

# Daily Activity Chart

**Potential Daily Activities**  
 List activities that patient has done in the past and would like to get back to using a new device (e.g. home, work, therapeutic, exercise, & leisure). Focus on activities that meet criteria stated in the insurance payer's coverage policy (if available) and activities that the new orthosis will allow that the current orthosis does not.

Daily Activities	Distance Traveled (use Google Maps)	Describe how patient does the activity without a mobility aide or orthosis? (Focus on difficulties, such as falls, stumbles, ramps, curbs, stairs, uneven terrain, not making it across street before light changes, inability to change speed when needed, etc.)	Describe how patient does the activity with current orthosis and/or mobility aid. (Focus on difficulties, such as falls, stumbles, ramps, curbs, stairs, uneven terrain, not making it across street before light changes, inability to change speed when needed, etc.)	How will patient be able to do it better with the new orthosis? (What feature does the new orthosis offer that will help your patient achieve the activity? Hint: Ottobock might have a brochure or reimbursement guide that includes features and benefits.)
<b>Activities Prior to the injury or illness</b>				
<b>Current Activities</b> that patient is struggling with that he/she could better with the new orthosis.				
<b>Potential Future Activities using the new orthosis</b> (If these vary from prior activities, an explanation will be required)				