Aspen Sierra Hyperextension TLSO

Doctor: _____

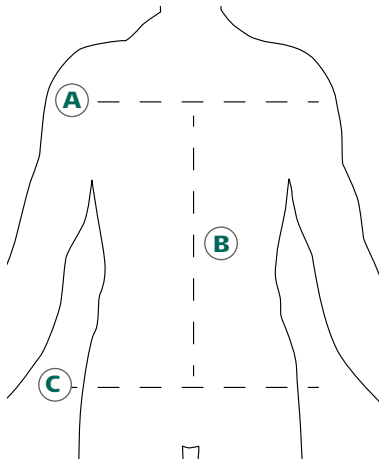**Fitter:** _____

Patient Name: _____

Date: _____

Patient #: _____

Additional Follow-Up Dates: _____

TOOLS NECESSARY: Scissors • Tape Measure • Bending Tools • Heat Gun

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

	S	M	L	XL
PELVIC	23.5-29.5 in 60-75 cm	29.5 35.5 in 75-90 cm	35.5-41.5 in 90-105 cm	41.5-45.5 in 105-115 cm
LENGTH	15.5-18 in 39-46 cm	16.5-19 in 42-49 cm	17.5-20.5 in 45-52 cm	19.5-22 in 49-56 cm
SIZE SELECTED	☐	☐	☐	☐

BRACE NOTES: _____

TIME SPENT: _____

Aspen Sierra Hyperextension TLSO

Doctor: _____

Fitter: _____

Patient Name: _____

Date: _____

Patient #: _____

Additional Follow-Up Dates: _____

TOOLS NECESSARY: Scissors • Tape Measure • Bending Tools • Heat Gun

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STEP 3: BRACE MODIFICATION

Any abnormal bony or soft tissue contours required (Circle One)   YES   NO
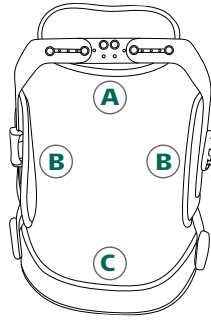
A: Upper Frame Adjustment Notes:

_____

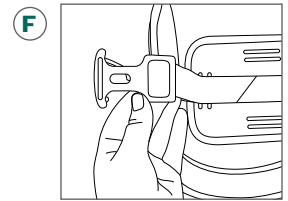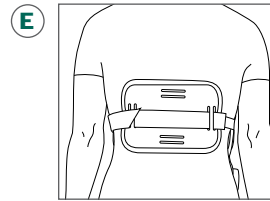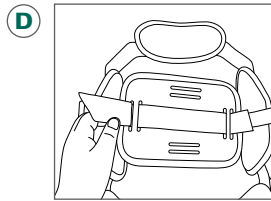B: Lateral Frame Adjustment Notes:

_____

C: Pelvic Bar Adjustment Notes:

_____

D: Posterior Strap Adjustment Notes:

_____

E: Posterior Panel Adjustment Notes:

_____

F: Attachment Strap Sizing Adjustment Notes:

_____

☐ Heat mold to accommodate anatomy

☐ Trim to accommodate anatomy

☐ Bend to accommodate anatomy

TIME SPENT: _____

STEP 4 - EDUCATION

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

Items to educate patients:

☐ Don and Doff

☐ Proper cleaning

☐ Proper placement of brace

☐ Follow up appointment

TIME SPENT: _____

CLINICAL JUSTIFICATION FOR CUSTOMIZING BRACE

TOTAL TIME TO CUSTOMIZE BRACE: _____

ASPEN MEDICAL PRODUCTS®