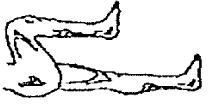

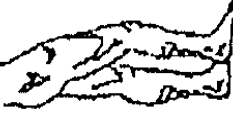
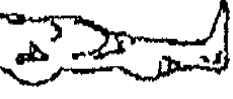


Knee Evaluation and KX Documentation

Patient Name: _____

Facility Name: _____

Knee ROM	L	R	Goals/Measurements (Circumference)	DXs	Notes and Tests	Products
 Very Limited ROM			<input type="checkbox"/> Treat and correct contracture <input type="checkbox"/> Increase ROM <input type="checkbox"/> Decrease Pain <input type="checkbox"/> Gait Training <input type="checkbox"/> Other _____	<input type="checkbox"/> Recumbent <input type="checkbox"/> Weight bearing-transfer <input type="checkbox"/> [M24.569] Knee Contracture (non-fixed with movement on passive ROM of at least 10 degrees) <input type="checkbox"/> [Z86.73] CVA		L1831 Any non-ambulating type Neuroflex, Comfy, Ranger Knee, BMI soft knee with flex set KCK contracture knee Premier Knee RCI
 Moderate ROM			Lt. Thigh _____ Rt. Thigh _____ Lt. Patella _____ Rt. Patella _____ Lt. Calf _____ Rt. Calf _____ <input type="checkbox"/> Treat and correct contracture <input type="checkbox"/> Increase ROM <input type="checkbox"/> Decrease Pain <input type="checkbox"/> Gait Training <input type="checkbox"/> Other _____ Lt. Thigh _____ Rt. Thigh _____ Lt. Patella _____ Rt. Patella _____ Lt. Calf _____ Rt. Calf _____	<input type="checkbox"/> Patient requires a brace with range of motion limitations <input type="checkbox"/> Weight bearing-transfer <input type="checkbox"/> Ambulating <input type="checkbox"/> [M23.50] Knee Instability due to: <input type="checkbox"/> History of injury <input type="checkbox"/> Surgical Procedure related to: <input type="checkbox"/> Casting or Immobilization related to: One or more of the following DX's: <input type="checkbox"/> [M12.00] Rheumatoid Arthritis <input type="checkbox"/> [M17.9] Osteoarthritis <input type="checkbox"/> [M23.205] Meniscal Cartilage derangement <input type="checkbox"/> [M22.40] Chondromalacia <input type="checkbox"/> [M23.8X9] Knee Ligamentous disruption <input type="checkbox"/> [M66.259] Rupture tendon non-traumatic-quadriceps tendon <input type="checkbox"/> [M84.453A] Pathologic fracture of Femur <input type="checkbox"/> [M84.469A] Pathologic fracture of tibia or fibula <input type="checkbox"/> [M87.08] Aseptic necrosis tibia or fibula <input type="checkbox"/> [M84.369A] Stress Fracture Tibia or Fibula <input type="checkbox"/> [Q68.2] Congenital deformity of knee <input type="checkbox"/> [M66.269] Spontaneous rupture ext. tendon <input type="checkbox"/> [S72.409A] Fracture of Femur lower end <input type="checkbox"/> [S82.009A] Fracture Patella <input type="checkbox"/> [S82.109A] Fracture Tibia and/or Fibula upper end (unspecified) <input type="checkbox"/> [S82.161A] Right Fracture Tibia and/or Fibula upper end <input type="checkbox"/> [S82.162A] Left Fracture Tibia and/or Fibula upper end <input type="checkbox"/> [S13.196A] Dislocation of Knee <input type="checkbox"/> [T844.98A] Failed total knee arthroplasty <input type="checkbox"/> [M21.869] Hyperextended Knee <input type="checkbox"/> [G35] Multiple Sclerosis <input type="checkbox"/> [G81] Hemiplegia (unspecified) <input type="checkbox"/> [G81.91] Right Hemiplegia <input type="checkbox"/> [G81.92] Left Hemiplegia <input type="checkbox"/> [I69.959] Hemiplegia following CVA <input type="checkbox"/> [G80.9] Infantile cerebral palsy (unspecified) <input type="checkbox"/> [G82.20] Paraplegia <input type="checkbox"/> [G57.00] Mono-neuritis lower limb (unspecified) <input type="checkbox"/> [S83.429A] Sprain/Strain of Lateral collateral ligament of knee <input type="checkbox"/> [S83.419A] Sprain/Strain of Medial collateral ligament of knee <input type="checkbox"/> [S83.509A] Sprain/Strain of Cruciate ligament of knee <input type="checkbox"/> [G20] Parkinsonism <input type="checkbox"/> [E66.9] Obesity <input type="checkbox"/> Other _____	<input type="checkbox"/> Joint Laxity <input type="checkbox"/> Knee Laxity <input type="checkbox"/> Lachman Test <input type="checkbox"/> Prauer Test <input type="checkbox"/> Knee Buckling/Gait <input type="checkbox"/> Valgus/Varus Stress Test	L1820 wraparound with simple hinge L1830 Canvas or hard immobilizer for Ambulating L1832 BMI Neoprene OCSI Knee BMI soft knee with flex set/goniometers Ranger EZ lock New Option Hinged, Hybrid with High tech hinge Freeman wrap neoprene with settings RCI Pop Knee Flex cuff Innovator 17 & 22" Any brand wrap knee with hinge that can be set in flexion L1845 OCSI - OA with hinge Espirit Knee, Varsity DonJoy Playmaker Knee with Flex/Ext. stop and coded for DX of Hyperextension Post-Op Ambulation, Hemiplegia, MS, Osteoarthritis, FX, etc.
 Slightly Limited ROM			<input type="checkbox"/> Treat and correct contracture <input type="checkbox"/> Increase ROM <input type="checkbox"/> Decrease Pain <input type="checkbox"/> Gait Training <input type="checkbox"/> Other _____ Lt. Thigh _____ Rt. Thigh _____ Lt. Patella _____ Rt. Patella _____ Lt. Calf _____ Rt. Calf _____			
 Full ROM			<input type="checkbox"/> Treat and correct contracture <input type="checkbox"/> Increase ROM <input type="checkbox"/> Decrease Pain <input type="checkbox"/> Gait Training <input type="checkbox"/> Other _____ Lt. Thigh _____ Rt. Thigh _____ Lt. Patella _____ Rt. Patella _____ Lt. Calf _____ Rt. Calf _____			

Therapist Print Name: _____ Title: _____
 Therapist Signature: _____ Date: _____

Medicare Status: Med A Med B
 MDS / BD Name: _____

Revised May 2017

PLEASE FAX WITH FACE SHEET TO (800) 603-3939