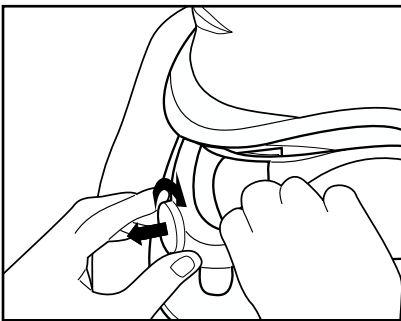


Aspen Vista® CTO4

Doctor: _____	Fitter: _____
Patient Name: _____	Date: _____
Patient #: _____	Additional Follow-Up Dates: _____

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.

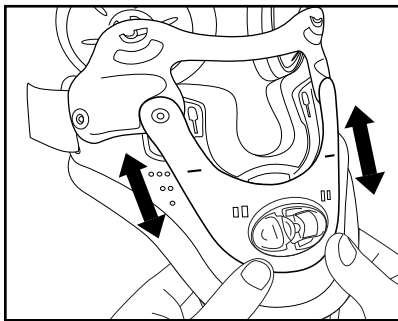
STEP 1 - SIZING ANTERIOR PANEL



Adjust height to ensure neutral positioning.

Level selected: 1-6
(1 is the lowest level) _____

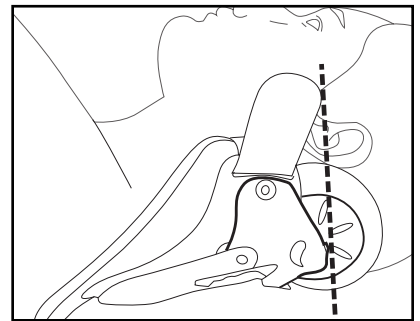
STEP 2 - SIZING POSTERIOR PANEL



Do not adjust back panel on patient. If height adjustment is necessary, remove from patient, adjust and reapply. Select level to ensure occipital contact for proper motion restriction.

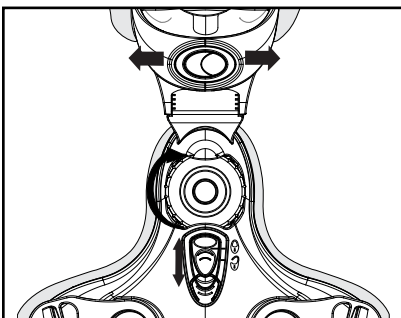
Level selected: 1-3
(1 is the lowest level) _____

STEP 3 - PLACEMENT OF POSTERIOR PANEL



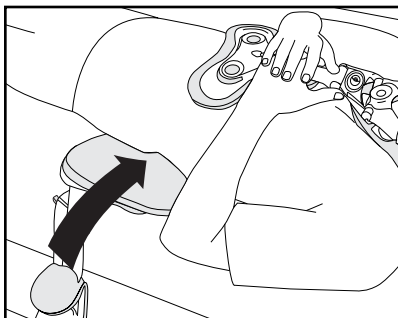
Position MultiPost collar and adjust height to obtain the best fit.

STEP 4 - ANTERIOR STRUT ADJUSTMENT

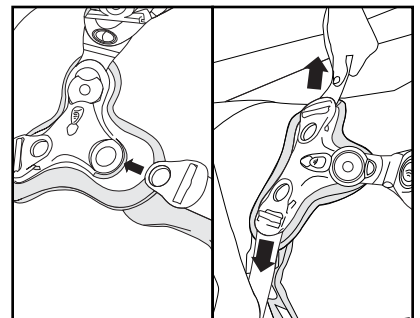


1. Angle Adjustment Yoke
2. Vertical Height Adjustment

STEP 5 - POSITION BACK LUMBAR PANEL



STEP 6 - ATTACH BACK LUMBAR PANEL TO CTO VEST



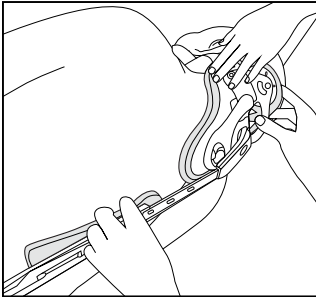
Aspen Vista® CT04

Doctor: _____ Fitter: _____

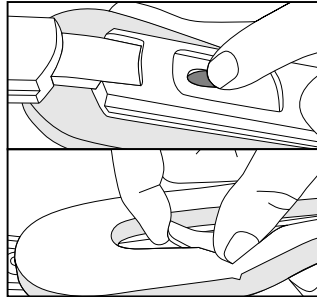
Patient Name: _____ Date: _____

Patient #: _____ Additional Follow-Up Dates: _____

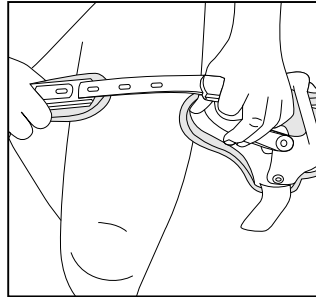
**STEP 7 - POSITION
POSTERIOR ASSEMBLY
AND COLLAR BACK
PANEL ON PATIENT**



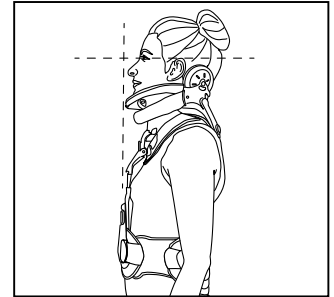
**STEP 8 - ADJUST
LENGTH OF
POSTERIOR STRUT**



**STEP 9 - CONTOUR
POSTERIOR STRUT
AS NEEDED TO
ADDRESS KYPHOSIS**



**STEP 10 - ASSESS
PROPER FIT AND
ENSURE NEUTRAL
ALIGNMENT**



STEP 11 - PATIENT EDUCATION

Items to educate patients:

Donning

Inflating NEWmatix System

Pad Cleaning

Doffing

Therapy Pad Use and Placement

Pad Replacement

CLINICAL JUSTIFICATION FOR CUSTOMIZING BRACE
