TractorFIX CC

Knee ROM Brace For External Fixature

OrthoPediatrics Specialty Bracing (OPSB)
37 Shuman Ave, Stoughton, MA 02072
KneeTractorFixCC@opsb.com
800.262.2235

ORDERING CLINICIAN

Clinician: _____

Email: _____

Phone: _____

FACILITY & SHIPPING

Company: _____

Account#: _____

PO#: _____

Ship To: _____

PATIENT INFORMATION

Name: _____

Pt ID: _____

DOB: _____ ☐ Male ☐ Female

Height: _____ Weight: _____

CLINICAL PRESENTATION

Affected Side: ☐ Left ☐ Right

Dx Requiring Ex-Fix: _____

Current LLD: _____

Targeted Length Increase: _____

Joint Range of Motion *(*angles required)*

Knee: ____° Flexion ____° Extension

Ankle: ____° DF ____° PF

Knee Alignment

____° Valgus ____° Varus

BRACE CONFIGURATION

Knee Joint Orientation

☐ Medial Side of Anatomical Knee Joint

☐ Lateral Side of Anatomical Knee Joint

Thigh Cuff

Transfer QR Code:

Transfer Choice: _____

Plastic Thickness: Determined by OPSB based on patient weight

Strap Color: Black (default)

Recommended L-Codes: L1844, L2760, & L2768

Part Number: TFK-KCA

ORDER INFORMATION

Order Date: _____

Surgical Date: _____

Required By Date: _____

Ordering Surgeon: _____

Items Included With This Order:

☐ Full-Leg Photos – Coronal and Sagittal View *(*required)*

☐ Scan *(optional)*

☐ Cast *(optional)*

EXTERNAL FIXATOR INFORMATION

External Fixator Status

☐ Brace ordered **before** Ex-Fix placement

☐ Brace ordered **after** Ex-Fix placement

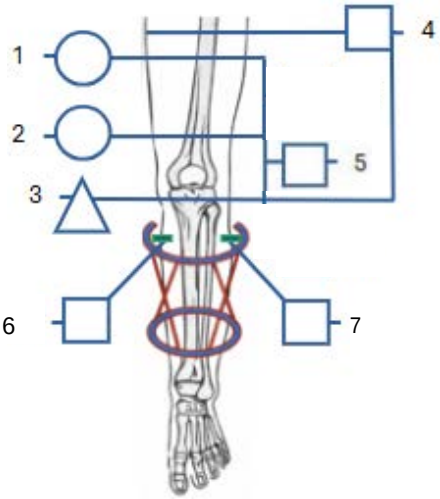
External Fixator Details

Ex-Fix Brand: _____

Proximal Ring Size: _____

Open-Back Proximal Ring: ☐ Yes ☐ No

MEASUREMENTS



1. Proximal Thigh Circumference
2. Distal Thigh Circumference
3. Knee Center M/L
4. Height: KC to Proximal Medial Cuff
5. Height: KC to distal medial cuff
6. Medial Knee to Inside Prox. Ring
7. Lateral Knee to Inside Prox. Ring

SPECIAL INSTRUCTIONS