

FLX 464 TLSO

Doctor: _____

Fitter: _____

Patient Name: _____

Date: _____

Patient #: _____

Additional Follow-Up Dates: _____

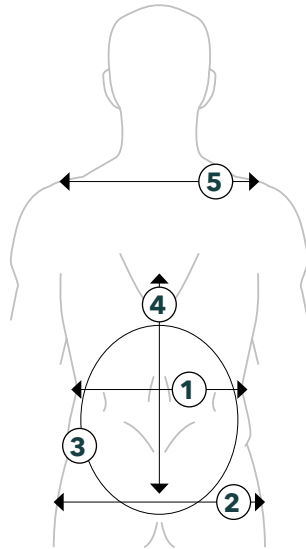
TOOLS NECESSARY: Scissors • Heat Gun • Tape Measure

FOR USE WITH PRODUCTS MANUFACTURED BY ASPEN MEDICAL PRODUCTS ONLY. THIS PRODUCT IS INTENDED FOR APPLICATION BY HEALTH CARE PRACTITIONERS AS DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED MEDICAL AUTHORITY. THIS IS A PREFABRICATED ORTHOSIS. IT IS INTENDED TO BE CUSTOMIZED TO AN INDIVIDUAL PATIENT. FOLLOW THE STEPS BELOW TO CUSTOMIZE.

STEP 1 - MEASUREMENTS

- 1** Lower Rib Circumference = _____
- 2** Hip Circumference = _____
- 3** Sacrococcygeal Junction to Inferior Scapular Spine = _____
- 4** Length from Symphysis Pubis to the Sternal Notch = _____
- 5** Distal End Clavicle = _____

TIME SPENT: _____



STEP 2 - CUSTOMIZE BACK PANEL TO ANATOMY

- A.** Measure patient's lordosis then customize back panel to anatomy.
- B.** To customize back panel, remove the panel, heat, trim, and reassemble.



SIDE

Patient's
Lordosis
Degree: _____

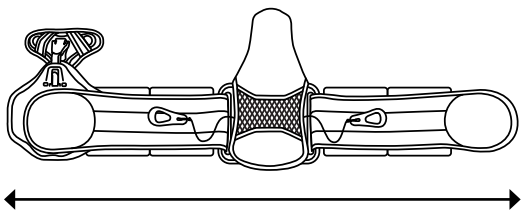
Heat form individual patient's anatomy and contour to create intimate fit for individual's lordosis and soft tissue. Trim for individual patient's anatomy based on **3** _____

- C.** Remove lordotic pad to accommodate for lordosis.

☐ YES ☐ NO

TIME SPENT: _____

STEP 3 - CUSTOMIZE SIZING AND TIGHTENING MECHANISM

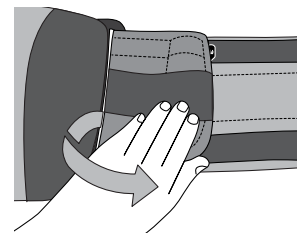


A. _____

- A.** Use waist circumference (average of **1** and **2** _____)

SIZING IS CRITICAL TO PROPER PERFORMANCE
Use the measurements below to customize to patient's anatomy.

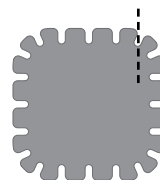
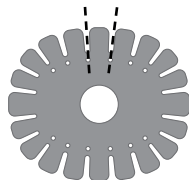
- B.** Adjust length of tightening mechanism. For individual patient, it may be necessary to adjust length of closure string. Trim and adjust length of strings.


☐ Yes. Amount cut _____ ☐ No

TIME SPENT: _____

STEP 4 - MODIFY RIGID PANELS

MODIFY ANTERIOR PANEL AND LATERAL PANELS AS NECESSARY



- ☐ Remove and trim to accommodate small and extra small anatomy.
- ☐ Remove and heat mold anterior panel as necessary.

TIME SPENT: _____

FLX 464 TLSO

Doctor: _____

Fitter: _____

Patient Name: _____

Date: _____

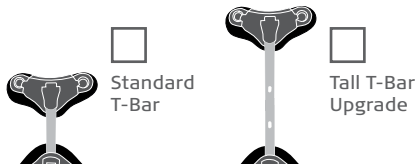
Patient #: _____

Additional Follow-Up Dates: _____

TOOLS NECESSARY: Scissors • Heat Gun • Tape Measure

STEP 5 - TLSO ADJUSTMENT

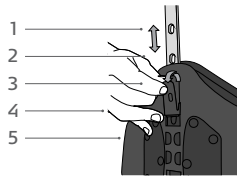
- A.** Customize T-bar. Use measurement (4) _____) to determine the configuration of aluminum T-bar.



- B.** Bend aluminum T-bar for patient's individual anatomy.

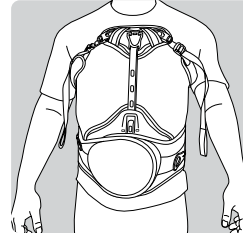
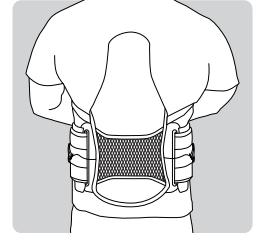
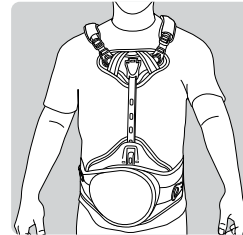
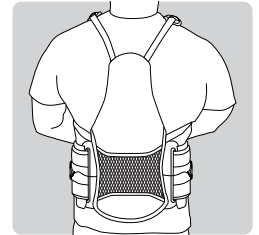


- C.** Anterior slot system number: _____



TIME SPENT: _____

- D.** Determine which shoulder strap configuration is best for patient's individual anatomy and required motion restriction.

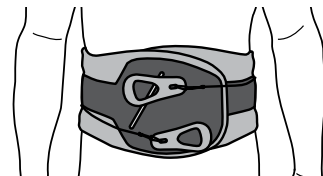

☐ Under the arm configuration

☐ Back panel

☐ Over the shoulder configuration

☐ Back panel

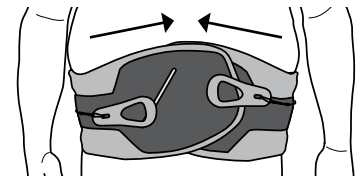
STEP 6 - CUSTOMIZE BELT FIT

ANGLE ANTERIOR PANELS

Every patient has a unique individual anatomy. Determine angulation for proper fit. Circumferential contact at both upper and lower margins of brace is essential for proper brace performance and support.

- A.** Bend anterior panel to conform to patient's anatomy.
B. Angle anterior panels:


☐ Neutral Configuration for best support

☐ Inferior Angulation Configuration for best support

☐ Superior Angulation Configuration for best support

TIME SPENT: _____

STEP 7 - EDUCATION

EDUCATE PATIENTS

Proper education is needed for individual to maintain proper fit throughout total time of wear.

Items to educate patients on:

- ☐ Independent compression mechanics
☐ Don and doffing

- ☐ Proper angulation to ensure circumferential contact
☐ Proper placement of brace

- ☐ Proper cleaning
☐ Follow up appointments

TIME SPENT: _____

CLINICAL JUSTIFICATION FOR CUSTOMIZING BRACE

TOTAL TIME TO CUSTOMIZE BRACE: _____