

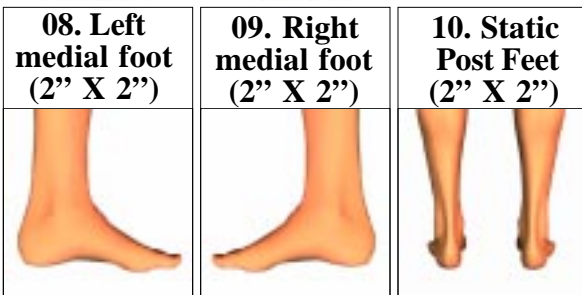
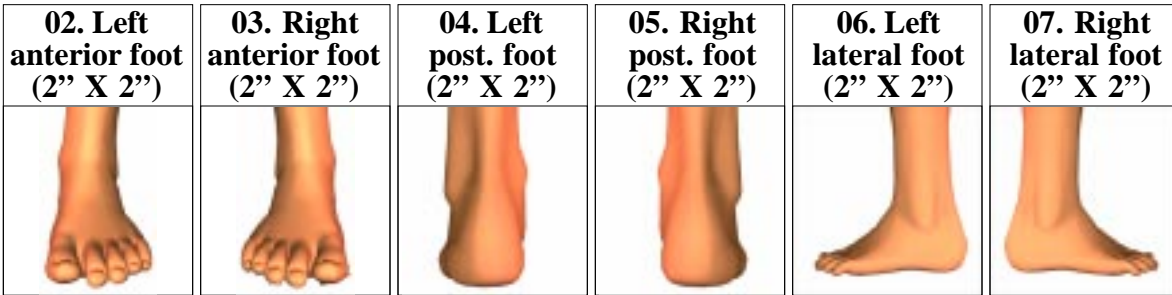
Video Filming Instructions:

<p>Personal Information:</p> <p>Name: _____</p> <p>Age: _____ Date: _____</p> <p>Weight: _____ Phone: _____</p> <p>Height: _____</p>	<p>Measurements:</p> <p>1. Measure the length of both feet: Left/Right Foot Length: _____ / _____</p> <p>2. Measure the length of both shoes (not size): Left/Right Shoe Length: _____ / _____</p> <p>3. Measure the posterior standing base (mid-calcaneus to mid-calcaneus): Standing Base: _____</p> <p>4. Measure the pelvis width (trochanteric level): _____</p>
<p>Recommendations:</p> <ol style="list-style-type: none"> 1. Request that the client bring and wear shorts or a bathing suit that is at least 3” above the knee. 2. Keep video camera as level and still as possible. Use a tripod if necessary. 3. Have adequate lighting. Outside filming presents contrast problems if there is bright sunlight. 4. Find a safe environment; attempt the following filming procedure if the client can walk safely. Parallel bars for security may sometimes be necessary. 5. Use any NTSC or digital video format. 	
<p>Filming: (If you film as indicated, the required frames indicated below will be captured.)</p> <ol style="list-style-type: none"> 1. Film a close up of smiling face; elicit the following from the client: <ol style="list-style-type: none"> a) name, age, weight, height, b) brief medical history, c) goals, concerns, wishes. 2. Film the anterior patient standing STATICALLY fully including waist to feet (5 seconds). 3. Film the posterior patient standing STATICALLY fully including knees to feet (5 seconds). 4. Film 1-2 minutes antero-posteriorly walking down and back twice. 5. Film 1-2 minutes medio-laterally walking down and back twice. 6. Repeat steps 2-5 if the client is currently using an external mechanical device such as an orthosis or prosthesis. 	

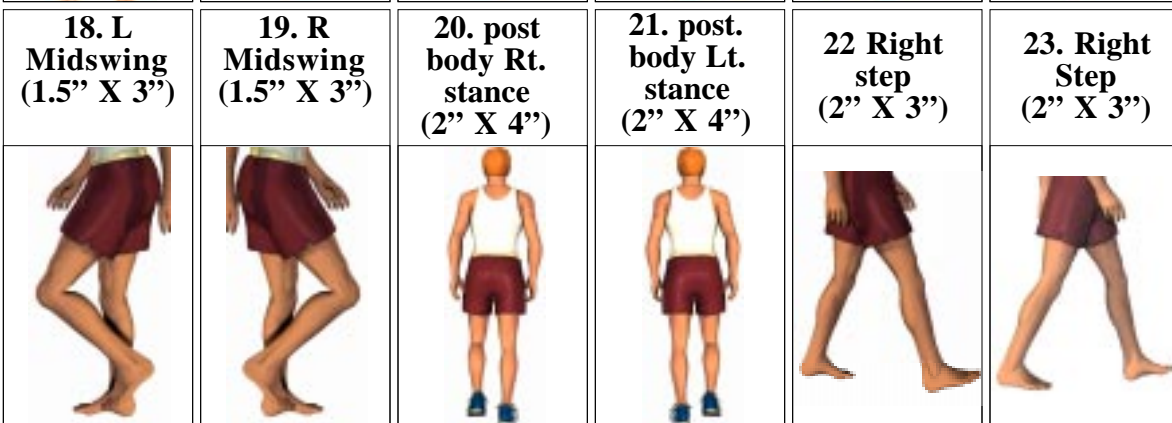
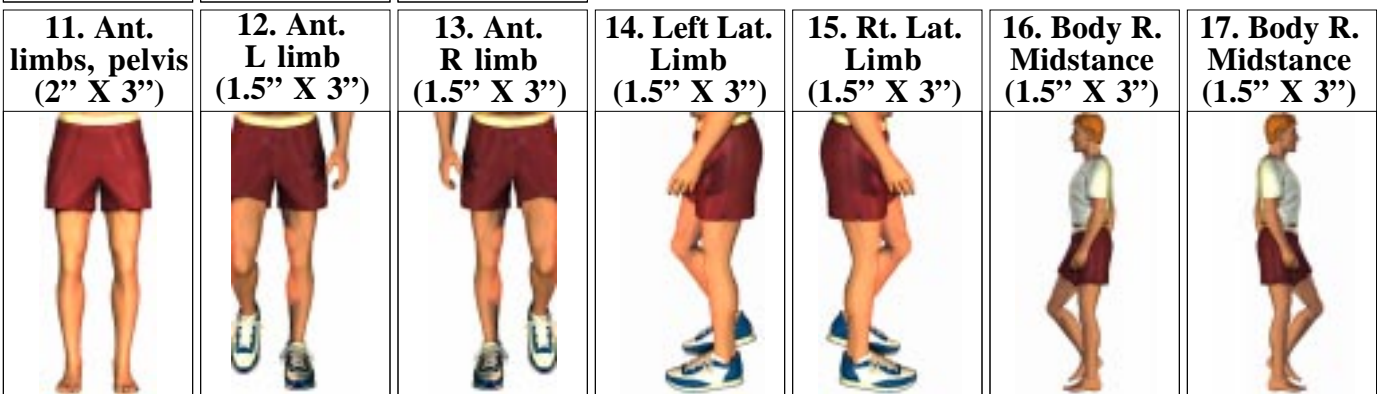
Video Frames for Mechanical Evaluations

Instructions:

- 1) Create a folder in the ‘Client Eval Graphics’ folder located within the O&P Pro Folder
- 2) Name the folder: Client’s Last Name, Client’s First Name. Example: Doe, Jane
- 3) Grab the required video frames listed below.
- 4) Name each frame by their corresponding number, i.e. 01, 02, etc..
- 5) Enter the captured frames in the client’s folder described above.



- STATIC frames : 01, 10, 11.
- MIDSTANCE/ MIDSWING frames: 02 - 09, 12 - 15, 18, 19.
- MIDSWING / MIDSTANCE frames: 16, 17.
- DOUBLE STANCE frames: 20, 21.



Questionnaire Form

For: _____

Date: _____

1. What is the name of your disease or problem? _____
2. What was the year of onset? _____ Diagnosis? _____ Years since onset? _____
3. What assistive devices do you presently use? _____
4. What kind of braces do you presently use? _____
5. How far can you presently walk barefoot? _____
6. How far can you presently walk with your current braces? _____
7. What prevents you from walking further? _____
8. How many falls do you have per day? _____ Week? _____ Month? _____ Year? _____
9. Do you have difficulty standing still barefoot? _____
10. How would you rank your security barefoot? (1-10) 1= poor _____
11. How would you rank your security with current braces? (1-10) _____
12. How would you rank your balance barefoot? (1-10) _____
13. How would you rank your balance with current braces? (1-10) _____
14. Do you feel your feet? _____ Ankles? _____ Legs? _____ Knees? _____
15. Do you have vestibular problems (inner ear balance problems)? _____
16. Do you have visual (eyesight) problems? _____
17. Do you have circulation problems? _____
18. Do you have edema or swelling in the foot? _____ Ankles? _____ Legs? _____
19. Do you have pain? _____ Location? _____ Rank Pain (1-10): _____
20. Are you independent at home? _____ In the community? _____
21. Do you currently work? _____
22. List other factors that may impede or limit your function:

Photographic & Video Consent Form

Procedure:

A representative of DynamicBracingSolutions (or someone assisting you) will take video films and photographs of you standing and walking with and without assistive devices. Such devices may include canes, crutches, orthoses, or prostheses. You will be requested to wear either shorts or bathing suit during the filming process.

Purpose:

This photographic and videographic evaluation procedure is an integral aspect of DynamicBracingSolutions' process of gait shaping. Consent is required for the process to begin. A DBS licensed clinician will analyze this information with the aid of computer programs. This information will help to determine the degree of the structural correction possible. It also becomes the baseline for all future comparisons.

Consent:

I consent to the taking of pictures (videographic or photographic of all formats) of my injury, physical condition, orthosis, or prosthesis by a DynamicBracingSolutions trained staff member or myself, to help determine the degree of the structural correction possible. The video may be used to educate other DynamicBracingSolutions members and to demonstrate outcomes to other healthcare professionals. The data is also utilized for research purposes. This material is to remain confidential and cannot be used for any other purpose without my approval.

Name: _____

Date: _____

Media Consent:

I consent to the taking of pictures (videographic or photographic of any format) of my injury, physical condition, orthosis, or prosthesis by a DynamicBracingSolutions trained staff member or myself to show other potential patients/clients, for education purposes or media purposes.

Name: _____

Date: _____