

# Cascade Fit Checklist

Check "Yes" or "No" for each question. Provide an explanation for each "No"

**IMPORTANT:** A completed copy of this must be provided to Cascade P&O for the patient's records

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Product:** \_\_\_\_\_

## 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 bony 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: \_\_\_\_\_

## Use and Care

**1. Has the patient, or the patient's legal caregiver, received written documentation on the proper use and care of the brace?**

Yes  No; explain: \_\_\_\_\_

## Plan

**1. Is there a plan for follow-up with this patient?**

Yes  No; explain: \_\_\_\_\_

**Practitioner Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Practitioner Signature:** \_\_\_\_\_