modulate

Modulate Scoliosis TLSO

User Manual

Everything you need to order, fit and follow up on a Modulate TLSO.

Version 1.0 | 2026-10-09

Email: **support@modulate.ca** | **www.modulate.ca**

Find this manual and all our up-to-date resources on our Knowledge Hub: **help.modulate.ca**

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The latest up-to-date version of this manual is available on our Knowledge Hub: **help.modulate.ca**

How to Order

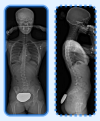
Ordering a Modulate TLSO takes four steps. **No measurements are required if the scan is calibrated & high quality.** If you are unsure about your scan, you can take one tape measurement at the ASIS level and write it in the notes of the order form.

The process at a glance

YOU SEND US


3D scan with landmarks


4 patient photos


PA or AP required
LAT recommended

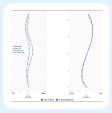

Completed order form

We design and 3D print →

YOU RECEIVE


Finished 3D TLSO


Custom pads


Simulation report

Ordering steps

1 **Mark the landmarks and scan the patient**

Place the 13 anatomical markers, then capture a standing 360° scan (fulltime TLSO) or a two-sided recumbent scan, supine and prone (nighttime TLSO). Whenever possible, **send both scans**: it is the best way for us to calibrate patient flexibility.

see Scanning Instructions (p. 6), Scan Quality (p. 8) and Flexibility Evaluation (p. 10)

2 **Take the photos and collect the X-rays**

Take 4 patient photos with the markers in place, and gather a frontal X-ray (PA or AP) and a lateral X-ray (recommended).

see Photo Instructions (p. 9) and X-Ray Instructions (p. 11)

3 **Complete the order form**

Fill in all required fields of the Modulate Order Form included in your starter package, including the brace type, shell color and the qualitative flexibility assessment.

see Data Requirements (p. 5) and TLSO Products & Colors (p. 4)

4 **Send everything to po@modulate.ca**

Email the completed order form, scan file(s), photos and X-rays. If you use the **Ortoped Capture** app, you can also submit the scan, order form and photos directly from the app.

Before you send: checklist

- ☐ Completed Modulate Order Form (brace type, shell color and flexibility assessment)
- ☐ 3D scan file(s): .obj with its .mtl and texture image, or .stl / .iMed / .Med
- ☐ 4 patient photos (.png or .jpg), markers in place
- ☐ Frontal X-ray (PA or AP), plus a lateral X-ray (recommended)

Any question?

Send us a message or call us!

Phone: **+1.438.801.6448**
Email: **support@modulate.ca**

TLSO Products & Colors

Modulate offers two TLSO products. Select the brace type and write the shell color name in the order form.

Products

Fulltime TLSO

TLSO-SCOLI-FT



Rigo-Cheneau type



Boston type

3D scan: standing 360°

Nighttime TLSO

TLSO-SCOLI-NT



Nighttime

3D scan: recumbent, supine + prone

Materials

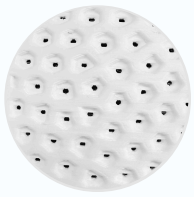
Shells are 3D printed in our specialized polypropylene (PP): a heat-formable, slightly compliant thermoplastic that allows for post-print adjustments. Straps are made of smooth PU-coated polyamide (PA) with a hook & loop closure system.

Color options

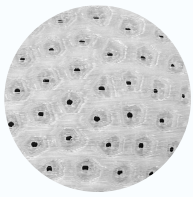
Brace shell



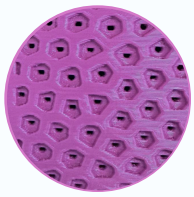
Black



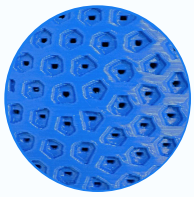
White



Transparent



Purple



Blue

Straps



Black

Valid as of 2026-10-09. Find the up-to-date selection at modulate.ca/palette. Write the color name exactly as shown (e.g., Purple) in the order form.

Any question?

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Email: **support@modulate.ca**

Data Requirements

Patient Data

Complete all required fields in the **Modulate Order Form** included in your starter package (fulltime or nighttime TLSO).

Required Files Summary

FILE	TYPE	FORMAT	REQUIRED?
STANDING SCAN	3D MESH	OBJ, STL, IMED, MED	REQUIRED (FULLTIME)
RECUMBENT SCAN	3D MESH	OBJ, STL, IMED, MED	REQUIRED (NIGHTTIME)
4 PATIENT PHOTOS	IMAGES	PNG, JPG	REQUIRED
FRONTAL X-RAY (PA/AP)	IMAGE	DCM, PNG, JPG	REQUIRED
LAT X-RAY	IMAGE	DCM, PNG, JPG	RECOMMENDED

3D Scans *see our Scanning Instructions (p. 6) for more details*

Requirements:

For **fulltime TLSOs**: A standing 360° torso scan with arms elevated at 90° (T-position).

For **nighttime TLSOs**: A two-sided recumbent torso scan (supine and prone), arms at 90° (T-position).

Accepted formats: .obj (with its .mtl and texture image files), .stl, .iMed or .Med

Note: No measurements are required, but affix the **key anatomical landmarks** before scanning. If you are unsure about your scan, you can add one tape measurement at the ASIS level in the notes of the order form. Sending both **a standing and a recumbent scan** is the best way for us to calibrate patient flexibility; otherwise, the order form assessment and photos are enough (see Flexibility Evaluation, p. 10).

Photos *see our Photo Instructions (p. 9) for more details*

Please provide the following 4 photos of the patient, keeping the key anatomical landmarks on the body.

Standing position: (1) front (2) back (3) side **Prone position:** (4) side

The standing and prone side views help us calibrate patient flexibility (see Flexibility Evaluation, p. 10).

X-Rays *see our X-Ray Instructions (p. 11) for more details*

Optimal requirements:

Two X-rays in **.dcm** format: one **frontal** X-ray (PA or AP) one **lateral** X-ray (LAT)

If available, EOS calibrated images are preferred.

If **.dcm** is unavailable, direct .png or .jpg exports or screenshots are accepted. Phone photos of the screen are not accepted.

Note: A frontal X-ray alone is enough for us to proceed, but a lateral X-ray is recommended: it significantly improves accuracy (see X-Ray Instructions, p. 11).

Scanning Instructions

Recommended scanners:	Structure Sensor, Shining 3D EinScan, iPhone
Recommended apps:	Ortoped Capture, 3DsizeME, MyFit - My3DScanner, Comb 3D Scanner, Momentum Spine
Accepted formats:	.obj (with its .mtl and texture image files), .stl, .iMed or .Med

Protocol

1. Prepare the patient:

- Ensure tight-fitting clothes or a stockinette are worn
- Tie patient's hair back to keep the shoulder and neck regions visible
- Tie a belt, stockinette, or ribbon around the waist to highlight the pelvis / iliac crests

2. Mark the anatomical landmarks:

see the Anatomical Landmark Placement guide (p. 7)

Use raised markers (bump dots or foam squares) on the following **13 key anatomical landmarks**:

Sternum	**Upper back**	**Pelvis**	**Sides** *(at the midaxillary line, bilaterally)*
○ Sternal notch	○ C7 spinous process	○ ASIS (both)	○ Inferior ribcage margin
○ Xiphoid process	○ Inferior scapulae (both)	○ PSIS (both)	○ Iliac crest

3. Scan the patient:

For all scans: ensure the scan shows the torso from the trochanters to the mandible (chin), with the arms up to the biceps. Scans can be taken with or without texture, depending on your scanner's capabilities.

For fulltime TLSOs: standing 360° scan with arms elevated at 90° (T-position).

- Ensure the patient maintains a neutral, relaxed posture, taking care to **avoid exaggerated lordosis or kyphosis**.
- Ensure that the pelvis is in a **neutral position.**

For nighttime TLSOs: two-sided recumbent scan on a firm, flat surface (supine and prone), arms at 90° (T-position).

- Use your scanning tool's two-sided option. If this feature is unavailable, take two successive scans: first supine, then prone.
- Make sure both side markers (midaxillary line) are visible in both scans.
- Keep the patient's pelvis in a neutral position, with legs extended.

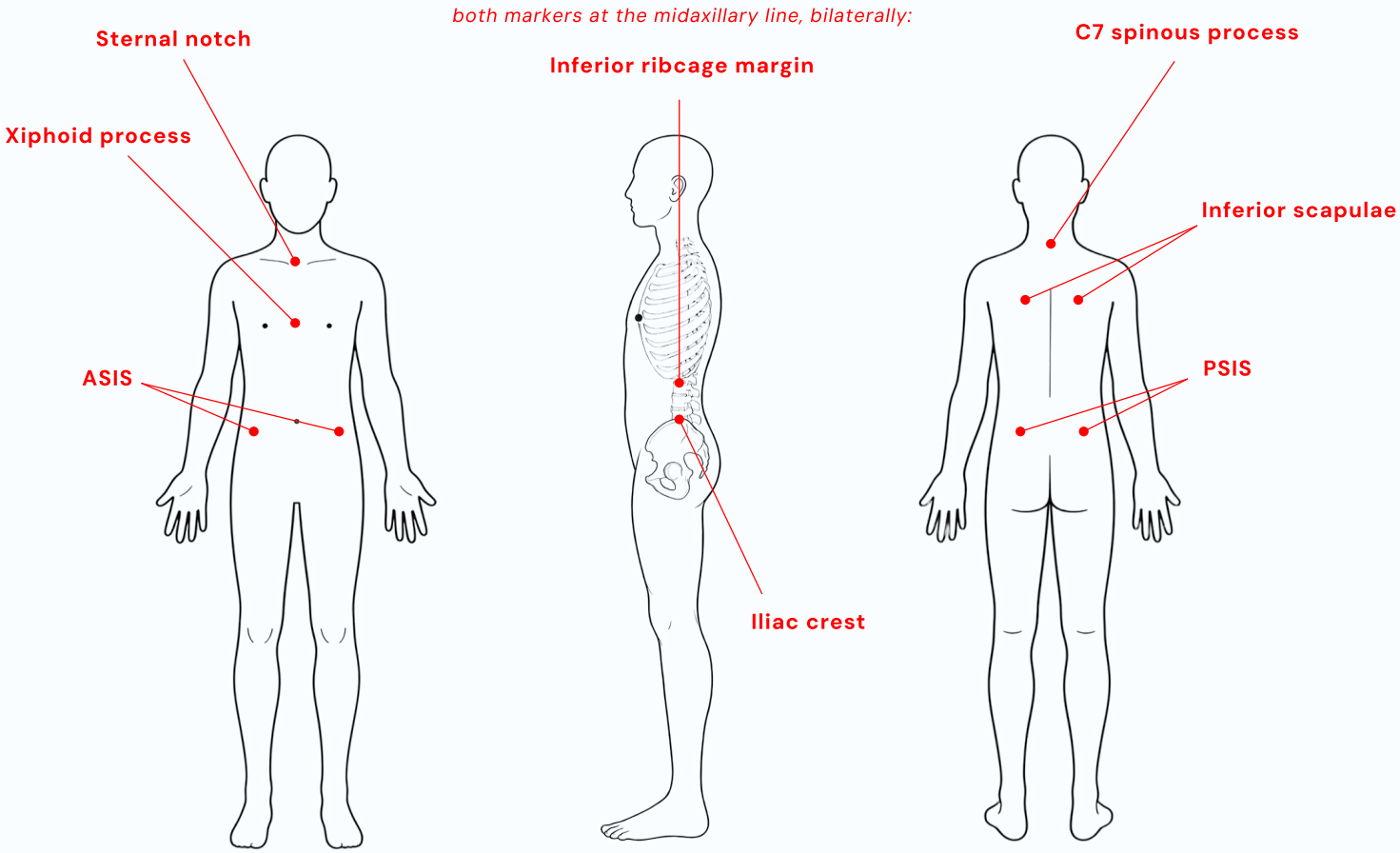
4. Send us the scan with the required data:

Email your scan file(s), X-rays, patient photos and completed order form to **po@modulate.ca**. If you scanned with texture, send the **.obj** together with its **.mtl** and texture image files; otherwise, an **.stl** export is fine.

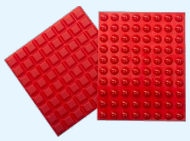
If you use the **Ortoped Capture** app, you can also submit the scan, order form and photos directly from the app.

Scanning Instructions

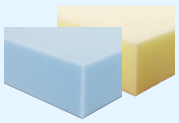
Anatomical Landmark Placement (13 markers)



What to use for marking



Bump dots



Foam squares

Use **raised markers**, such as bump dots or foam squares, so that they are clearly visible in 3D on the scan, even without texture.

Place **all 13 markers** before scanning and leave them on for the patient photos.

Any question?

Send us a message or call us!

Phone: **+1.438.801.6448**

Email: **support@modulate.ca**

Scanning Instructions

Scan Quality

For all scans: the torso from the trochanters to the mandible (chin), with the arms captured up to the biceps.

✓ Do's: standing scan

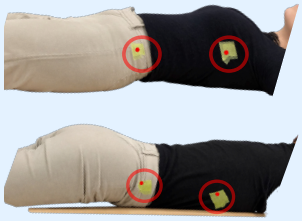
- Large scan bounding box (from trochanters to mandible)
- Balanced patient position, legs extended
- Neutral pelvis, natural sagittal alignment
- Key anatomical landmarks clearly visible
- Clear armpit areas
- High-quality scan, free of artifacts



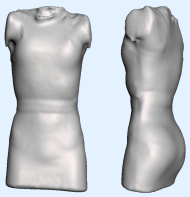


✓ Do's: recumbent scan (nighttime)

- Supine scan, then prone scan
- 2 side markers visible in both scans
- Arms in T-position, off the body
- Neutral pelvis, natural sagittal alignment
- Hair kept above the shoulders
- Minimal transition between the 2 scans

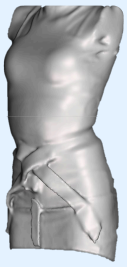


Supine and prone scans: side markers (circled) visible in both

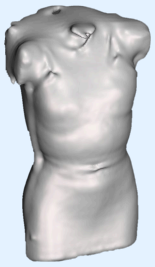


Merged result: clean, continuous torso

✕ Don'ts



Arms cut too short; geometry lost in the armpit area



Scan shift artifact from patient movement



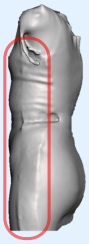
Scan cut off above the buttocks



Thick or loose-fitting clothing



Exaggerated lordosis



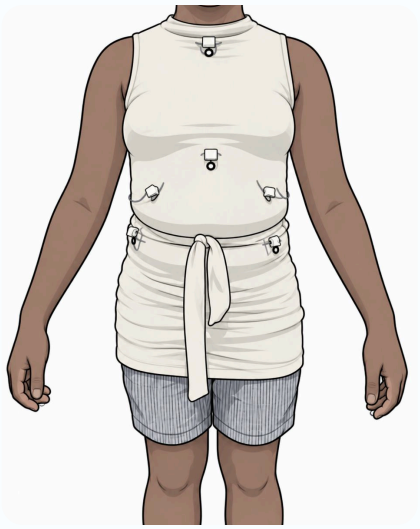
Large transition zone between the 2 recumbent scans

Tip: check the scan before the patient leaves. If any of the issues above are visible, rescan while the markers are still in place.

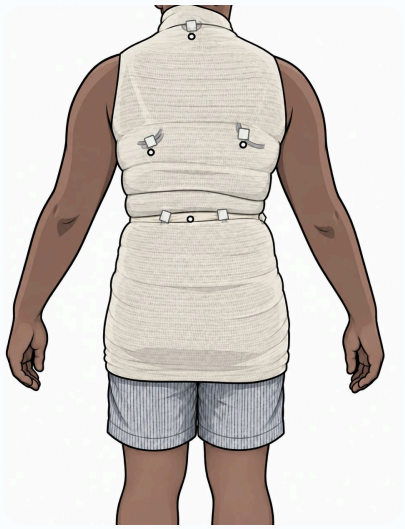
Photo Instructions

Patient Photos

Provide **4 photos** of the patient, keeping all **13 anatomical markers** in place. Accepted formats: **.png** or **.jpg**.



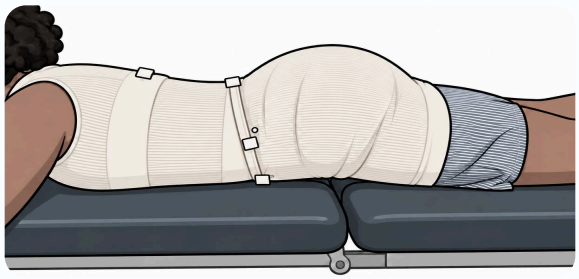
(1) Standing – front



(2) Standing – back



(3) Standing – side



(4) Prone – side

Why a prone side view?

Comparing the standing and prone side views helps us calibrate patient flexibility, especially when only one scan is available (see Flexibility Evaluation, p. 10).

Tips

- Keep all anatomical markers in place, as for the scan.
- Use a plain background and good, even lighting.
- Keep the same tight-fitting clothing as for the scan.
- Hold the camera at torso height, facing the patient squarely.

Flexibility Evaluation

Knowing how flexible the patient's spine is helps us calibrate our model. There are two ways to give us this information.

Option 1: send both scans BEST

Send a standing scan and a recumbent scan of the same patient. Comparing the two positions is the **best way** for us to calibrate patient flexibility in our model.

- Standing 360° scan with arms elevated at 90° (T-position)
- Two-sided recumbent scan (supine and prone)
- Keep the anatomical markers in place for both scans

Option 2: only one scan available SUFFICIENT

If you can only send one scan, the **qualitative flexibility assessment** in the order form, together with the **patient photos**, is enough for us to evaluate flexibility.

- Complete the qualitative flexibility assessment in the Modulate Order Form
- Send the 4 patient photos, including the standing and prone side views

see Scanning Instructions (p. 6), Photo Instructions (p. 9) and Data Requirements (p. 5)

X-Ray Instructions

1. Send two X-rays:

- one **frontal** X-ray (PA or AP)
- one lateral X-ray (LAT), recommended
- If available, **EOS calibrated** images are preferred.



PA



LAT

2. Include the following structures:

- Full spine from C7 to the sacrum
- Complete **rib cage** with **skin outline**
- **Pelvis** down to the **femoral heads**

3. Use the best available format:

PRIORITY	FORMAT	FILE TYPE	QUALITY
1	EOS CALIBRATED DICOM	DCM	BEST – PRESERVES TRUE SCALING
2	STANDARD DICOM	DCM	PREFERRED – FULL IMAGE DATA
3	EXPORT OR SCREENSHOT	PNG, JPG	ACCEPTABLE

For **.png** or **.jpg** exports, include an integrated scale for calibration whenever possible.

✕ Phone photos of the screen are not accepted, as they distort the image. Use a direct export or screenshot.

4. Check image quality:

✓ Do's

- DICOM format or screenshots
- Outline of the skin visible
- Clear, high-quality images
- Frontal & lateral views



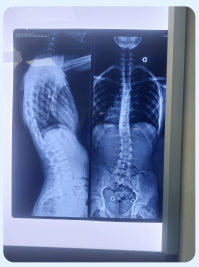
AP or PA view



LAT view

✕ Don't's

- Phone photos of the screen
- Missing skin outline
- Low resolution
- Missing LAT, when available



Phone photo of screen



Cropped & missing skin outline



Low resolution

Note: We understand that LAT X-rays might not always be available. Our process can operate with frontal X-rays only, but including both frontal and lateral views significantly improves accuracy. A lateral X-ray is therefore recommended.

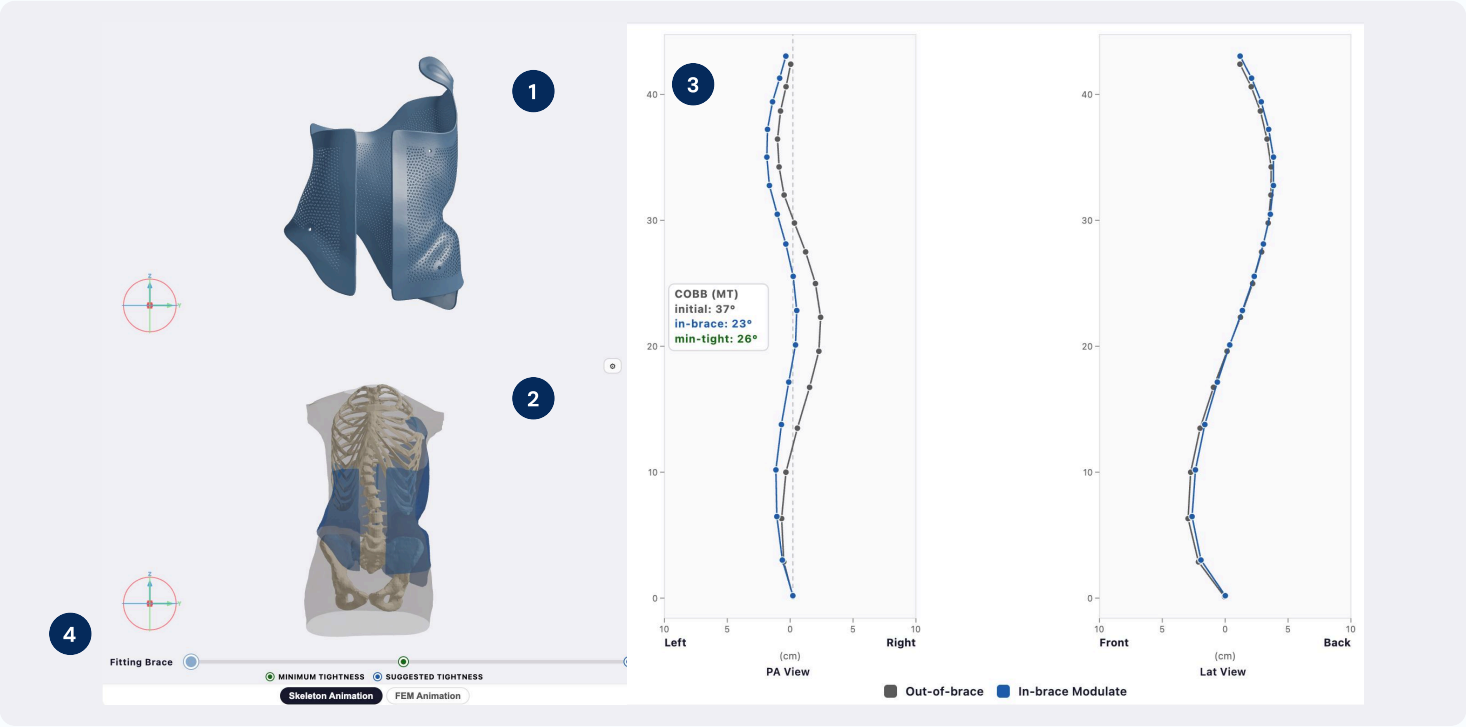
Any question?

Send us a message or call us!

Phone: **+1.438.801.6448**
Email: **support@modulate.ca**

Simulation Report

Every Modulate TLSO comes with a **simulation report**: a 3D biomechanical simulation of the brace on your patient, showing the expected in-brace correction of the spine. Use it during the fitting and with your patient.



1 Simulated brace · **2** In-brace skeleton · **3** Spine curves out of brace vs in brace, with Cobb angles · **4** Tightness indicators

How to use it

Assist the fitting

Compare the real brace on your patient with the simulated brace: position, height and rotation should match the simulation.

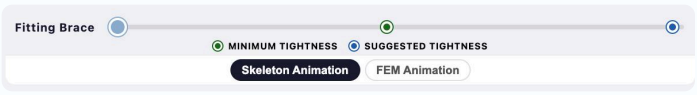
Guide strap tension

The tightness indicators show the simulated correction at the Minimum and Suggested tightness. They match the Minimum and Suggested Tightening marks on the straps.

Educate the patient

Show the report to your patient to explain how the brace corrects the curve and to encourage compliance with the wear schedule.

Tightness indicators



Use the Fitting Brace slider at the bottom of the report to view the simulated correction at each tightness: green for the **Minimum tightness** and blue for the **Suggested tightness**.

Any question?

Send us a message or call us!

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Email: **support@modulate.ca**

Fitting Instructions

Have the **simulation report** at hand during the fitting: it shows how the brace should sit on the patient and the correction expected at each strap tension.

1 Position the brace

- Align the brace using the pelvis and axilla landmarks.
- Verify height and rotational alignment.
- **Compare with the simulation report**: the brace should sit on the patient as it does in the 3D simulation.

see Simulation Report (p. 12)

2 Optimize comfort

- Adjust trimlines if required.
- Flare out pressure points if required.
- If needed, install the supplied comfort pads, or add your own, in areas that require a softer interface.

see Post-processing Instructions (p. 14) and Padding Instructions (p. 15)

3 Adjust strap tension

- Calibrate the tension with the patient **lying down**.
- Use the tension reference marks on the straps (also shown in the simulation report) to define an **Initial Tightening mark** and a **Full Tightening mark**.
- Mark both on the straps with a marker.
- If additional correction is required, install the supplied corrective pads or add your own.

see Strap Tightening Instructions (p. 16)

4 Verify and educate

- Confirm fit and comfort, and take photos of the fit (send them to clinical@modulate.ca whenever possible).
- Explain the wear schedule and the strap marks to the patient.
- Use the simulation report with the patient to show the effect of the brace.

see Clinical Recommendations (pp. 17–18)

The reference marks on the straps are a starting point only: you should set the **final marks** based on the patient's ability to tolerate correction. If a fit issue cannot be solved with local adjustments, see **Reprint for Fit Issues (p. 19)**.

Post-processing Instructions

1. Material removal:

Adjust trimlines with heavy-duty scissors, a jigsaw or a router, depending on the desired outcome.

- **Heavy-duty scissors:** small trimline changes and opening corners.
- **Jigsaw:** larger material removal and smooth, curved trimlines.
- **Router:** larger material removal along the trimline (height adjustments up to 1.5 cm). A metal rasp head is most efficient; alternatively, use a **coarse sanding cone** (P36 or coarser) at about 2,100 RPM with firm, controlled pressure.

Typical uses: adjust trimline height, increase axillary or pelvic clearance.



Material removal with a router

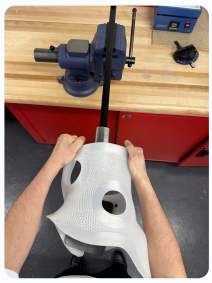
2. Thermoforming adjustment:

Same as conventional braces, but **higher heat** is required and the brace should **cool down** while held in the desired shape.

1. Identify the adjustment area and the direction of deformation.
2. Apply localized heat with a heat gun held **7–10 cm** from the surface, using continuous movements for **30–60 seconds** (target **90–120 °C**).
3. Form the brace with the appropriate forming tool and hold the desired shape.
4. Cool the area while holding the deformation (compressed air, cold spray or ice pack).
5. Verify the fit once fully cooled; repeat if necessary.



Heat locally



Form and hold

3. Edge sanding (router):

Similar to copolymer braces, with a lower routing speed (350–1,050 RPM depending on the cone) and a finer grit if your router has a single fixed speed. Apply light pressure, use quick continuous passes and compressed air to limit heat buildup.

1. Optional: start with a **P120 sanding cone** for initial smoothing.
2. Follow with a **fine polishing cone** (mini arbor recommended for tight curves).
3. Finish with a **Coneiak polishing arbor** (Hourglass profile) in long, continuous passes. Slight surface melting is normal.
4. For sensitive patients, finish with **manual sanding (P180 or finer)**.



Final pass with Coneiak arbor



Sanding cone (P120)



Mini polishing cone



Coneiak Hourglass arbor

Caution: when melting material with the router, hot residues may be ejected. Any residue left along the edges is removed during the sanding steps.

Any question?

Send us a message or call us!

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Email: **support@modulate.ca**

Padding Instructions

What's included?

Every brace ships with a set of **pre-cut custom pads**, ready to install during the fitting appointment.

Pad types:

- **Black comfort pads:** always included. Their shape and placement are derived from the simulation results for that brace.
- **Corrective pads:** included in certain cases, to add corrective pressure at fitting.

Reading the labels:

Each pad is marked with its **orientation (UP / DOWN)** and its **target zone (MT: main thoracic, PT: proximal thoracic, TLL: thoracolumbar/lumbar).** On the brace, the matching zones are the areas left **without aeration holes**.

Installation:

1. **Peel off** the adhesive backing. Use the marked line to make peeling easier.
2. **Corrective pads only:** heat the pad with a heat gun until it softens, then shape it to the curve of the brace; heating also improves adhesion to the polypropylene shell. Black comfort pads do not need heating.
3. **Press the pad firmly into place** (while still hot, for corrective pads) for the strongest bond.
4. **Hold in place until cool**. Use compressed air to speed up cooling.

Pad zones on the brace

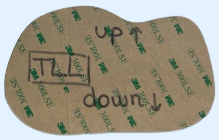


MT zone left without aeration holes for pad placement

Padding labels



Comfort pad (front)



Pad annotations (back)

Padding options



Poron comfort pad



Additional corrective pad

Note: install the supplied pads only where needed. During the fitting, assess whether the patient needs additional comfort or corrective pressure; you can also add your own pads if required.

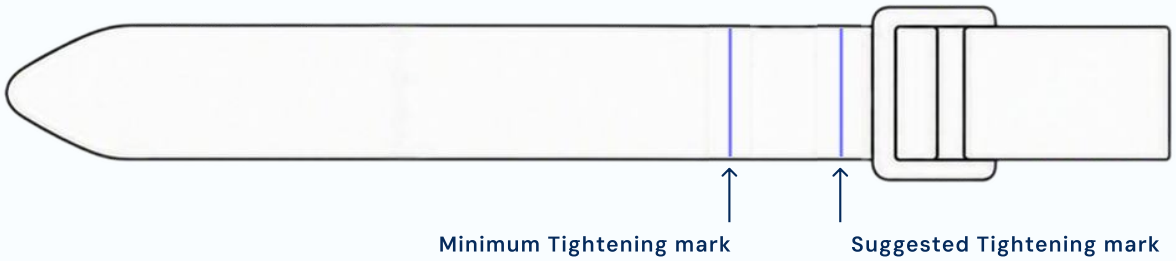
Any question?
Send us a message or call us!

Phone: **+1.438.801.6448**
Email: **support@modulate.ca**

Strap Tightening Instructions

Optimize the balance between comfort and scoliosis correction: define the final tightening marks during the fitting, with the patient lying supine.

Reference marks on the straps



Each strap is annotated with a **Suggested Tightening mark** and a **Minimum Tightening mark**. The corrections obtained at these two tensions are shown in the simulation report (tightness indicators: Suggested and Minimum tightness).

Define your own marks

1 **Patient lying supine: define the Full Tightening mark**

Define a **Full Tightening mark** based on correction, comfort and expected patient compliance. Ideally, this mark should be **at least equal to the Suggested Tightening mark**, and **never less than the Minimum Tightening mark**.

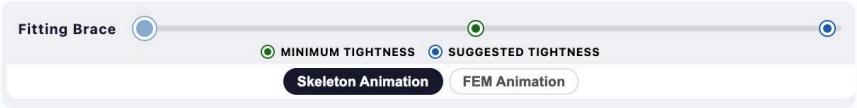
2 **Patient lying supine: define the Initial Tightening mark**

Define an **Initial Tightening mark** to support gradual adaptation during the first week. It can be set by loosening the strap by **approximately 1 inch (2.5 cm)** from the Full Tightening mark.

see Clinical Recommendations (pp. 17–18) for the progression from the Initial to the Full Tightening mark

Mark both the Initial and the Full Tightening marks on each strap with a marker, and show them to the patient. The reference marks are for guidance only: the final marks depend on the patient's ability to tolerate the correction.

In the simulation report



Minimum tightness = Minimum Tightening mark
Suggested tightness = Suggested Tightening mark

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Clinical Recommendations – Fulltime TLSO

TREATMENT GOAL At least 18 hours of brace wear per day

Progressive wear schedule

Build up wear time and strap tension gradually over the first three weeks after the fitting.

	Day 1–2	Day 3–7	Week 2	Week 3
Goal	Initial adaptation	Build tolerance	Normalize daily life	Full prescription
Wear time	2–3 wear blocks of 1–2 hours, mostly at home	Progress gradually to 10–12 h/day	Progress gradually to 18+ h/day	Consistent full-time wear
Guidance	Check the skin after each wear block	Increase wear time and begin sleeping in the brace when daytime tolerance is acceptable	Increase by 1–2 h/day until near prescription, and make school wear routine	Full Tightening mark every day
Strap tension	Initial Tightening mark	Progress toward the Full Tightening mark	Full Tightening mark	Full Tightening mark

In-brace X-ray

Recommended 3 weeks after the first fitting

This allows time to establish the prescribed wear time and full tightening, complete the initial pressure-point adjustments, and assess the correction in a consistent brace position. Please share the in-brace X-ray with the Modulate team at clinical@modulate.ca: it helps us improve our model over time.

These recommendations are a general guide: adapt the schedule to each patient's tolerance and to your clinical judgment.

Patient guide

Direct your patients to the patient guide on our Knowledge Hub at help.modulate.ca: how to put on the brace, cleaning and maintenance.

Clinical Recommendations – Nighttime TLSO

TREATMENT GOAL — **Every night, for the whole sleep period (at least 8 hours per day)**

Progressive wear schedule

Build up wear time and strap tension gradually over the first two weeks after the fitting.

	Night 1–2	Night 3–4	Night 5–7	Week 2
Goal	Initial adaptation	Build tolerance	Sleep through the night	Full prescription
Wear time	First 2–4 hours of the night, then remove	Progress gradually to most of the night	Full night, every night	Consistent nightly wear
Guidance	Check the skin every morning	Increase wear time as tolerance allows	Make the brace part of the bedtime routine	Full Tightening mark every night
Strap tension	Initial Tightening mark	Progress toward the Full Tightening mark	Full Tightening mark	Full Tightening mark

In-brace X-ray

Recommended 3 weeks after the first fitting, taken supine in the brace

This allows time to establish nightly wear and full tightening, complete the initial pressure-point adjustments, and assess the correction in a consistent brace position. Please share the in-brace X-ray with the Modulate team at clinical@modulate.ca: it helps us improve our model over time.

These recommendations are a general guide: adapt the schedule to each patient's tolerance and to your clinical judgment.

Patient guide

Direct your patients to the patient guide on our Knowledge Hub at help.modulate.ca: how to put on the brace, cleaning and maintenance.

Reprint for Fit Issues

A reprint may be needed when a clinically significant fit issue cannot be tolerated by the patient or resolved with local adjustments, and when reprinting can preserve the prescribed correction.

Replacement braces for fit issues are printed in priority.

Required documentation

- ☐ Completed reprint order form
- ☐ Torso scan of the patient in the brace
- ☐ Up-to-date out-of-brace torso scan, with the anatomical landmarks
- ☐ In-brace standing photos: front, back and both sides
- ☐ In-brace sitting or supine photos, if those positions cause problems

Procedure

1. Mark the problematic areas on the brace with a marker.
2. Collect the scans and photos.
3. Send the reprint order form and the patient data to **po@modulate.ca**.
4. Modulate reaches out to confirm the issues and validate the correction procedure.
5. Once the adjustments are implemented digitally, Modulate reaches out so you can review and approve the modifications.
6. After your approval, Modulate prints the replacement brace **in priority**.

Before requesting a reprint, try local adjustments (trimlines, flaring, pads): see **Post-processing Instructions (p. 14)** and **Padding Instructions (p. 15)**.

FAQ & Knowledge Hub

Do I need to take measurements?

No, the 3D scan is all we need. If you are unsure about your scan, take one tape measurement at the ASIS level and write it in the notes of the order form.

Can I use my own scanner?

Yes, as long as its precision is sufficient for orthopedic products. Send .obj files (with the .mtl and texture image), .stl, or .iMed / .Med files.

How does Modulate assess patient flexibility?

The most precise way is to compare standing and recumbent scans: we simulate both positions and tune the flexibility in our model. If two scans are not possible, the qualitative assessment on the order form (flexible, normal, rigid) helps us factor it in.

Can I request specific features (e.g., anterior opening, type of trimlines)?

Yes, indicate it as a special request on the order form. Otherwise, the defaults are used or determined by our algorithm.

What material is the brace made of?

Polypropylene (PP) specifically made for 3D printing. It is heat-formable, so the brace can be adjusted after printing.

Does 3D printing make the brace fragile?

No. When printed with calibrated parameters, polypropylene provides excellent durability, impact resistance and long-term performance.

Are Modulate's algorithms validated?

Yes. Every step of the workflow has been clinically validated through randomized controlled studies, and the results are published.

What if the brace does not fit?

Try local adjustments first. If the issue cannot be solved, request a reprint: replacement braces for fit issues are printed in priority. See **Reprint for Fit Issues (p. 19)**.

KNOWLEDGE HUB

help.modulate.ca

Find the latest version of this manual (available for download) and our resources for clinicians: X-ray and scan requirements, brace post-processing, and the patient guide (how to put on the brace, cleaning and maintenance).

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