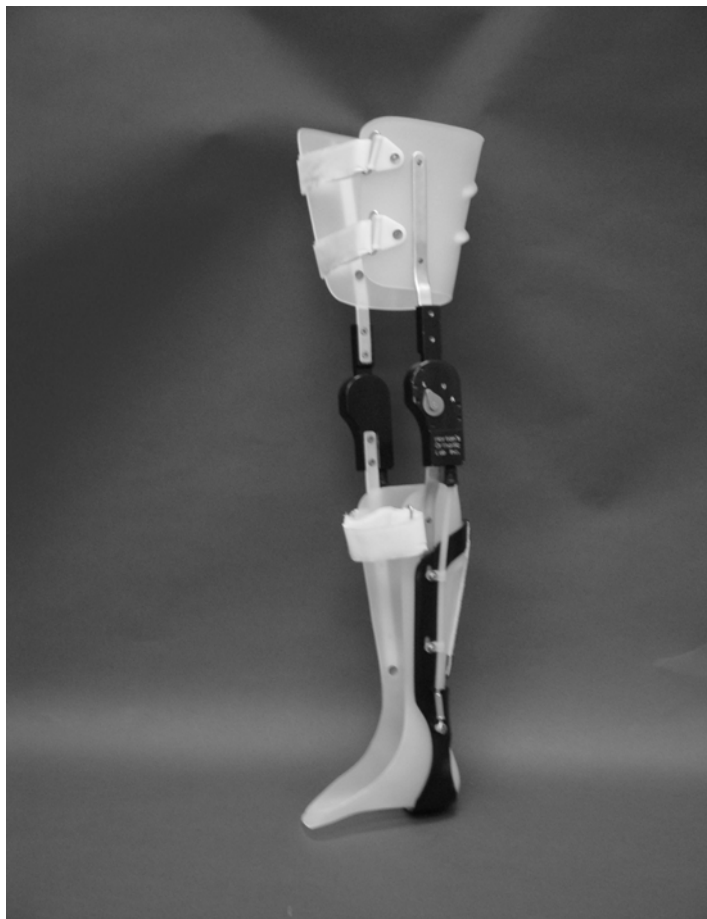


SCOKJ®

PATIENT EVALUATION FORM



Name: _____

Date: _____

Practitioner: _____

Referring Physician: _____

Diagnosis: _____

Therapist: _____

Weight: _____ Height: _____

Male: Female: Age: _____

General Health: NA Excellent Good Fair Poor

Explain Fair & Poor: _____

Onset Date: _____ Right Left Bilateral

Cause of Diagnosis: _____

Ambulation: Current activities involving ambulation (employment, driving, outdoor activities, hobbies, shopping etc.)

Describe current orthosis (if applicable) _____

Other mobility aids used to do these activities: Cane Quad Cane Forearm Crutches

Wheelchair Walker None

Patient's goals expected to obtain if successfully fitted with the SCOKJ®: _____

	U	A	S	I	NT	NA	Comments
Mobility Skills:							
Sitting Balance							
Sit To Stand							
Standing Balance							
Stand To Sit							
Walking							
Don Orthosis							
Doff Orthosis							
Other							

U = Unable
A = Assist Max. Mod. Min
S = Supervised
I = Independent
NT = Not Tested
NA = Not Applicable

Manual Muscle Test (MMT) & Range of Motion (ROM) Chart

LEFT			RIGHT	
MMT	ROM	Hip	MMT	ROM
		Flexion (0-120)		
		Extension (0-30)		
		Abduction (0-45)		
		Adduction (0-30)		
Comments:				
MMT	ROM	Knee	MMT	ROM
		Flexion (0-135)		
		Extension		
		Hyperextension (-)		
Comments:				
MMT	ROM	Ankle	MMT	ROM
		Dorsiflexion (0-20)		
		Plantar flexion (0-50)		
Comments:				

Manual Muscle Testing:	
0/Zero	No muscle contraction, visible or palpable
1/Trace	Slight contraction; no motion
2/Poor	Complete movement w/o gravity
3/Fair	Complete movement against gravity
4/Good	Can hold against moderate resistance
5/Normal	Can hold against maximum resistance
[<u>Muscle & Sensory Testing,</u> Reese 1999]	

Contraindications:
◆ Total loading > 225 pounds/102k
◆ Significantly impaired cognition, balance, or motivation
◆ Significant side load on joints
◆ Knee flexion contracture > 10°
◆ Biological knee joint > 10° off line of progression in swing phase (uncorrectable)

Assessment
Cognition: Able to understand the correct use of the SCOKJ® Yes <input type="checkbox"/> No <input type="checkbox"/>
Motivation: Willing to take the time and effort to train in the use of the SCOKJ® Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommendation: _____

Horton Technology Inc.
Innovations In Orthotics and Prosthetics