

Sample Medical Record Notes for Prescribing Richie Brace® Products

Introduction

These sample notes are offered as an example and should not be used as a template or substitute for original medical record documentation specific to an individual patient. There is no guarantee that these suggested sample notes will be accepted or will be adequate for ultimate review by Medicare or any third party insurance payor.

These sample notes are to be used as a guideline according to current published Medicare criteria for documentation of medical necessity of ankle-foot orthoses. All providers of ankle-foot orthoses are ultimately responsible for proper record keeping and compliance with regulations for reimbursement from all payors.

The sample medical record notes presented here are relevant to the Treatment Plan portion of the medical record, and are not intended to fulfill the entire amount of information which must be documented. These notes suggest information which is only a small portion of the overall medical record which must be developed and recorded, according to current standard of care for any patient who ultimately requires an anklefoot orthosis as part of their treatment plan.

It is imperative that the physician/provider document the specific clinical findings of each patient in a separate part of the medical record (Examination section) which validate the conclusions which are summarized in the Sample Medical Record Notes (Treatment Plan) which are presented below.



EXAMPLE 1

Diagnosis: Adult Acquired Flatfoot, Rupture Tendon of Foot/Ankle

Treatment Plan: Prescription for custom ankle-foot orthosis with ankle joints. The patient demonstrates significant weakness of the posterior tibial muscle and tendon, and has significant acquired flatfoot deformity demonstrated by hindfoot valgus, collapse of the medial longitudinal arch and severe abduction of the forefoot across the midtarsal joint.

This patient is ambulatory and requires stabilization of the foot and ankle due the weakness and injury to the posterior tibial tendon, as well as deformity due to valgus collapse of the hindfoot and ankle. This patient has the potential to benefit functionally from the prescribed ankle-foot orthotic treatment by achieving the following treatment goals:

- -decrease strain on injured posterior tibial tendon
- -decreased strain on deformed joints of the hindfoot and ankle
- -improved gait stability
- -decrease pain
- -decrease progression of deformity
- -viable alternative treatment to surgery

A custom ankle-foot orthosis is required for this patient. This patient could not be fit with a pre-fabricated ankle-foot orthosis. The reason is the severe deformity of this patient demonstrated by hindfoot valgus, collapse of the medial longitudinal arch and severe abduction of the forefoot at the mid-tarsal joint. In addition, the condition is expected to be long standing and there will be a need for this custom device to be worn by the patient for a period exceeding 6 months. Also, there is a need to control the foot and ankle of this patient in more than one plane.



A detailed prescription has been written for the custom ankle-foot orthosis with ankle joints and soft interface. An impression cast was taken of the patient's foot and ankle today for fabrication of the custom ankle-foot orthosis. The cast and fabrication order form were shipped to (enter name of lab distributor).

EXAMPLE 2

Diagnosis: Dropfoot, Hemiplegia

Treatment Plan: Prescription for custom ankle-foot orthosis with ankle joints. The patient demonstrates significant weakness of ankle joint dorsiflexion causing a dropfoot deformity during gait. This patient also has significant acquired foot deformity demonstrated by hindfoot varus, cavus deformity of the medial longitudinal arch and severe adducto-varus deformity of the forefoot across the midtarsal joint.

This patient is ambulatory and requires stabilization of the foot and ankle due to documented weakness of the ankle joint dorsiflexor muscles and ankle joint evertor muscles causing a dropfoot deformity. This patient has the potential to benefit functionally from the prescribed ankle-foot orthotic treatment by achieving the following treatment goals:

- -correct ankle joint position during gait caused by weak muscles
- -decrease strain on deformed joints of the hindfoot and ankle
- -improved gait stability
- -decrease progression of deformity



-viable alternative treatment to surgery

A custom ankle-foot orthosis is required for this patient. This patient could not be fit with a pre-fabricated ankle-foot orthosis. The reason is the severe deformity of this patient demonstrated by hindfoot varus, cavus deformity of the medial longitudinal arch and severe adducto-varus deformity of the forefoot across the midtarsal joint. In addition, the condition is expected to be long standing and there will be a need for this custom device to be worn by the patient for a period exceeding 6 months. Also, there is a need to control the foot and ankle of this patient in more than one plane.

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Example 3

Diagnosis: Degenerative Arthritis of the Ankle, Ankle Equinus, Talipes Valgus

Treatment Plan: Prescription for custom ankle-foot orthosis with ankle joints. The patient demonstrates significant pain and limitation of range of motion of the ankle joint. There is clinical evidence of equinus deformity of the ankle. The ankle and hindfoot demonstrate evidence of



valgus deformity. The patient's gait pattern demonstrates severe antalgic guarding, weakness of ankle joint dorsiflexion and valgus deformity of the hindfoot during stance.

This patient is ambulatory and requires stabilization of the foot and ankle due to loss of range of motion and equinus deformity of the ankle. This patient has the potential to benefit functionally from the prescribed anklefoot orthotic treatment by achieving the following treatment goals:

- -decrease strain and load on arthritic joints of the ankle and hindfoot
- -correction of deformity of foot and ankle
- -improved gait stability
- -decrease pain
- -decrease progression of deformity
- -viable alternative treatment to surgery

A custom ankle-foot orthosis is required for this patient. This patient could not be fit with a pre-fabricated ankle-foot orthosis. The reason is the severe deformity of this patient demonstrated by hindfoot valgus and ankle joint equinus. In addition, the condition is expected to be long standing and there will be a need for this custom device to be worn by the patient for a period exceeding 6 months. Also, there is a need to control the foot and ankle of this patient in more than one plane.

A detailed prescription has been written for the custom ankle-foot orthosis with ankle joints and soft interface. An impression cast was taken of the patient's foot and ankle today for fabrication of the custom ankle-foot orthosis. The cast and fabrication order form were shipped to (enter name of lab distributor).