University Medical Services
& Supplies

The Medical Equipment Company
that puts people first

PATIENT LUMBAR ORTHOSIS (BACK BRACE) EVALUATION

Patient Name_____ DOB___/___/___ Male ☐ Female ☐

General Patient Profile

Patient walks; Independently ☐ Uses cane ☐
Uses wheelchair ☐ Uses Wheel Chair ☐
Weight (lbs.)_____ Height_____

Medical necessity (LO) Lumber Orthosis (LO627) Lumbar-Sacral Orthosis (LO631), or (LO637) **is needed for one of the following conditions**

☐ To facilitate healing following a surgical procedure on the spine or related soft tissue.
Date of procedure_____ Description_____

☐ To facilitate healing following an injury to the spine or related soft tissues.
Description_____

☐ To reduce pain by restricting mobility of the trunk.

☐ To other wise support weak spinal muscles and/or a deformed spine.

☐ Lumbago (724.2)
☐ Spinal Stenosis (724.0)
☐ Muscle Weakness (728.87)
☐ Spondylolisthesis (750.12)
☐ Lumbar Disc Displacement (722.10)
☐ Lumbosacral Sponsylosis (721.3)
☐ Lumber Strains / Sprain (847.2)
☐ Spinal Disorder (724.9)
☐ Lumbar?Lumbosacral Intervertebral Disc Degeneration (722.52)

Patient Measurement

Waist – locate belly button then measure around the body inches=_____
Lliac Crest – locate hips, then measure around the body inches=_____
(Use the larger inch size to choose the brace size)