

Align Orthosis TLSO

Doctor: _____ Fitter: _____

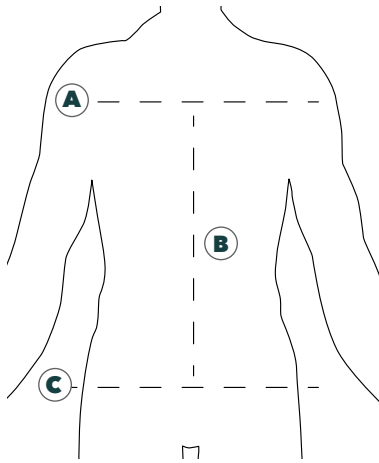
Patient Name: _____ Date: _____

Patient #: _____ Additional Follow-Up Dates: _____

TOOLS NECESSARY: Tape Measure • #2 Standard Philips Screwdriver

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



A. Upper Chest Measurement: _____

B. Height Measurement (Sternal notch to Pelvis): _____

C. Pelvis Measurement: _____

Measurement Notes: _____

Anatomy Notes: _____

TIME SPENT: _____

STEP 2: BRACE SELECTION

SIZING CHART

	XS	STD
CHEST CIRCUMFERENCE	32-42 in 81-107 cm	39-50 in 99-127 cm
PELVIC CIRCUMFERENCE	26-62 in 66-157 cm	29-72 in 73-183 cm

SIZE SELECTED

BRACE NOTES:

TIME SPENT: _____

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STEP 3: BRACE MODIFICATION

Any abnormal bony or soft tissue contours required (Circle One) YES NO

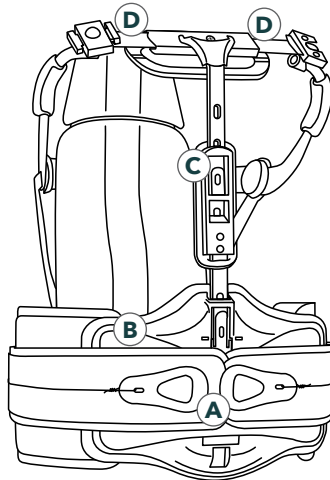
A: Belt Adjustment Notes:

B: Anterior/Lateral Panel Adjustment Notes:

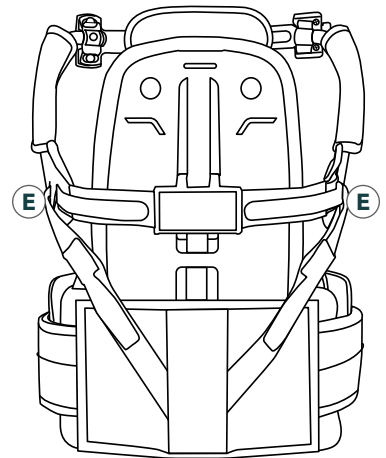
C: T-Bar Adjustment Notes:

D: Chest Bar Adjustment Notes:

E: Tension Straps Adjustment Notes:



Anterior (front)



Posterior (back)

TIME SPENT: _____

STEP 4: EDUCATION

EDUCATE PATIENTS

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

Items to educate patients:

- | | |
|--|--|
| <input type="checkbox"/> Don and Doff | <input type="checkbox"/> Proper cleaning |
| <input type="checkbox"/> Proper placement of brace | <input type="checkbox"/> Follow up appointment |

TIME SPENT: _____

CLINICAL JUSTIFICATION FOR CUSTOMIZING BRACE

TOTAL TIME TO CUSTOMIZE BRACE: _____