

Aspen Hinged Wrist

Doctor: _____ Fitter: _____

Patient Name: _____ Date: _____

Patient #: _____ Additional Follow-Up Dates: _____

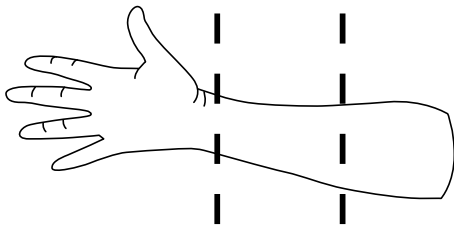
TOOLS NECESSARY: Scissors • Tape Measure

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 Wrist Measurement: _____

2 Forearm Measurement: _____
(6 inches from the wrist joint)



TIME SPENT: _____

STEP 2 - EXAMINATION

Wrist stability notes : _____

Bony prominence notes: _____

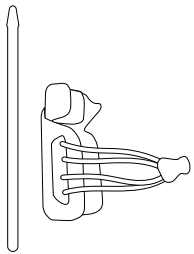
Soft tissue condition notes: _____

Other Notes: _____

TIME SPENT: _____

STEP 3: BRACE MODIFICATION

Any abnormalities from Step 2 that required customization? (Circle One) YES NO



Frame notes: _____

Strap notes: _____

Bend to contour around concern

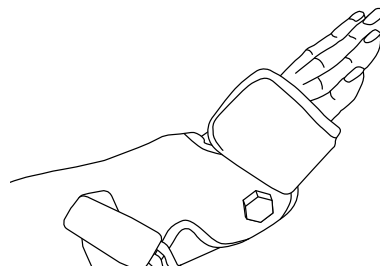
Trim to alleviate concern

TIME SPENT: _____

STEP 4: PRESCRIBED BRACE ANGLE

(Adjust flexion or extension as prescribed)

1 Angle notes: _____



TIME SPENT: _____

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STEP 5: PRESCRIBED DEVIATION

(Adjust for ulnar or radius deviation as prescribed)

1 Deviation notes: _____

TIME SPENT: _____



STEP 6 - EDUCATION

Items to educate patients:

- Don and doff
- Proper cleaning
- Proper placement of brace
- Follow up appointment
- Strap adjustment

TIME SPENT: _____

CLINICAL JUSTIFICATION FOR CUSTOMIZING BRACE

TOTAL TIME TO CUSTOMIZE BRACE: _____