

Post-Op Knee Orthosis

 Roger R. Howard, CPO
Director

Name: _____ DOB: _____
Address: _____
Referring Physician: _____
Rx: _____

**CUSTOM FIT
LEFT/RIGHT
POST-OP 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 post-op knee orthosis:

1. Patient is ambulatory.
2. Patient has recently had a documented injury or surgery to the knee.
3. 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.