ORTHOTICS

&

MEDICAL SUPPLY, INC.

Ultimate SB Brace Documentation

800-373-5935

www.JSBinc.com

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Brace

Rx

JSB
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&
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Patient Name _____

Date of Birth:____/____/____ Sex:

Heig ht: _____ Weig ht: _____ Shoe Size: _____

☐ SHOES ENCLOSED

Primary Activity for Orthotic Use: _____

Diagnosis: _____

Accoun t #: _____ P.O # _____

Account Name: _____

Ema il: _____

Practiti oner: _____

Phon e: _____ Fa x: _____

Addre ss: _____

City, ST/ Province: _____

Zip/Postal Code: _____

ULTIMATE SB Brace

Standard Brace is 3mm Polypropylene

( ) More Rigid

( ) More Flexible

Standard Brace Weight is 9"

Other____

Standard Brace will be 90 degrees to the floor when in the shoe

Other

Functionally Balanced AFO Shell

Soft Interface

Velcro® Straps

JSB Fall Risk

Patient Name: _____

Circle appropriate score for each section for the ULTIMATE GR Brace

This icon indicated primary consideration for the ULTIMATE GR Brace

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Parameter	Score	Patient Status / Condition
Medications	0	taken of medications: cathartics, antihistamines, antihypertensives, diuretics, antisezure, hypoglycemic, benzodiazepines, psychotropics, anesthetics, sedatives/ currently or within the
	2	medications currently or within the
	4	medications currently or within the
	1	patient has had a change in these medications
Sing		conditions: neuropathy, vertigo, fractures, loss of limb(s), Parkinson's Disease, seizures,
	0	None present
	2	1-2 present
	4	3 or more present
Get Up and Go	0	single motion (no loss of balance
	2	Pushes up, successful in one attempt
	6	Multiple attempts to get up, but
	1 0	unsuccessful or needed no device
Walk and Talk	0	No deficit in walking while speaking
	6	Inability to maintain normal gait pattern while speaking
	1 0	Must stop walking while speaking
Foot Deformity	0	No foot deformity
	2	problems (corns, bunions,
Footwear	0	wears supportive, appropriate shoes
	2	inappropriate, poorly fitted or worn footwear

Parameter	Score	Patient Status / Condition
Vestibular (Dizziness or Fall, Near Falls, (Past 12	0	No complaints of dizziness
	6	Intermittent complaints of dizziness
	1 0	Dizziness that interferes with ADLs
	0	fall
	6	1-2 falls
	1 0	3 or more falls
Peripheral Neuropathy (Proprioception	0	No sensory deficits
	2	Neuropath (diminished
	4	Profoundly neuropathic
Vision Status	0	Adequate (w/ or w/o glasses)
	2	Poor (w/ or w/o glasses)
	4	(advanced eye disease that
Gait and Balance		without any assistance; then walk forward, through a doorway, then
	0	Normal / safe gait and balance
	2	Balance problem while standing
	2	Balance problem while walking
	2	Decreased muscular coordination
	2	Change in gait patterns when walking through doorway
	2	Jerking or unstable when rising
	2	Requires assistance (person, furniture / walls or device)
Strength / Range of Motion (Postural	0	and ROM within normal limits; postural control within normal
	2	ankle joint range of motion and
	4	instability and weakness; poor postural

Total

Grading of fall risk: Circle total

> 20 Extreme fall risk
extreme risk (Fall Prevention Center referral, implementation of home modification devices such as bathing, toileting and stairs) care giver education, medication assessment, footwear assessment, Physical/Occupational

10-20 High falls risk
actions for high falls risk (Fall Prevention Center referral, home safety assessment and education, medication assessment, footwear assessment, Physical /

0-9 Low falls risk
health promotion behavior to minimize future ongoing risk (increased physical activity, medication assessment, good nutrition, footwear assessment

Fall Risk Assessment

FALL RISK SCORE OF 10 OR GREATER

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Additional Services

Evaluation for Home	Podiatric Evaluation	Primary	Physical / Occupational
• In-Home Rehabilitation • Home Modification • Physician/Physical Therapist Team Coverage • Home Evaluation • Diagnose Instability • Footwear Evaluation	• History of Falls instability or decreased ROM (osteoarthritis, • Sensory Deficits (peripheral neuropathy, lack of somatosensory feedback) • Failed Romberg Test (eyes closed) • Failed Get Up & Go Test	• Vestibular Abnormalities • Medication Changes • Hypertension / Hypotension Seizur	• ADL Deficits • History of Falls • Unsafe Living Environment • Sensory Deficits • Impaired Mobility • Weakness • Failed Walk-Talk Test

1: The patient was referred to PT or OT for further assessment for fall prevention therapy	Ye	N
postural sway, increasing ankle ROM and stability while also improving the somatosensory	Ye	N
including proper shoe wear use in the home, reducing obstacles in the home and physical exercises to improve strength and	Ye	N
4: The patient was referred back to their PCP for further assessment of vestibular abnormalities	Ye	N

Physician Signature:_____

Date: ___/___/___