C-Brace
Physician quick reference and documentation guide
What is C-Brace?

C-Brace is a microprocessor controlled knee ankle foot orthosis (KAFO) designed to help compensate for lower-limb mobility issues due to partial paralysis, incomplete spinal cord injury, post-polio syndrome, and quadriceps weakness due to a variety of conditions. This first-of-its-kind device has helped people with these conditions achieve a safer, more natural gait than they may have had with another orthosis.

How is C-Brace different from other leg braces?

In the past, orthotic fittings for patients with neurological indications of the lower limbs consisted solely of leg braces with locked or manual locking knee joints. Newer stance phase control orthoses improved on this, helping users achieve a certain amount of dynamic movement. C-Brace goes a step further.

C-Brace is the only KAFO on the market that provides dynamic control of the entire gait cycle in real time. Movement is smoother, safer, more controlled, and more stable, even on uneven terrain.

How will C-Brace help my patient?

C-Brace encourages natural body posture, reducing excessive strain on the sound-side limb. Advanced stumble-control features facilitate a greater sense of stability and security. In addition, C-Brace may provide a number of functional benefits:

- Strengthen muscles that previously were rarely used
- Reduce muscular atrophies
- Prevent contractures and joint damage caused by immobilization
- Retain cardiovascular performance for everyday activities
- Reduce contralateral limb pain and overuse injuries
Indications

C-Brace can be considered for all neurologic indications of the lower limbs.

**Leading indications**
- Incomplete paraplegia (lesion between L1 and L5)
- Very minor or no spasticity
- Quadriceps weakness
- Post-polio syndrome
- Traumatic nerve injury

**Other factors**
- Patient must be able to fully stabilize his or her trunk and stand freely
- Patient’s hip flexor muscle strength must permit reciprocating gait with the affected leg, or patient must be able to compensate through trunk movement
- Patient must be motivated and financially able to participate in physical therapy so that he or she can be trained in using the device

How can I help my patient get access to this technology?

An evaluation must be conducted to find out if your patient is a candidate for C-Brace. Orthosis evaluations are conducted by trained and certified orthotists, often in coordination with a physical therapist or physiatrist.

1. **Refer your patient to an orthotist** if he or she does not already have one. Ottobock can recommend an orthotist if you do not have one in your referral network.

2. **Start the documentation process.** C-Brace requires a physician prescription and insurance pre-authorization. Our C-Brace Physician Documentation Guide on the next page will help you document the medical necessity of the brace in your medical record.

3. **Contact Ottobock.** If you have any questions, contact at 512 806 2897 to speak with a member of the Professional and Clinical Services team.
C-Brace Justification
Physician Documentation Guide
January 1, 2016

Documentation may come from the prescribing physician or other pertinent sources (e.g. primary care, specialists, hospital, rehabilitation, home health, etc.). Information should be documented (if possible) in the contemporaneous medical record, as many payors do not accept Letters of Medical Necessity/Templates.

History of the Injury, Illness, or Condition
- Diagnosis related to medical necessity for the orthosis
- Affected side
- Symptoms
- Clinical course
- Therapeutic interventions and results
- Prognosis

Functional Limitations (ordering physician)
- Describe the nature and extent of functional limitations on a typical day including:
  - Description of activities of daily living and how impacted by deficit(s)
  - Diagnoses causing these symptoms
  - Other comorbidities either relating to ambulatory problems or impacting the use of new orthosis (e.g. cardiovascular reserve, condition of contralateral limb, fatigue)
  - Ambulatory assistance (cane, walker, wheelchair, caregiver) currently used in addition to the orthosis
- State whether any of these limitations will affect your patient’s ability to use the C-Brace.

Physical Examination
- Recent physical examination that is relevant to functional deficits
  - Focus should be on the body systems responsible for the patient’s ambulatory difficulties or impact on the patient’s functional ability
- Include comprehensive manual muscle tests (if disease is progressive, these should be taken early in the day to avoid false reading due to fatigue)

Orthosis Use (ordering physician)
- Problems with current orthosis/component(s)
- Past experience with orthoses/braces and other failed treatments
- State your opinion as to why you believe C-Brace will help your patient regain or maintain function

Motivation and Participation (ordering physician)
- Document that patient is motivated to use the C-Brace
- Document that patient is able to physically function at a level necessary for a microprocessor-controlled orthosis and is willing and able to participate in training for use of the device

Prescription (ordering physician)
Provide a clear and specific prescription/order for a microprocessor-controlled swing and stance knee-ankle-foot-orthosis with rationale for your decision.