

# Hinged Knee Orthosis

 **Howard**  
Orthotics and Prosthetics

Roger R. Howard, CPO  
Director

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

**SAMPLE  
Rx**

**CUSTOM FIT  
LEFT/RIGHT  
HINGED KO**

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

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

---

DESIGNS FOR YOUR LIFESTYLE

316 Sherman Street  
Watertown, New York 13601  
315-786-6973  
fax: 315-786-7993

6128 US Route 11  
Canton, New York 13617  
315-714-2325  
fax: 315-786-7993

www.howardrehabcenter.com



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 hinged knee orthosis:

1. Patient is ambulatory.
2. Patient has a need for both medial-lateral and rotational control.
3. Patient has varus/valgus laxity of the knee.
  - A varus/valgus 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 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.