

To The PROVIDER

This Diagnostic Check Orthosis (DCO) is designed to allow you to verify fit and function of a laminated orthosis before ordering the final product. We encourage you to use this process so that patient satisfaction is ensured when the final orthosis is fit and worn.

For detailed instructions on fitting, ask about the handbook, "Fitting a Diagnostic Check Orthosis."

1. Fit the DCO on your patient and have him/her stand in parallel bars. **This orthosis is fabricated for diagnostic purposes only and is not intended to be worn as a functional and weight bearing orthosis.** *The patient should not walk or leave your presence while wearing the DCO.*
2. *Modify the DCO using a heat gun or padding to your satisfaction.* Any written instructions should be included on the bottom half of this form.
3. If you have any questions or concerns during or immediately after the fitting session, please call Becker Orthopedic Customer Service at: **1-800-521-2192.**
4. Return your instructions on this form with the DCO. (Attach a separate sheet if necessary.)

Standard fabrication procedure includes pouring all DCOs.

This is the statement of approval for a diagnostic check orthosis (DCO) to be used to fabricate a laminated orthosis. The DCO has been fit and approved by the undersigned. In this fitting the following points were reviewed and approved. Please check them off as they are approved.

- Knee center is accurate, both height and AP position.
- ML at knee center is accurate.
- Ankle center is accurate, both height and AP position.
- ML at ankle center is accurate.
- Overall height of the orthosis is accurate on both the lateral and medial sides of the thigh section.
- The height of the orthosis is accurate on both the lateral and medial sides of the calf section.
- The desired position of full extension for the patient has been marked on the knee joint.
- A line perpendicular to the ground is marked on both the thigh section and calf section.
- Proximal thigh circumference is correct.
- Distal thigh circumference is correct.
- Proximal calf circumference is correct.
- Distal calf circumference is correct.
- Rotation of footplate is correct.
- Footplate modifications are correct.

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- No adjustments were made to this DCO. Proceed with fabrication the final orthosis.
- Adjustments have been made to this DCO. (Please list changes made in the space provided below)
 - Proceed with final orthosis.
 - I'm requesting that a second DCO be fabricated incorporating the changes I have indicated. I understand that there may be a charge for this additional DCO.

Specific Instructions for Fabrication:

By signing below, I confirm the changes I have made to the DCO are correct and to my satisfaction.

If no signature is provided, the job will go on hold until Becker Orthopedic receives written authorization to proceed.

Patient name: _____

Orthotist name: _____

Orthotist signature: _____ Date: _____



P: 800-521-2192 • 248-588-7480

Central Fabrication

F: 248-588-4555

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