### Lower Limb Biomechanical Examination

#### Click here for completion instructions.

**Patient Name:**

**Chief Complaint:**

**History of problem:**

**Nature of discomfort/pain**

**Location (anatomic)**

**Duration**

**Onset**

**Course**

**Aggravating and/or alleviating factors**

**Treatments and response**

<table>
<thead>
<tr>
<th>Left</th>
<th>Stance Evaluation:</th>
<th>Right</th>
<th>Normative values:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Angle of gait:→</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Base of gait:→</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Foot appearance:</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Tibial influence:</td>
<td>0°-2° varus or valgus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Relaxed calcaneal stance position (RCSP):</td>
<td>0°</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neutral calcaneal stance position (NCS):</td>
<td>0°</td>
<td></td>
</tr>
</tbody>
</table>

**Non-Weight Bearing Evaluation:**

<table>
<thead>
<tr>
<th>Limb length:→</th>
<th>Equal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip sagittal plane:</td>
<td>Flexion 120°/extension 20-30°</td>
</tr>
<tr>
<td>Hip transverse plane:</td>
<td>Flexion 45-60°/extension 120°</td>
</tr>
<tr>
<td>Knee extended:</td>
<td>Flexion 45°</td>
</tr>
<tr>
<td>Knee flexed:</td>
<td>Flexion 10°</td>
</tr>
<tr>
<td>Knee recurvatum:</td>
<td>Absent</td>
</tr>
<tr>
<td>Ankle sagittal plane:</td>
<td>Dorsiflexion 10°/plantarflexion 10°</td>
</tr>
<tr>
<td>Subtalar joint:</td>
<td>Inversion 20°</td>
</tr>
<tr>
<td>Subtalar joint axis location:</td>
<td>Neutral</td>
</tr>
<tr>
<td>Midtarsal joint:</td>
<td>0°</td>
</tr>
<tr>
<td>Footgear (size/width, wear pattern(s))→</td>
<td>Existing orthoses/type:</td>
</tr>
<tr>
<td>Weight:→</td>
<td>Height:→</td>
</tr>
</tbody>
</table>

**Muscle testing (extrinsics):**

| Invertors | 5/5: normal strength |
| Evertors | 5/5: normal strength |
| Dorsiflexors | 5/5: normal strength |
| Plantarflexors | 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:→ | |

**Biomechanical assessment:**

**Treatment plan:**

Enter resident name

Enter date of exam

Signature of resident

Signature of program director
Document of Medical Necessity: Custom Molded Gauntlet

Patient Name: _________________________________  HICN: ___________________  DOB: _____/_____/_____

Prognosis: Good  Duration of usage: 12 Months

Select Quantity, Product and HCPC Codes

ARIZONA STANDARD, MOORE BALANCE BRACE, TALL, SPORTY, AZ BREEZE

— 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.
— L2330 Addition to lower extremity, lacer molded to patient model
— L2820 Addition to lower extremity orthosis, soft interface for mold plastic below knee section

ARIZONA ARTICULATED

— L1940 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.
— L2330 Addition to lower extremity, lacer molded to patient model
— L2820 Addition to lower extremity orthosis, soft interface for mold plastic below knee section
— L2200 Standard hinge (two per brace) OR
— L2210 Addition to lower extremity, dorsiflexion assist (plantar flexion resist), (two per brace)

ARIZONA PARTIAL FOOT

— L1940 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.
— L2330 Addition to lower extremity, lacer molded to patient model
— L2820 Addition to lower extremity orthosis, soft interface for mold plastic below knee section
— L5000 Partial foot, shoe insert, with longitudinal arch, toe filler

ARIZONA EXTENDED, UNWEIGHTING

— L1960 Solid 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.
— L2330 Addition to lower extremity, lacer molded to patient model
— L2820 Addition to lower extremity orthosis, soft interface for mold plastic below knee section

Product Name: _____________________________

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Document of Medical Necessity: Custom Molded Gauntlet (continued)

I certify that Mr. / Ms. ________________________________ qualifies for and will benefit from the product designated above based on the following criteria (check all that apply):

☐ Subluxation of the foot at either the midtarsal, subtalar or ankle joints.
☐ Partial or complete paralysis of one or more leg muscles.
☐ Significant pain due to tendon injury or ankle / foot joint deformity.
☐ Significant impairment of gait due to pain or ankle / foot deformity.
☐ Instability in gait with recurrent sprains or falls.

The goal of this therapy: (check 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. (Check 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.

Dr. ___________________________________________ Phone: _____________________________________________

Signature: ______________________________________ Type I NPI: _____________ Date: ______/_____/_____

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Indicate Quantity

Arizona Standard, Moore Balance Brace, Tall, Sporty, AZ Breeze
_____ L1940 Plastic orthosis, custom molded from a model of the patient, custom fabricated, includes casting and cast preparation.
_____ L2330 Addition to lower extremity, lacer molded to patient model
_____ L2820 Addition to lower extremity orthosis, soft interface for mold plastic below knee section

Arizona Articulated
_____ L1940 Plastic orthosis, custom molded from a model of the patient, custom fabricated, includes casting and cast preparation.
_____ L2330 Addition to lower extremity, lacer molded to patient model
_____ L2820 Addition to lower extremity orthosis, soft interface for mold plastic below knee section
_____ L2200 Standard hinge (two per brace) OR
_____ L2210 Addition to lower extremity orthosis, dorsiflexion assist (plantar flexion resist), (two per brace)

Arizona Partial Foot
_____ L1940 Plastic orthosis, custom molded from a model of the patient, custom fabricated, includes casting and cast preparation.
_____ L2330 Addition to lower extremity, lacer molded to patient model
_____ L2820 Addition to lower extremity orthosis, soft interface for mold plastic below knee section
_____ L5000 Partial foot, shoe insert, with longitudinal arch, toe filler

Arizona Extended, Unweighting
_____ L1960 Plastic orthosis, custom molded from a model of the patient, custom fabricated, includes casting and cast preparation.
_____ L2330 Addition to lower extremity, lacer molded to patient model
_____ L2820 Addition to lower extremity orthosis, soft interface for mold plastic below knee section

Product Name: ____________________________

DX: CHECK ALL THAT APPLY - Corresponds to Biomechanical Examination Form

Adult Acquired Flatfoot (PTTD)
Flat foot [pes planus] (acquired)
☐ right (M21.41) ☐ left (M21.42)
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)

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)

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)

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

Foot Drop
Foot Drop, acquired
☐ right (M21.371) ☐ left (M21.372)
Hemiplegia
☐ affecting dominant side (438.21)
☐ affecting nondominant side (438.22)

Lateral Ankle Instability
Other specific joint derangements of ankle, not elsewhere classified
☐ right (M24.871) ☐ left (M24.872)
Other specific joint derangements of foot, not elsewhere classified
☐ right (M24.874) ☐ left (M24.875)

Tendonitis
Achilles tendinitis
☐ right (M76.81) ☐ left (M76.82)
Anterior tibial syndrome
☐ right (M76.811) ☐ left (M76.812)
Posterior tibial tendinitis
☐ right (M76.821) ☐ left (M76.822)

Other ☐
Rx: Custom Molded Gauntlet (continued)

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

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

Duration of usage: 12 Months

Signature of Prescribing Physician: ________________________________

Type I NPI: ____________ Date: ______/_______/_______

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Patient Receipt: Custom Molded Gauntlet

Dr. ______________________________________________ Phone: _______________

Patient Information:
Mr./ Ms. ___________________________________________ HICN: _______________ DOB: _______ /______ / _____

Quantity, Product and HCPC Codes

Arizona Standard, Moore Balance Brace, Tall, Sporty, AZ Breeze
   ——— L1940 Plastic orthosis, custom molded from a model of the patient, custom fabricated, includes casting and cast preparation.
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   ——— L2200 Standard hinge (two per brace) OR
   ——— L2210 Addition to lower extremity, dorsiflexion assist (plantar flexion resist), (two per brace)

Product Name: ____________________________________________

Arizona Partial Foot
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   ——— L2330 Addition to lower extremity, lacer molded to patient model
   ——— L2820 Addition to lower extremity orthosis, soft interface for plastic below knee section
   ——— L5000 Partial foot, shoe insert, with longitudinal arch, toe filler

Arizona Extended, Unweighting
   ——— L1960 Plastic orthosis, custom molded from a model of the patient, custom fabricated, includes casting and cast preparation.
   ——— L2330 Addition to lower extremity, lacer molded to patient model
   ——— L2820 Addition to lower extremity orthosis, soft interface for mold plastic below knee section

Patient Receipt: Custom Molded Gauntlet

Dr. ______________________________________________ Phone: _______________

Patient Information:
Mr./ Ms. ___________________________________________ HICN: _______________ DOB: _______ /______ / _____

Quantity, Product and HCPC Codes

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Patient Receipt: Custom Molded Gauntlet (continued)

Instructions For Use:

Material failure warrantee coverage:

- Hardware, plastic and metal component are covered at no-charge for six months.
- All soft materials: material covers, Velcro straps and limb support pads, are covered at no-charge up to ninety days.

You have been dispensed this custom molded ankle brace to immobilize your foot and ankle. An AFO often requires a period of adjustment. It is best to wear it for one hour more each day and to continue this for two weeks. It should only be removed as specifically instructed. If the brace feels too tight, you may be walking too much. Get off your feet, loosen any straps and elevate your foot until the tightness resolves. If your symptoms do not resolve, please contact our office immediately. Should the device crack or break, remove it and do not use it again until you contact our office. Straps, laces should be kept clean of clothing fabric to insure the device is properly secured to your extremity. Applying a skin moisturizer and wearing knee high socks will prevent your skin from irritation.

I have read the posted Complaint Resolution Policy and have been provided with a copy of the Medicare Supplier Standards. I certify that I have received the item(s) indicated. The supplier has reviewed the instructions for proper use and care and provided me with written instructions. I understand that failure to properly care for this item(s) will result in the warranty being voided. This could result in my responsibility for future repair or replacement costs if my insurance policy will not cover such costs. The supplier has instructed me to call the office if I have any difficulties or problems with the device.

Patient Signature _________________________ Date: _____ / _____ / _____

Printed Patient Name_______________________

Patient Address ___________________________
_______________________________________
_______________________________________

Original in patient’s chart, copy to patient
Dispensing Chart Notes: Custom Molded Gauntlet

PATIENT INFORMATION:
Mr./Ms. ________________________________________________ HICN:______________________ DOB:____ /____ /____

DX: CHECK ALL THAT APPLY - Corresponds to Biomechanical Examination Form

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- Disorder of ligament, ankle
  □ right (M24.271) □ left (M24.272)
- Disorder of ligament, foot
  □ right (M24.274) □ left (M24.275)
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  □ right (M21.6X1) □ left (M21.6X2)

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  □ right (M21.371) □ left (M21.372)
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  □ right (M24.871) □ left (M24.872)
- Other specific joint derangements of foot, not elsewhere classified
  □ right (M24.874) □ left (M24.875)

Tendonitis
- Achilles tendinitis
  □ right (M76.61) □ left (M76.62)
- Anterior tibial syndrome
  □ right (M76.811) □ left (M76.812)
- Posterior tibial tendinitis
  □ right (M76.821) □ left (M76.822)

Other
□ ____________________________

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)

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- Muscle weakness, generalized (M62.81)
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- Condition is bilateral

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Product Name: _______________________________________

The OHI Family of Brands

Arizona Partial Foot

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Arizona Extended, Unweighting

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Dispensing Chart Notes: Custom Molded Gauntlet (continued)

S) (Product name) _______________________________________ was dispensed and fit at this visit. Patient is ambulatory. There is pain with range of motion that requires stabilization. Due to the indicated diagnosis(s) and related symptoms this device is medically necessary as part of the overall treatment. It is anticipated that the patient will benefit functionally with the use of this device. The custom device is utilized in an attempt to avoid the need for surgery.

O) Upon gait analysis, the device appeared to be fitting well and the patient states that the device is comfortable.

A) Good fit. The patient was able to apply properly and ambulate without distress. The function of this device is to restrict and limit motion and provide stabilization in the ankle joint.

P) The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, wear, and care for the device. It was explained that the device will fit and function best in a lace-up shoe with a stiff heel counter and a wide base of support. When the device was dispensed, it was suitable for the patient's condition and not substandard. No guarantees were given. Precautions were reviewed. Written instructions, warranty information and a copy of DMEPOS Supplier Standards were provided. All questions were answered.

Supplier Signature: ____________________________________________________  Date: ______________________

Print Supplier Name: ___________________________________________________