

Cascade Fit Checklist

Circle "Yes" or "No" for each question. Provide an explanation for each "No."
Please send a copy of this checklist to Cascade P&O National Billing for the patient's records.

Patient Name: _____	Date of Birth: _____
----------------------------	-----------------------------

Fit

- 1. Is the heel fully seated?**
Yes No; explain: _____
- 2. Do the arches of the brace line up correctly with the contours of the foot?**
Yes No; explain: _____
- 3. Has the skin been examined during the fitting process, and is the relief for boney prominences (e.g., navicular, malleoli) accurately placed and shaped?**
Yes No; explain: _____
- 4. Does the brace close snugly over the instep and dorsum with some "give" for growth?**
Yes No; explain: _____
- 5. Is the metatarsal head width a comfortable fit under weight bearing, with no impingement at the metatarsal heads or extra width allowing abduction or adduction?**
Yes No; explain: _____
- 6. Does the toe plate length under weight bearing allow ¼ to ½ in. of growth room after trimming?**
Yes No; explain: _____

Habituation

- 1. Has the patient and family been taught how to break in the new brace (e.g., checking skin for redness, wearing schedule, donning and doffing instructions)?**
Yes No; explain: _____
- 2. Does the patient know what to do if he or she has problems with the brace?**
Yes No; explain: _____

Functional Outcome

- 1. Is there a functional difference when wearing the brace as compared to not wearing it?**
Yes No; explain: _____

Plan

- 1. Is there a plan for follow-up with this patient?**
Yes No; explain: _____

Practitioner Name (Print): _____ **Date:** _____

Practitioner Signature: _____