


# Functional Knee Orthosis

 **Howard**  
Orthotics and Prosthetics

Roger R. Howard, CPO  
Director

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Referring Physician: \_\_\_\_\_  
Rx: \_\_\_\_\_

**SAMPLE  
RX**

**CUSTOM FIT  
LEFT/RIGHT  
FUNCTIONAL KO**

ICD-10 Dx: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ NPI: \_\_\_\_\_

DESIGNS FOR YOUR LIFESTYLE

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At a minimum, the following needs to be in Doctor's Progress Note to *establish medical necessity* in order for a patient's health insurance to cover the cost of a custom fit functional knee orthosis:

1. Patient is ambulatory.
2. Patient has a need for both medial-lateral and rotational control.
3. Patient presents with varus/valgus or anterior/posterior instability of the knee.
  - A varus/valgus or anterior/posterior Drawer test **must** be performed and documented.
4. Patient will need to be fit with a custom fitted knee orthosis rather than an off-the-shelf knee orthosis secondary to the patient's anatomical presentation. In order for the knee orthosis to be effective, there will need to be more than minimal self adjustment of the knee orthosis by a Certified Orthotist.