



Biomechanical Evaluation Form

Patient Name:				
Chief Complaint:				
History of problem:				
Nature of discomfort/pain				
Location (anatomic)				
Duration				
Onset				
Course				
Aggravating and/or alleviating factors				
Left	Stance Evaluation:	Right	Normative values:	Treatments and response
	Angle of gait:->			
	Base of gait:->			
	Foot appearance			
	Tibial influence		0°-2° varus or valgus	
	Relaxed calcaneal stance position (RCSP)		0°	
	Neutral calcaneal stance position (NCSP)		0°	
Non-Weight Bearing Evaluation:				
	Limb length:->		Equal	
	Hip sagittal plane-			
	Knee extended		Flexion 120°/extension 20-30°	
	Knee flexed		Flexion 45-60°/extension 20-30°	
	Hip transverse plane-			
	Knee extended		45° each direction	
	Knee flexed		45° each direction	
	Hip frontal plane		45° each direction	
	Knee sagittal plane		Flexion 120°/extension 0-10°	
	Knee recurvatum		Absent	
	Ankle sagittal plane-			
	Knee extended		Dorsiflexion 10°/plantarflexion 40-70°	
	Knee flexed		Dorsiflexion 10°/plantarflexion 40-70°	
	Subtalar joint-			
	Inversion		20°	
	Eversion		10°	
	Subtalar joint axis location			
	Midtarsal joint		0°	
	1 st ray range of motion		Dorsal & plantar excursion 5mm	
	1 st MTPJ range of motion		Dorsal 65° or >unloaded/20-40° loaded	
	Lesser MTPJ's			
Other comments:				
Muscle testing (extrinsics):				
	Invertors		5/5: normal strength	
	Evertors		5/5: normal strength	
	Dorsiflexors		5/5: normal strength	
	Plantarflexors		5/5: normal strength	
	Abduction		5/5: normal strength	
	Adduction		5/5: normal strength	
Neurological testing:				
	Romberg->		Balance intact	
	Patellar reflex		2+ normal	
	Achilles reflex		2+ normal	
	Babinski		No hallux extension	
	Clonus		Absent	
	Protective sensation		Present	
Gait Evaluation -				
	Gait pattern			
	Comment on head/shoulders, spine, pelvis, sagittal/transverse/frontal plane, postural, etc.			
	Footgear (size/width, wear pattern(s))->			
	Existing orthoses/type->			
	Weight->			
	Height->			
Biomechanical assessment:				
Treatment plan:				
Enter assistant name		Enter date of exam		
Signature of assistant		Signature of physician		

Save in patient's chart

These documents have been provided by



Document of Medical Necessity: Custom Molded Gauntlet

Patient Name: _____

HICN: _____

Prognosis: Good Duration of usage: 12 Months to long term

I certify that Mr. / Ms. _____ qualifies for and will benefit from an ankle foot orthosis used during ambulation based on meeting all of the following criteria. The patient is:

- Ambulatory, and
- Has weakness or deformity of the foot and ankle, and
- Requires stabilization for medical reasons, and
- Has the potential to benefit functionally

The patient's medical record contains sufficient documentation of the patients medical condition to substantiate the necessity for the type and quantity of the items ordered.

The goal of this therapy: (Indicate all that apply)

- Improve mobility
- Improve lower extremity stability
- Decrease pain
- Facilitate soft tissue healing
- Facilitate immobilization, healing and treatment of an injury

Necessity of Ankle Foot Orthotic molded to patient model:

A custom (vs. prefabricated) ankle foot orthosis has been prescribed based on the following criteria which are specific to the condition of this patient. (indicate all that apply)

- The patient could not be fit with a prefabricated AFO
- The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months)
- There is need to control the ankle or foot in more than one plane
- The patient has a documented neurological, circulatory, or orthopedic condition that requires custom fabrication over a model to prevent tissue injury
- The patient has a healing fracture that lacks normal anatomical integrity or anthropometric proportions

I hereby certify that the ankle foot orthotic described above is a rigid or semi-rigid device which is used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body. It is designed to provide support and counterforce on the limb or body part that is being braced. In my opinion, the custom molded ankle foot orthosis is both reasonable and necessary in reference to accepted standards of medical practice in the treatment of the patient condition and rehabilitation.

Signature of Prescribing Physician: _____

Type I NPI: _____

Date: ____ / ____ / ____

Printed Name of Prescribing Physician _____

Phone: _____

Physician Address _____

The OHI Family of Brands



These documents have been provided by



Rx: Custom Molded Gauntlet

Doctor Name: _____

Patient Name: _____

Prognosis: Good Duration of usage: 12 Months

Product Brand and Model: _____

Product Information (Check brand and model, circle base code and addition(s)):

- | | |
|--|--|
| <input type="checkbox"/> Arizona Brace® Standard, Tall, AZ Sporty™, AZ Breeze™, Arizona Balance Brace™
R L L1940 Plastic orthosis, custom molded from a model of the patient, custom fabricated, includes casting and cast preparation.
R L L2330 Addition to lower extremity, lacer molded to patient model
R L L2820 Addition to lower extremity orthosis, soft interface for mold plastic below knee section

<input type="checkbox"/> Arizona Brace® - Articulated
R L L1970 A semi-rigid molded plastic orthosis to hold the foot in neutral position (dorsi-plantar flexion), controls foot position, custom molded from a model of the patient, custom fabricated, includes casting and cast preparation.
R L L2330 Addition to lower extremity, lacer molded to patient model
R L L2820 Addition to lower extremity orthosis, soft interface for mold plastic below knee section
If Dorsiflex assist, ADD:
R L L2210 Addition to lower extremity, dorsiflexion assist (plantar flexion resist), (two per brace)

<input type="checkbox"/> AZ Slim™
R L L1904 AFO molded ankle gauntlet
R L L2330 Addition to lower extremity, lacer molded to patient model
R L L2820 Addition to lower extremity orthosis, soft interface for plastic below knee section | <input type="checkbox"/> Arizona Brace® - Extended, Unweighting
R L L1960 Plastic orthosis, custom molded from a model of the patient, custom fabricated, includes casting and cast preparation.
R L L2330 Addition to lower extremity, lacer molded to patient model
R L L2820 Addition to lower extremity orthosis, soft interface for mold plastic below knee section

<input type="checkbox"/> Arizona Mezzo™
R L L1907 Ankle orthosis, supramalleolar, with straps, with or without pads, custom fabricated
R L L2330 Addition to lower extremity, lacer molded to patient model

<input type="checkbox"/> Arizona Mezzo™ - Partial Foot
R L L1907 Ankle orthosis, supramalleolar, with straps, with or without pads, custom fabricated
R L L2330 Addition to lower extremity, lacer molded to patient model
R L L5000 Partial foot, shoe insert, with longitudinal arch, toe filler |
|--|--|

DX: (Indicate all that apply) - Corresponds to Biomechanical Examination Form

PTTD

- Spontaneous rupture of other tendons, ankle and foot
 right (M66.871) left (M66.872)
- Disorder of ligament, ankle
 right (M24.271) left (M24.272)
- Disorder of ligament, foot
 right (M24.274) left (M24.275)
- Other acquired deformities of foot
 right (M21.6X1) left (M21.6X2)

Foot Risk / Imbalance

- Muscle weakness, generalized (M62.81)
- Ataxic gait (R26.0)
- Difficulty in walking (R26.2)
- Unsteadiness on feet (R26.81)
- Other abnormalities of gait and mobility (R26.89)
- Condition is bilateral

Amputation

- Acquired absence of great toe
 right (Z89.411) left (Z89.412)
- Acquired absence of other toe(s)
 right (Z89.421) left (Z89.422)
- Acquired absence of foot
 right (Z89.431) left (Z89.432)

Foot Drop

- Foot Drop, acquired
 right (M21.371) left (M21.372)

Hemiplegia

- affecting right dominant side (I69.951)
- affecting left dominant side (I69.952)
- affecting right non-dominant side (I69.953)
- affecting left non-dominant side (I69.954)

Lateral Ankle Instability

- Other specific joint derangements of ankle, not elsewhere classified
 right (M24.871) left (M24.872)

DJD of Ankle and Rearfoot

- Primary osteoarthritis, ankle and foot
 right (M19.071) left (M19.072)
- Pain in ankle and joints of foot
 right (M25.571) left (M25.572)
- Pain in lower leg
 right (M79.661) left (M79.662)
- Pain in foot
 right (M79.671) left (M79.672)
- Other specified congenital deformities of feet (Q66.89)

Other

Therapeutic Objective(s): (Indicate all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Improve mobility | <input type="checkbox"/> Improve lower extremity stability | <input type="checkbox"/> Decrease pain |
| <input type="checkbox"/> Facilitate soft tissue healing | <input type="checkbox"/> Facilitate immobilization, healing and treatment of an injury | |

Signature of Prescribing Physician: _____ Type I NPI: _____ Order Date: ____/____/____

(Must be current with CMS)

Prescribing Physician Printed Name: _____

The OHI Family of Brands



Ship to address:
2911 Carpenter Road,
Ann Arbor, MI 48108.
Fax: (734) 975 6678

Dispense Date: _____
Work Order #: _____

Gauntlet AFO Collection



Arizona Brace®

Standard (5" above ankle) Tall (9" above ankle)

Color: Sand Black White Brown Pink

Closure: Laces Velcro Speed Laces Boot Hooks



Arizona Brace® - Articulated

Standard Tall

Color: Sand Black White Brown Pink

Closure: Laces Velcro Speed Laces Boot Hooks

Hinge: Tamarack Tamarack Dorsi - Assist



Arizona Brace®

Unweighting (Proximal ht. 1" below fibular head)

Extended (Proximal ht. 1" below fibular head)

Color: Sand Black White Brown Pink

Closure: Laces Velcro Speed Laces Boot Hooks



AZ Sporty™ (5" above ankle)

Color: Sand Black White Brown Pink

Closure: Laces Velcro Speed Laces Boot Hooks



AZ Slim™ (Please note: No Plastic Shell) (5" above ankle)

Color: Sand Black White Brown Pink

Closure: Laces Velcro Speed Laces Boot Hooks



Arizona Mezzo™

Standard Partial Foot

Color: Sand Black White Brown

Closure: Laces



AZ Breeze™

Standard Tall

Color: Sand Black

Closure: Laces Velcro Speed Laces Boot Hooks



Arizona Balance Brace™

Color: Sand Black

Closure: Laces Velcro

* Full foot & removable insole options not available on ABB

Bundle with Apex Balance Shoe (ABS)

Gender: _____ Size: _____ Width: _____



Basis™ Slip-On

(Four-Way Stretchable Footwear/AFO Companion. Developed to Extend Home and Indoor AFO & Orthotic Wear Time For Up To Ten Hours Per Day. Sold Only in Pairs).

Color: Black

Gender: Male Female Size: _____

Additional Charge options:

Foot plate to end of toes (Our standard trim length is proximal to met heads)

Removable, multi density insole

Patient Information: Right Foot Left Foot Bilateral

Patient Name: _____

Height: _____ Weight: _____ Shoe Size: _____ Gender: M F

Dx: _____ D.O.B: _____

The below section will be filled by Healthcare DME.

Shipping and Billing Information:

Bill to my account:

Arizona SafeStep Account # _____

Practitioner: _____

Email: _____

Provide email to receive an email alert once this order has been shipped.

PO#: _____

Facility Name: _____

Phone: _____

Fax: _____

Ship to address: _____

Bill to address: _____

Manufacturing and shipping:

MFG:

3 Business Days (\$75.00) 7 Business Days (\$50.00)

Ship:

Ground 3 Day Air 2 Day Air Overnight

Other: _____

Special Instructions: If you do not want the dorsi-plantar angle of the cast set to our recommendations, please choose:

Leave cast exactly as is Correct Ankle Varus / Valgus

Correct Forefoot to Neutral Other _____

Remarks: