

VRTX 464 TLSO

Doctor: _____ Fitter: _____

Patient Name: _____ Date: _____

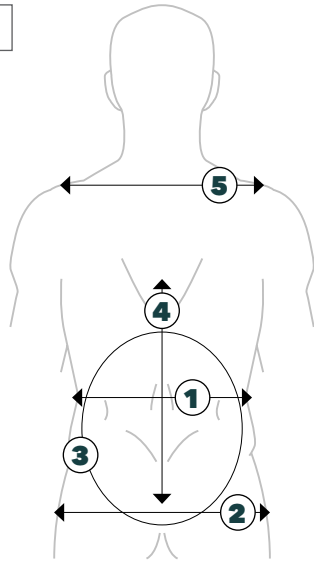
Patient #: _____ Additional Follow-Up Dates: _____

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

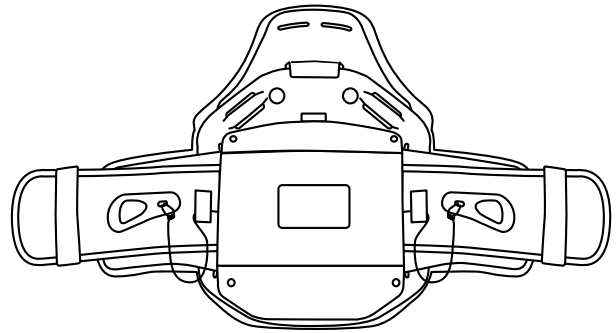
- ① Lower Rib Circumference = _____
- ② Hip Circumference = _____
- ③ Sacrococcygeal Junction to Inferior Scapular Spine = _____
- ④ Length from Symphysis Pubis to the Sternal Notch = _____
- ⑤ Distal End Clavicle = _____



TIME SPENT: _____

STEP 2 - CUSTOMIZE BACK PANEL TO ANATOMY

A. Customize back panel, remove the top panel, heat, trim and reassemble.

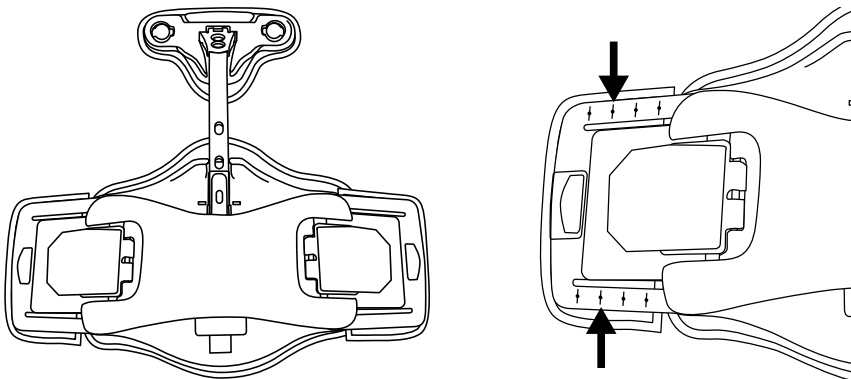


TIME SPENT: _____

STEP 3 - CUSTOMIZE SIZING

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

- A.** Use waist circumference (average of ① and ② _____) to determine sizing.
- B.** Once proper size is determined, adjust anterior panel to proper length.



TIME SPENT: _____

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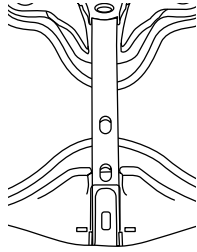
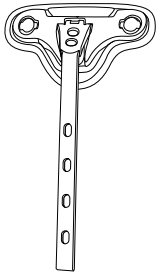
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STEP 4 - TLSO ADJUSTMENT

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: _____

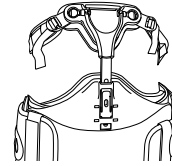
D. Determine which shoulder strap configuration is best for patient's individual anatomy and required motion restriction.

Under the arm configuration

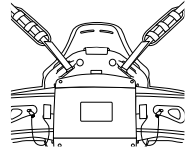
Bottom of the TLSO back panel

Over the shoulder configuration

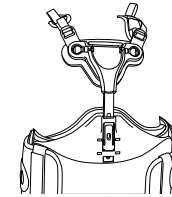
Top of the TLSO back panel



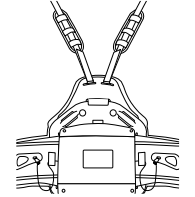
Front



Back



Front

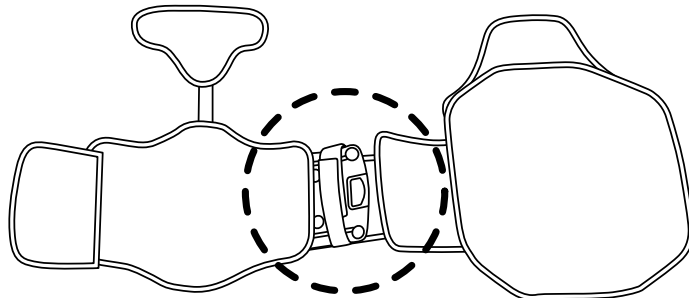


Back

TIME SPENT: _____

STEP 5 - CUSTOMIZE BELT FIT

A. If required, attached the anterior to one side of the posterior or ease of donning and doffing.



TIME SPENT: _____

STEP 6 - 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

Proper angulation to ensure circumferential contact

Proper cleaning

Don and doffing

Proper placement of brace

Follow up appointments

TIME SPENT: _____

CLINICAL JUSTIFICATION FOR CUSTOMIZING BRACE

TOTAL TIME TO CUSTOMIZE BRACE: _____