

Patient Name

Date

Referring Signature

Print Name or Stamp

MEDICAL COMPRESSION

STEP 1 SYMPTOMS OF CONCERN

- ☐ Pain after sitting/standing for long periods
☐ Swelling in legs, feet and/or ankles
☐ Painful leg cramps or muscle spasms
☐ Discoloured skin or dry itchy skin.

STEP 2 DIAGNOSIS & STAGE

- ☐ Venous insufficiency ☐ Mild
 ☐ Varicose veins ☐ Moderate
 ☐ Spider veins ☐ Severe
☐ Edema
☐ Lymphedema
☐ Deep vein thrombosis (DVT)
☐ Other Dx: _____

STEP 3 COMPRESSION LEVEL

- ☐ 15-20 mmHg (OTC)
☐ 20-30 mmHg (CLASS I)
☐ 30-40 mmHg (CLASS II)

STEP 4 COMPRESSION LEVEL

- ☐ Knee high
☐ Thigh high
☐ Pantyhose
☐ Maternity
☐ Adjustable wraps
 ☐ Calf
 ☐ Calf + foot
☐ Arm sleeve
☐ + hand gauntlet
☐ Donning & doffing aids
 (Improves ease of use & compliance)

ORTHOPEDIC BRACES

BRACE/SPLINT FOR: ☐ Left ☐ Right ☐ Bi-lateral

WRIST / THUMB:

- ☐ Carpal tunnel syndrome
☐ Tendonitis
☐ De Quervain's tenosynovitis
☐ Thumb CMC osteoarthritis
☐ TFCC tear
☐ Fracture Dx: _____

NECK / SHOULDER:

- ☐ Cervical strain / sprain
☐ Cervical lordosis
☐ Shoulder impingement
☐ Rotator cuff tear
☐ Shoulder dislocation

BACK / ABDOMINAL:

- ☐ Lumbar strain/sprain
☐ Sciatica
☐ Lumbar DDD / Herniation
☐ Spinal stenosis
☐ Sacroiliac (SI) joint dysfunction
☐ Thoracic kyphosis
☐ Abdominal hernia
☐ Other Dx: _____

KNEE

- ☐ Ligament injury
 ☐ ACL/PCL
 ☐ MCL/LCL
☐ Meniscus injury
☐ Patellofemoral pain syndrome
☐ Popliteal bursitis (Bakers cyst)
☐ Osgood-schlatter disease

ELBOW / FOREARM

- ☐ Lateral epicondylitis
☐ Medial epicondylitis
☐ Bursitis
☐ Ulnar neuropathy
☐ Radial tunnel syndrome
☐ ELbow hyper-extension

ANKLE

- ☐ Sprain: ☐ Grade I
 ☐ Grade II
 ☐ Grade III

- ☐ Chronic instability
☐ Tendonitis
☐ Tibia/Fibula fracture
☐ Achilles tendon rupture

FOOT

- ☐ Plantar fasciitis
☐ Post. tibialis dysfunction
☐ Metatarsal fracture
☐ Stress fracture
☐ Drop foot

PAIN RELIEF & RECOVERY TOOLS

- ☐ T.E.N.S. unit
 ☐ T.E.N.S. supplies
☐ Reusable heat therapy
☐ Reusable cold therapy
☐ Topical analgesic
☐ Crutches/Walking poles

HIP & KNEE OSTEOARTHRITIS

BRACE/EXAM FOR: ☐ Left ☐ Right ☐ Bi-lateral

IMAGING: ☐ Attached ☐ Pending ☐ Unavailable

MOVE BETTER WITH OA

☐ KneeKG[®] Exam: Dynamic 3D Motion Analysis

- Call/text 519-258-4795 to book
- 45-min with Registered Kinesiologist
- Real-time data on knee alignment & function
- 6-month individualized plan
- Bring X-rays/MRI if available

☐ Send copy of KneeKG[®] report to my office

STEP 1 SYMPTOMS OF CONCERN

- ☐ Pain ☐ Weight gain
☐ Buckling ☐ Muscle weakness
☐ Swelling ☐ Knee malalignment
☐ Locking ☐ Limited R.O.M.

STEP 2 OA AFFECTED JOINT & STAGE

- ☐ Medial knee ☐ Mild
☐ Lateral knee ☐ Moderate
☐ Patellofemoral ☐ Severe
☐ Tri-Compartmental
☐ Hip

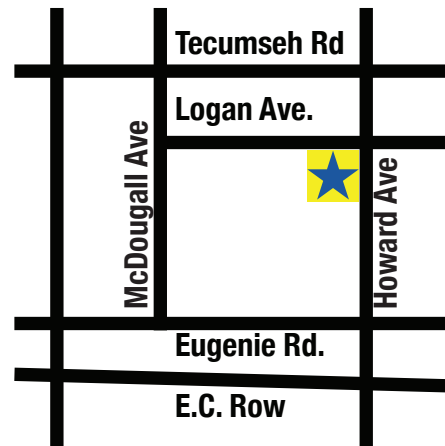
STEP 3 BRACING PATHWAY

- ☐ Knee unloading brace ☐ Hip unloader
☐ Knee stabilization brace ☐ Hip abduction brace
☐ Patella tracking brace

☐ At discretion of Kinesiology graduate

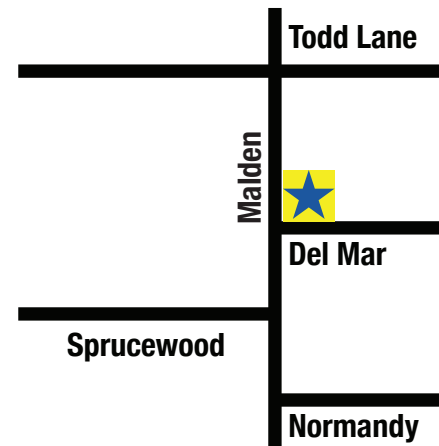
Windsor

2303 Howard Ave
P: 519.258.4795
F: 519.258.3088



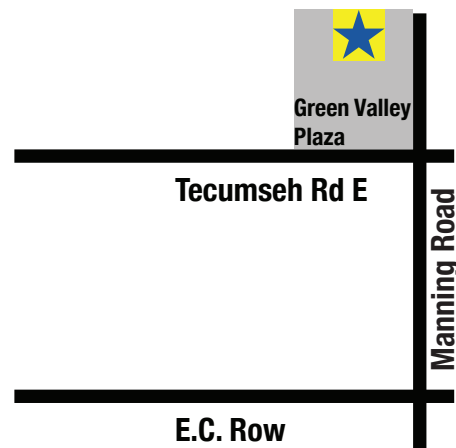
LaSalle

5840 Malden Rd.
P: 519.966.1100
F: 519.966.9100



Tecumseh

13300 Tecumseh Rd. E
P: 519.979.0408
F: 519.979.6187



Amherstburg

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