

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: _____