

Patient Name

Date

Referring Signature

Print Name or Stamp

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

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

BACK / ABDOMINAL:

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

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

FOOT

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

ANKLE

- ☐ Sprain: ☐ Grade I
☐ Grade II
☐ Grade III
- ☐ Chronic instability
- ☐ Tendonitis
- ☐ Tibia/Fibula fracture
- ☐ Achilles tendon rupture

**FLIP THE SCRIPT FOR
OSTEOARTHRITIS BRACING
+ MEDICAL COMPRESSION**



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

38 Victoria St South

P: 226.946.0272 F: 226.946.0306

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HIP & KNEE OSTEOARTHRITIS

BRACE/EXAM FOR:

☐ Left ☐ Right ☐ Bi-lateral

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

IMAGING:

☐ Attached ☐ Pending ☐ Unavailable

STEP 2 OA AFFECTED JOINT & STAGE

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

STEP 3 BRACING PATHWAY

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

☐ At discretion of Kinesiology graduate

STEP 1 SYMPTOMS OF CONCERN

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

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

CALL OR TEXT 519-258-4795 TO BOOK YOUR APPOINTMENT OR
CONFIRM HOURS AT THE LOCATION NEAREST YOU.