

## REPAIRS OR REPLACEMENTS TO AFO/KAFO'S:

- PHYSICIAN NOTES MUST INCLUDE THE FOLLOWING FOR REPAIRS TO BE MADE:

- THE PATIENT HAS AND WEARS THE ORTHOSIS (HOW MUCH)
- THE ORTHOSIS IS STILL REQUIRED (WHY AND FOR HOW LONG)
- BRIEF DESCRIPTION OF WHAT IS WRONG WITH THE ORTHOSIS IN YOUR OR THE PATIENT'S WORDS AND THAT IT NEEDS TO BE REPAIRED OR REPLACED AND WHY **(IF YOU BELIEVE THE ENTIRE BRACE NEEDS TO BE REPLACED THE ABOVE JUSTIFICATION MUST BE INCLUDED IN YOUR NOTES (EX. AMBULATORY, NEEDED FOR LONGER THAN 6 MONTHS, WHY CUSTOM FABRICATED IS REQUIRED, ETC.) AS WELL AS WHY THE BRACE NEEDS TO BE REPLACED (GROWTH, ANATOMICAL CHANGES, ETC.)**

**\*\*THE PATIENT MUST HAVE A PRESCRIPTION FOR THE BRACE TO BE REPAIRED OR REPLACED AS NECESSARY\*\***