

FLX 631 LSO

Doctor: _____ Fitter: _____

Patient Name: _____ Date: _____

Patient #: _____ Additional Follow-Up Dates: _____

TOOLS NECESSARY: Scissors • Heat Gun • Tape Measure

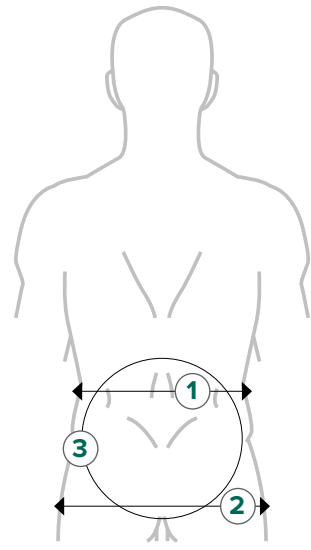
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STEP 1 - MEASUREMENTS

① Lower rib circumference = _____

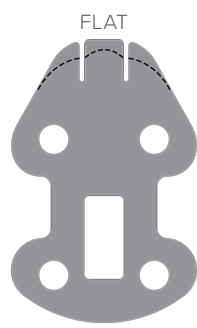
② Hip circumference = _____

③ T9 to Sacrococcygeal Junction = _____



TIME SPENT: _____

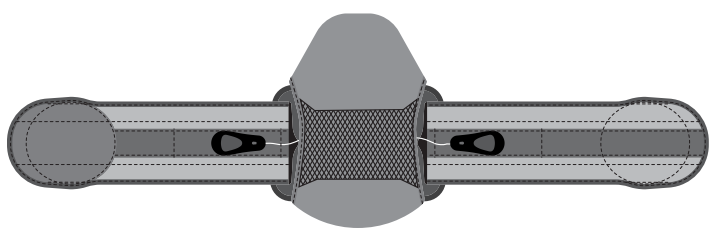
STEP 2 - CUSTOMIZE BACK PANEL TO ANATOMY



Patient's Lordosis Degree: _____

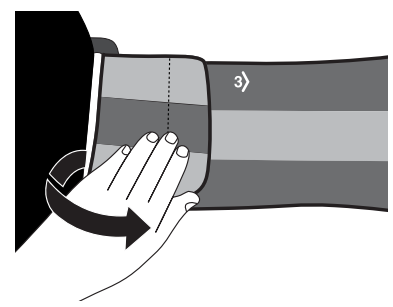
TIME SPENT: _____

STEP 3 - CUSTOMIZE SIZING AND TIGHTENING MECHANISM



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

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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Doctor: _____ Fitter: _____

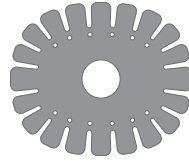
Patient Name: _____ Date: _____

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TOOLS NECESSARY: Scissors • Heat Gun • Tape Measure

STEP 4 - MODIFY RIGID PANELS

MODIFY ANTERIOR PANEL AS NECESSARY



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

TIME SPENT: _____

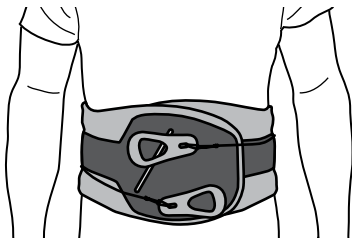
STEP 5 - CUSTOMIZE BELT FIT

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.

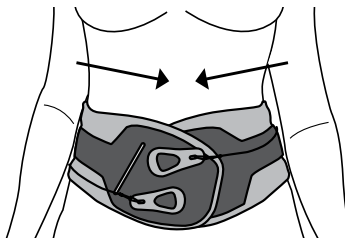
A. Bend anterior panel to conform to patient's anatomy.

B. Angle anterior panels:



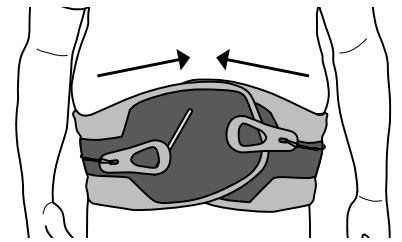
Neutral

Configuration for best support



Inferior Angulation

Configuration for best support



Superior Angulation

Configuration for best support

TIME SPENT: _____

STEP 6 - 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: _____

CLINICAL JUSTIFICATION FOR CUSTOMIZING BRACE

TOTAL TIME TO CUSTOMIZE BRACE: _____