

Doctor: _____ Fitter: _____

Patient Name: _____ Date: _____

Patient #: _____ Additional Follow-Up Dates: _____

TOOLS NECESSARY: Scissors • 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.

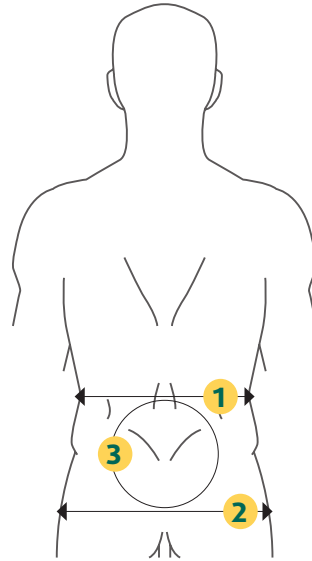
STEP 1 - MEASUREMENTS

1 Lower rib circumference = _____

2 Hip circumference = _____

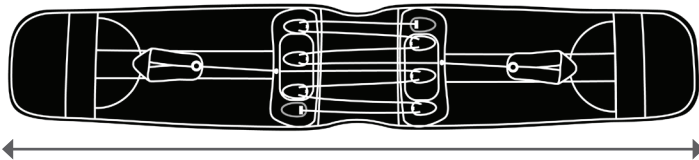
3 L1 - L5 = _____

TIME SPENT: _____



STEP 2 - CUSTOMIZE SIZING AND TIGHTENING MECHANISM

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



A. _____

A. Use waist circumference (average of **1** and **2** _____) to determine size of Summit brace.

X-SMALL	SMALL	MEDIUM
15-21 in	21-27 in	31-37 in
38-53 cm	53-67 cm	79-94 cm
LARGE	X-LARGE	XX-LARGE
36-42 in	41-47 in	43-57 in
91-107 cm	104-119 cm	117-145 cm

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: _____

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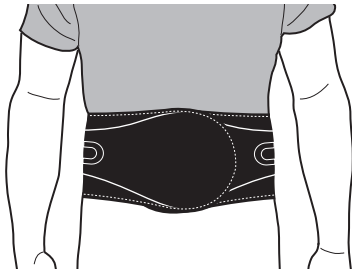
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STEP 3 - CUSTOMIZE BELT FIT

ANGLE ANTERIOR PANELS

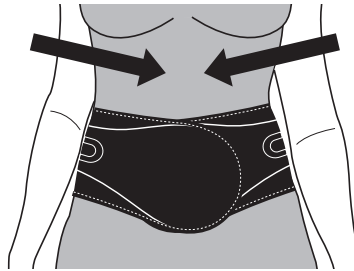
Every patient has a unique individual anatomy. Determine angulation for proper fit. Circumferential contact at both upper and lower margins of brace is essential for proper brace performance and support.

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



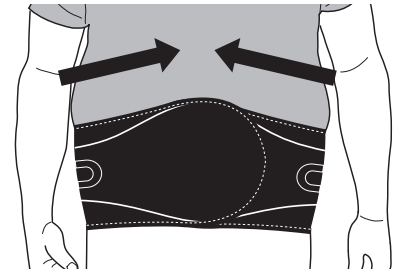
Neutral

Configuration for best support



Inferior Angulation

Configuration for best support



Superior Angulation

Configuration for best support

TIME SPENT: _____

STEP 4 - EDUCATION

EDUCATE PATIENTS

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

Items to educate patients on:

- | | | |
|--|--|---|
| <input type="checkbox"/> Independent compression mechanics | <input type="checkbox"/> Proper angulation to ensure circumferential contact | <input type="checkbox"/> Proper cleaning |
| <input type="checkbox"/> Don and doffing | <input type="checkbox"/> Proper placement of brace | <input type="checkbox"/> Follow up appointments |

TIME SPENT: _____

TOTAL TIME TO CUSTOMIZE BRACE: _____