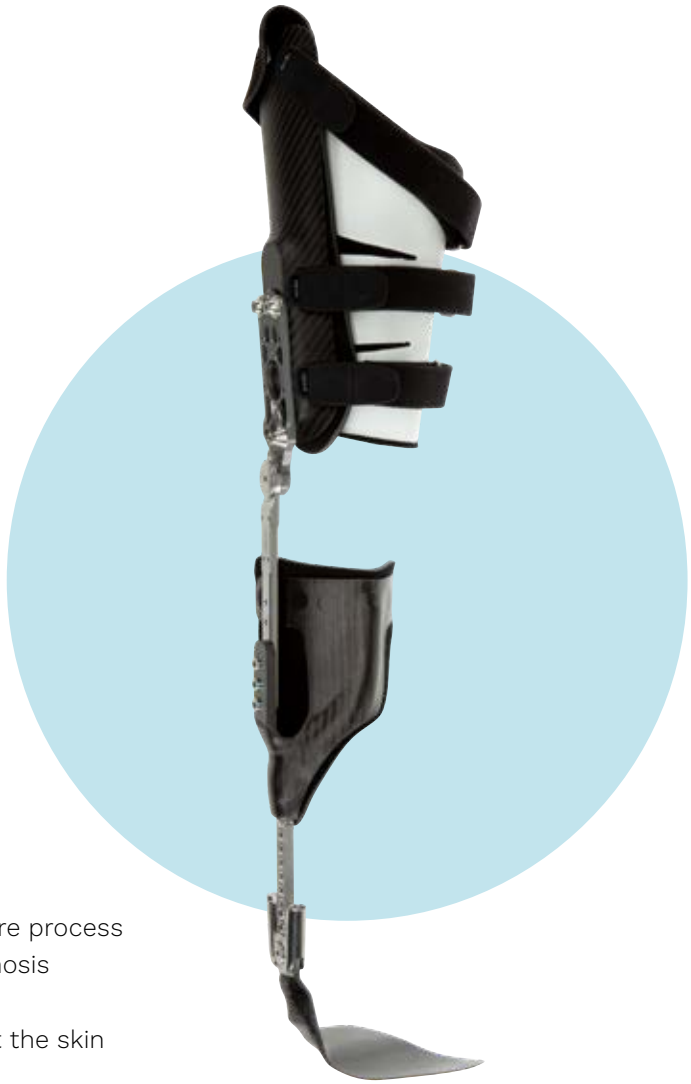
C-Brace Interim.
Patient selection criteria.

Absolute Contraindications

- Flexion contracture in the knee and / or hip joint in excess of 10°
- Knee varus / valgus malposition in excess of 10°
- Severe spasticity
- Frequently occurring spasms
- Body weight over 110 kg
- Orthoprosthesis

Relative Contraindications

- Uncontrolled moderate spasticity
- Rarely occurring spasms
- Leg length difference of more than 2 cm
- User height below 155 cm or more than 190 cm



Clinical Guidance for Rehab application

- Cardiovascular stability
- Patient is cognitively able to follow the training and care process
- Pay attention to diseases that prohibit wearing an orthosis (e.g. skin diseases, skin defects)
- In case of reduced general sensation, regularly inspect the skin for any signs of irritation or pressure marks.
- To prevent overstraining the skin, gradually increase the wearing time.
- If a patient shows a clonus during sitting, it indicates spasticity or insufficient load on the leg. In these cases, please assess spasticity.
- If spasticity exceeds 1+ on the modified Ashworth Scale or 3 on the Tardieu Scale in the lower extremities, the clinical team must evaluate whether C-Brace Interim is beneficial.

Screening items.

Sitting stability Sitting with back unsupported, with both feet on the floor or other foot support	◯ Not possible or back support needed	◯ Sitting for 2 minutes (without arm support)	◯ Sitting for more than 2 minutes (without arm support)
Transfer wheelchair / chair – bed Start sitting in wheelchair or chair. Wheelchair / chair is positioned at a 90° angle next to the bed	◯ Not possible or two people needed	◯ Transfer from wheel-chair / chair to bed with help of one person	◯ Transfer from wheel-chair / chair to bed independently
Sit to Stand Sitting in chair / wheelchair with armrests before parallel bars, wall bar or therapy bed	◯ Not possible or two people needed	◯ Standing up with use of hands **AND** support of one person	◯ Standing up with use of hands or walking aids but no personal help
Stance stability Standing inside parallel bars under supervision for at least 2 min	◯ Not possible to stand at all	◯ Standing with knee fixation (orthosis, assis-tive device) or personal support	◯ Standing with minimal or without knee fixation / personal support
	⊗ ***C-Brace Interim*-Fitting** → is not possible right now if one item is marked in the left column!	✓ ***C-Brace Interim* suitable** → contact your local orthotist	✓ ***C-Brace Interim* suitable** → contact your local orthotist
		***C-Brace Interim* Training guide:** 2 or more marks in the middle column → start with high support	***C-Brace Interim* Training guide:** 3 or more marks in the right column → start with individual support

Modified Ashworth Scale (m-MAS)

0 No increase in muscle tone
1 Slight increase in muscle tone, manifested by a catch and release
1+ Slight increase in muscle tone, manifested by a catch, followed by minimal resistance
2 More marked increase in muscle tone through most of the ROM, but affected part(s) easily moved
3 Considerable increase in muscle tone, passive movement difficult
4 Affected part(s) rigid in flexion or extension

Tardieu Scale

0 No resistance throughout passive movement
1 Slight resistance throughout with no clear catch at a precise angle
2 Clear catch at a precise angle followed by release
3 Fatiguable clonus (<10 Sec.) occurring at a precise angle
4 Unfatiguable clonus (>10 Sec.) occurring at a precise angle
5 Joint immobile

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 interim 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

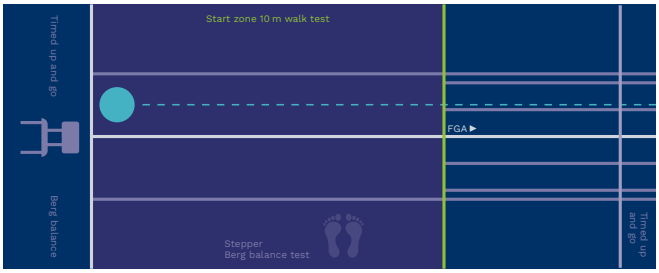
- The following materials are required: chair, stopwatch, verification carpet (VeriTep)

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
T0	○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7	
T1	○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7	
T2	○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7	
T3	○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7	
T4	○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7	
T5	○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7	
T6	○ 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.

VeriTep.

The Ottobock test carpet is a tool for verifying the medical benefit or effectiveness of a device.

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

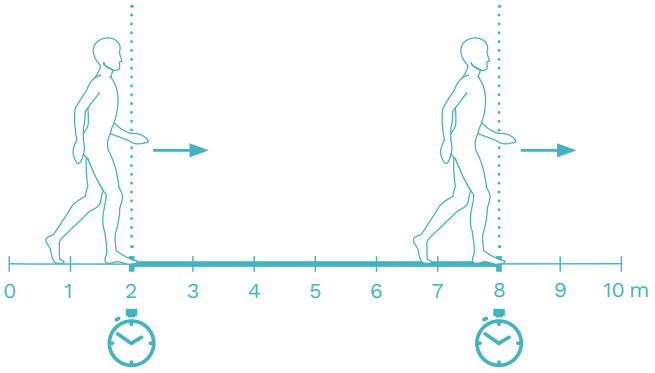
T0= at the time of initial recording (some assessments cannot be carried out yet; in this case, mark a line through any that are not yet feasible)
T1= after fitting of the interim orthosis is complete
T2= after a 1-week rehabilitation phase
T3= after a 4-week rehabilitation phase
T4= after an 8-week 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
T0	○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7	
T1	○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7	
T2	○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7	
T3	○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7	
T4	○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7	
T5	○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7	
T6	○ 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 %
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 interim 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
Sitting to standing	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							
Standing unsupported	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							
Sitting unsupported	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							
Standing to sitting	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							
Transfer	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							
Standing with eyes closed	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							
Standing with feet together	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							
Reaching forwards with an outstretched arm while standing	> 25 cm	> 12.5 cm	> 5 cm	Reaches forwards but needs support	Loses balance/ needs external support							
Picking an object up off the floor while standing	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							
Looking over the shoulder	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							
Turning 360° while standing	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							
Placing each foot alternately on step	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							
Standing with one foot in front of the other	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							
Standing on one leg	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							
					Total							

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 Interim* orthosis to the patient.

Please document changes and adjustments to the interim 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 Interim* orthosis used during training?

◯ Basic Mode ◯ Training Mode ◯ Freeze position

If the *C-Brace Interim* 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 Interim* 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 Interim* 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 Interim* orthosis used during training?

◯ Basic mode ◯ Training mode ◯ Freeze position

If the *C-Brace Interim* 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 Interim* 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 Interim* 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 Interim* orthosis used during training?

◯ Basic mode ◯ Training mode ◯ Freeze position

If the *C-Brace Interim* 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 Interim* 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 Interim* 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 Interim* orthosis used during training?

◯ Basic mode ◯ Training mode ◯ Freeze postion

If the *C-Brace Interim* 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 Interim* 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 Interim* 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 Interim* orthosis used during training?

◯ Basic mode ◯ Training mode ◯ Freeze postion

If the *C-Brace Interim* 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 Interim* 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 Interim* 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 Interim* orthosis used during training?

◯ Basic mode ◯ Training mode ◯ Freeze postion

If the *C-Brace Interim* 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 Interim* 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 Interim* orthosis.

Restriction of use for the *C-Brace Interim* orthosis

For medical reasons, the orthosis cannot be worn for

_____week(s), from _____ to _____

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

Planned date _____

Actual return date _____

To the service provider _____