

Biomechanical Evaluation Form

Created by:



The American College of
FOOT & ANKLE ORTHOPEDICS
& MEDICINE

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	
	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



Document of Medical Necessity: Specialty

Patient Name: _____

HICN: _____

Prognosis: Good Duration of usage: 12 Months

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: _____

The OHI Family of Brands



Rx: Specialty

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)):

EC Neurowalker™

- 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
- R L **L3400** Metatarsal bar wedge, rocker
- R L **L3230** Orthopedic footwear, custom shoe, depth inlay, each

Partial Foot AFO™

- 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
- R L **L5000** Partial foot, shoe insert, with longitudinal arch, toe filler

Partial Foot Walker™

- 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 plastic below knee section
- R L **L5000** Partial foot, shoe insert, with longitudinal arch, toe filler
- R L **L3230** Orthopedic footwear, custom shoe, depth inlay, each

Closed Toe Walker™

- 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
- R L **L3400** Metatarsal bar wedge, rocker
- R L **L3230** Orthopedic footwear, custom shoe, depth inlay, each

Open Toe Walker™

- R L **L1960** Plastic orthosis, custom molded from a model of the patient, custom fabricated, includes casting and cast preparation.
- R L **L2820** Addition to lower extremity orthosis, soft interface for mold plastic below knee section
- R L **L2330** Addition to lower extremity, lacer molded to patient model
- R L **L3400** Metatarsal bar wedge, rocker
- R L **L3230** Orthopedic footwear, custom shoe, depth inlay, each

DX: (indicate 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)

Lateral Ankle Instability

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

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)

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)

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

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

(Must be current with CMS)

Prescribing Physician Printed Name: _____

The OHI Family of Brands



Specialty AFO Collection



EC Neurowalker™

Color: Sand Black White Brown Pink

Closure: Laces Velcro Speed Laces Boot Hooks



Partial Foot AFO™

Color: Sand Black White Brown Pink

Closure: Laces Velcro Speed Laces Boot Hooks



Partial Foot Walker™

Color: Sand Black White Brown Pink

Closure: Laces Velcro Speed Laces Boot Hooks



Closed Toe Walker™

Color: Sand Black White Brown

Closure: Laces Velcro Speed Laces Boot Hooks



Open Toe Walker™

Color: Sand Black White Brown

Closure: Laces Velcro Speed Laces Boot Hooks

Additional Charge options: Additional multi-density insoles - How many? _____

Custom molded shoe for opposite side - Style: Low top Chukka Other: _____

Patient Information: Patient Name: _____ Height: _____ Weight: _____
Dx: _____ Gender: Male Female
D.O.B: _____ Shoe Size: _____ Right Foot Left Foot Bilateral

The below section will be filled by Healthcare DME.

Shipping and Billing Information: Bill to my account: Arizona SafeStep Account # _____

Practitioner: _____ PO#: _____

Facility Name: _____ Email: _____

Phone: _____ Fax: _____

Ship to address: _____

Bill to address: _____

Shipping Options: 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: _____