

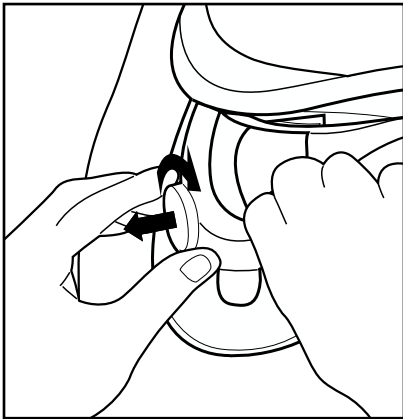
Aspen

Vista® MultiPost Therapy Collar

Doctor: _____	Fitter: _____
Patient Name: _____	Date: _____
Patient #: _____	Additional Follow-Up Dates: _____

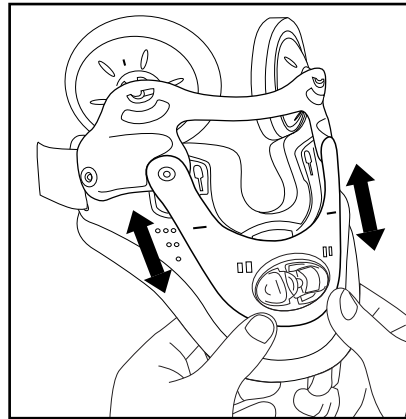
FOR USE WITH PRODUCTS MANUFACTURED BY ASPEN MEDICAL PRODUCTS ONLY. THIS PRODUCT IS INTENDED FOR APPLICATION BY HEALTH CARE PRACTITIONERS AS DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED MEDICAL AUTHORITY. THIS IS A PREFABRICATED ORTHOSIS. IT IS INTENDED TO BE CUSTOMIZED TO AN INDIVIDUAL PATIENT. FOLLOW THE STEPS BELOW TO CUSTOMIZE.

STEP 1 - SIZING ANTERIOR PANEL



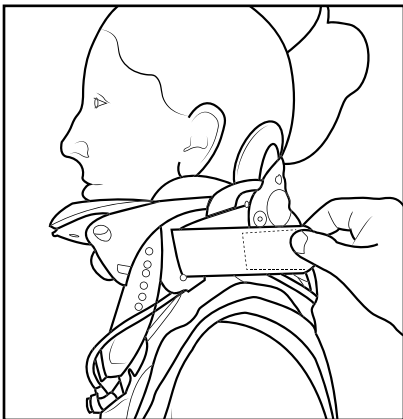
Select height that preserves neutral positioning.
Level selected: 1-6 (1 is the lowest level) _____

STEP 2 - SIZING POSTERIOR PANEL



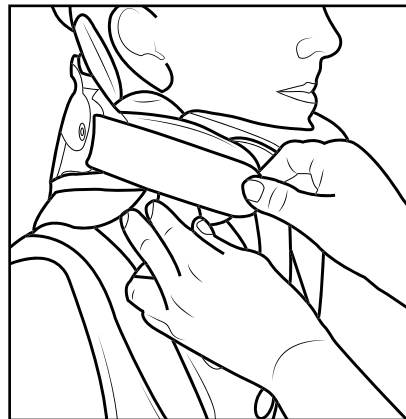
Ensure occipital contact to proper motion restriction.
Level selected: 1-3 (1 is the lowest level) _____

STEP 3(A) - TIGHTENING COLLAR LOCKING STRAP



Adjust the locking strap on the left side of the collar so that the back panel is centered. This adjustment needs to be done only once, at first use.

STEP 3(B) - TIGHTENING COLLAR ADJUSTMENT STRAP



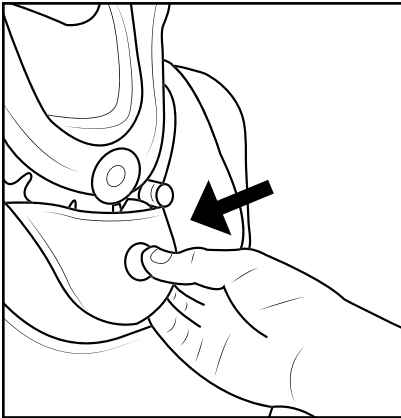
Tighten strap on right side of collar.
Ensure proper tightening.

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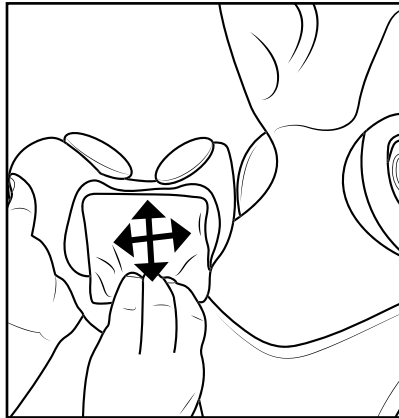
Doctor:	Fitter:
Patient Name:	Date:
Patient #:	Additional Follow-Up Dates:

**STEP 4 - INFLATING
NEWMATIX™ PUMP**



Inflate NEWMatix to obtain posterior cervical contact.

**STEP 5 - THERAPY
PAD PLACEMENT**



Attach Therapy Pack to back panel.

**STEP 6 - ASSESS
PROPER FIT**



Ensure proper fit

- Neutral posture
- Proper tightening
- Proper position of chin in chin piece

STEP 7 - PATIENT EDUCATION

Items to educate patients:

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Donning | <input type="checkbox"/> Inflating NEWMatix System | <input type="checkbox"/> Pad Cleaning |
| <input type="checkbox"/> Doffing | <input type="checkbox"/> Therapy Pad Use and Placement | <input type="checkbox"/> Pad Replacement |

CLINICAL JUSTIFICATION FOR CUSTOMIZING BRACE
