

C-1 Patient Follow-up Forms

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NOTIFICATION FOR AN APPOINTMENT

NAME _____ DATE _____

ORTHOTIC FITTING _____ FINAL _____

PROSTHETIC FITTING _____ FINAL _____

ORTHOTIC REPAIR _____

PROSTHETIC REPAIR _____

SHOE MODIFICATION _____

SHOE FITTING _____

ARCH SUPPORT _____

SURGICAL GARMENT _____

OTHER _____

FITTER _____



JOHN HATTINGH, CP, LPO, CPO (SA)
**PROSTHETIC CARE
FACILITY OF VIRGINIA**

Patient Name

Delivery Location: 44115 Woodridge Parkway Suite 180, Leesburg, VA

Practitioner: John Hattingh CP, LPO, CPO (SA)

Delivery of Prosthesis and Warranty Clause.

Description _____

I have been provided with the orthosis/prosthesis as described above prescribed by my physician.

I understand that the components of my device are fully guaranteed under normal use for 90 days and that Prosthetic Care Facility of VA will make as many necessary repairs to my device, free of charge, during the warranty period. I understand that this guarantee does not apply to alterations or adjustments required due to changes in my weight, physical condition, or any other physiological changes that may occur, and that alterations or adjustments made by anyone other than Prosthetic Care Facility of VA may invalidate the warranty. Additionally, I have been advised that some components of my device may have a manufacturers' warranty that exceeds the 90 days and that Prosthetic Care Facility of VA is the authorized agent through which such manufacturer warranty repairs are to be made.

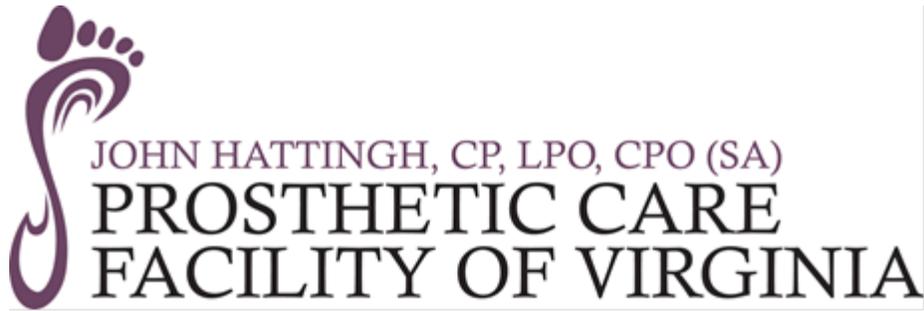
I understand that if at any time my prosthesis is not fitting or working properly, I should call my practitioner immediately or as soon as possible.

I am satisfied with both the workmanship and fit of my device and have been fully advised to its use and function including its limitations.

Comments:

Patient's Signature/ Authorized Representative

Date



VERIFICATION OF RECEIPT OF SERVICES

Patient: _____

Date: _____

Practitioner: John Hattingh CP, LPO, CPO (SA)

By signing below I am acknowledging that Prosthetic Care Facility of VA has explained the information listed below. I fully understand and agree to follow all directions given. I verify that I have received the service(s) listed below, according to a physician's order. I am satisfied with the product, workmanship, and fit of my device at this time.

- I understand that it is my responsibility to keep all scheduled appointments.
- **I understand that I am not to alter or modify my device in any way. I further understand that I am not to authorize alterations, modifications, or repairs to my device by other persons or orthotic-prosthetic facilities. Doing so may void my warranty.**
- I understand that I am to use my device in accordance to my physician's instructions.
- I have been informed of and understand the benefits and limitations regarding this device(s)/service(s).
- I have been instructed how to properly use and care for my device.
- I understand that any time my device requires adjustments, repairs, or maintenance I am to contact Prosthetic Care Facility of VA at 703-723-2803 for an appointment.
- I understand that wearing a new device requires frequent evaluation of skin and underlying tissues that are affected by utilizing this device.
- I understand that should a problem occur, I am to contact my practitioner immediately 703-5775140 Prosthetic Care Facility of VA and/or my physician.

Services received: _____

_____Special

Patient or Representative signature

_____/_____/_____
Date

PEDORTHIC ACKNOWLEDGEMENT

Patient: _____ Account #: _____

Foot orthotics worn inside the shoe are designed to accommodate and/or to correct foot abnormalities. Evaluations and/or adjustments are often necessary due to bio-mechanical changes in the foot, constant compression, or wear of the materials used to fabricate the foot orthosis. There will be a n/c for assessment or minor adjustments, which will be due at the time services are rendered. Any additions or repairs will require additional charges. We will make every effort to inform you, in advance, of any financial responsibilities that you may incur.

By signing below I am acknowledging that Prosthetic Care Facility has explained the information listed.

- I have been instructed how to properly use and care for my device.
- I understand that wearing a new device requires frequent evaluation of skin and underlying tissues that are affected by utilizing this device.
- I understand that should a problem occur, I am to contact my practitioner at Prosthetic Care Facility and/or my physician.
- I fully understand and agree to follow all directions given.
- I verify that I have received the service(s) listed below.
- I am satisfied with the product, workmanship, and fit of my device at this time.

Services received: _____

Patient or Representative signature

_____/_____/_____

Date

PROSTHETIC CARE FACILITY OF VA

CARE AND USE OF NEW PROSTHESIS

- 1) If this is a prosthesis using a shuttle lock suction socket/silicone or gel liner, separate instructions have been given to you. Please be sure to follow these directions regarding DAILY HYGIENE and DONNING/DOFFING the socket and liner **EXACTLY**. This will ensure longevity of the liner and maintain viability of your residual limb(s).
- 2) The first day you wear your prosthesis home, remove it every 2 hours. Look carefully at your residual limb. If there are any red spots which disappear in five to ten minutes, do not worry. Your skin is simply reacting to new pressure and weight-bearing spots.

IF, HOWEVER, THE RED AREA DOES NOT DISAPPEAR IN FIVE TO TEN MINUTES, **PLEASE CALL MY OFFICE**. We will schedule a prompt appointment to relieve this area so it does not become a blister.

This is especially important if you are Diabetic or have vascular disease.

UNDER NO CIRCUMSTANCES SHOULD YOU EVER ADJUST OR CHANGE YOUR PROSTHESIS.

The components have been carefully chosen, assembled, adjusted and secured according to the manufacturers' exact specifications and should never be changed by anyone except a qualified practitioner. Please call me as soon as you notice a problem and I will be glad to adjust your prosthesis.

- 3) Do not wear your prosthesis to bed. Put it on when you get up in the morning and take it off before napping or retiring for the night.
- 4) Be prepared to change the amount and/or the ply of your prosthetic socks as the volume of your residual limb changes. This may occur once in a while, once a week or even a number of times in one day. You will need to add or subtract socks as your residual limb swells or contracts.
- 5) You will lose fit in your prosthetic socket as your residual limb changes. This is normal and I will be able to adjust your prosthesis to accommodate these anatomical changes.
- 6) If the shuttle lock fails to release – **DO NOT PANIC!** It may only have trapped a loose thread from your prosthetic sock, which can be worked out with a bit of patience and gentle pulling. If the button is hard to push, stand up and put your weight on the prosthesis. Push down hard and then sit down. Do not try to pull the insert out before pressing in the lock button.
- 7) Notify us immediately of any significant changes in weight and/or activity levels.
- 8) In the event of a hard fall, CONTACT US IMMEDIATELY to allow us to inspect your prosthesis for hidden damage and to prevent the possibility of further damage to the prosthesis and most important, injury to you.

If you have any questions or concerns, please call my office at any time. Office hours are Monday Friday -9-5. In an emergency call my cell 703-5771416.

PROSTHETIC CARE FACILITY OF VA

TEST FITTING AND/OR DELIVERY CHECKLIST

NAME _____

RT LT SYMES BK KD AK HD

COMPONENTS

SOCKET: PTB PTS NARROW M-L OTHER

MATERIAL _____

LAMINATION: NYLON CARBON OTHER

FOOT _____

SERIAL# _____

ANKLE _____

KNEE _____

SERIAL# _____

HIP JOINT _____

SUSPENSION:

LINER:

MFG _____ MODEL# _____ LOCK NON-LOCK

SERIAL# _____

THICKNESS: UNIFORM CONTOURED TAPERED

PIN: TYPE _____ MFG _____ MODEL# _____

AK BELT _____ VALVE _____

BK BELT _____ CUFF _____ OTHER _____

SOCKS: MFG _____

PLY _____ MATERIAL _____ SIZE _____

SHEATHS: MFG _____ SIZE _____

TEST FIT (IF PATIENT WEARS HOME TO TRY)

DATE_____

TEST SOCKET LABEL ON SOCKET? YES NO

TEST SOCKET LIMITATIONS EXPLAINED TO PATIENT? YES NO

ITEMS LOC-TITED_____

WITH_____LOC-TITE

EDGES SMOOTHED? YES NO

ITEMS TORQUED_____

SIGNATURE_____DATE_____

OR

DELIVERY

DATE_____

ITEMS LOC-TITED_____

WITH_____LOC-TITE.

ITEMS TORQUED_____

SIGNATURE

DATE

CARE AND USE OF RIGID SPINAL BRACE

- 1) Wear a T-shirt under your brace.
- 2) Always don your brace while **LYING DOWN**.
- 3) Make sure the front of your brace overlaps the back.
- 4) Check to see that the back of the brace is low enough (there is a waist indentation just above the pelvis).
- 5) Tighten all straps starting at the bottom and working up. Then re-tighten and adjust the straps individually, as necessary.
- 6) Your doctor may have specific instructions for wearing your brace. Be sure to ask him.
- 7) You do not need to wear your brace while you are in bed unless your doctor specifies.
- 8) Call my office at any time with questions.

CARE AND USE OF YOUR AFO

- 1) Your AFO can be donned in either of the following ways:
 - A) Put your orthosis on first, followed by your shoe.
 - B) Slide your orthosis in your shoe first and then slip your foot into your shoe.

NEVER WEAR YOUR ORTHOSIS WITHOUT A SHOE; YOU COULD SLIP AND FALL.

- 2) A sock or some stockinette should be worn underneath your orthosis. Make sure it has no wrinkle and comes up a little higher on your leg than the top of your orthosis. The sock or stockinette will make it easier for you to don and doff your orthosis and should also help with perspiration.
- 3) If you experience a great deal of perspiration, try using some talcum powder on your leg before putting on your sock and orthosis.

WEAR ONLY THE HEEL HEIGHT FOR WHICH YOUR ORTHOSIS WAS MADE.

- 4) One of the nicest features of this orthosis is that you can wear different shoes with it, but the heel height must stay the same. Heel height was discussed and decided upon when you were measured and it is very important to wear shoes with the same heel height. Attempting to change your heel height now that your orthosis is made could result in strain to your knees, your back and to the orthosis itself. Slippers, sandals and loafers do not work well with your orthosis because they offer little support. Choose footwear that ties and gives good support.
- 5) Your skin may become red under some of the pressure areas of your orthosis. This is nothing to worry about if the redness disappears shortly after you remove your orthosis. The red places should clear up as your tolerance to the orthosis increases.
- 6) Examine your leg every day. IF YOUR SKIN IS SORE AND IRRITATED OR IF REDNESS PERSISTS LONG AFTER REMOVING THE ORTHOSIS, CALL FOR ADJUSTMENT WITHOUT DELAY.

KNEE ANKLE FOOT ORTHOSIS (KAFO)

USE AND CARE INSTRUCTIONS

A Knee Ankle Foot Orthosis (KAFO), sometimes called a "long leg brace" is a custom made brace used to support muscles, immobilize joints, or correct the position of your knee, foot and ankle. Your KAFO may perform some or all of these functions. A KAFO may be made of metal, thermoplastic or a combination of materials.

How to Use Your Knee Ankle Foot Orthosis

- If there is a thermoplastic ankle and foot section to your KAFO, you will need to wear a lace-up shoe that has enough room for both your foot and the brace to fit comfortably.
- Wear a cotton sock between your skin and the brace. The sock should be long enough to cover your entire calf. Your orthotist may have provided you with a special full length sock to wear. The sock will absorb perspiration and help protect your skin.
- When you first try to walk with your brace, you may feel awkward. Practice in your home or with a physical therapist before you walk outside.
- Begin wearing your brace for one hour at a time, then take it off and rest your leg. Alternate wearing the brace and resting your leg for the first few days. Slowly increase your wearing time over the next several days.
- Check your leg for any red pressure areas. Any reddened area that does not fade after 20 minutes should be watched carefully. This is especially important for patients who are diabetic or have poor sensation in their leg. Call your orthotist if you have any concerns.
- Do not become discouraged if you feel an adjustment is needed. A minor adjustment might be needed to ensure a good fit. Call your orthotist to discuss this.

How to Care For Your Knee Ankle Foot Orthosis

- Clean the thermoplastic sections at least once a week using mild soap, and rinse well.
- Metal joints will require periodic lubrication. Ask your orthotist what type of lubricant to use.

Important Notes About Your Knee Ankle Foot Orthosis

A KAFO is a very specialized device. It is VERY important to keep all follow-up appointments made by your orthotist. Schedule an appointment at Prosthetic Care Facility if any unexpected problems occur.

Special Instructions (If Applicable): _____

HALO AND HALO VEST

USE AND CARE INSTRUCTIONS

How Your Halo Works

The Halo is a brace that is used following an injury to the bones in the neck. It is designed to stabilize the neck in a fixed position and totally immobilize it until healing occurs. This helps to minimize any additional injury to the neck and spinal cord.

The Halo brace is made up of three parts: the "ring," the "vest" and the "superstructure."

- Ring (sometimes called the "crown"): the part that encircles the head and is secured to the skull with 4 pins.
- Vest: a plastic mold that fits around the trunk of the patient, usually lined with fleece.
- Superstructure: the rods and connectors that attach the "Ring" to the "Vest."

How to Care For Your Halo

The booklet that your orthotist gives you is written by the manufacturer of the halo system. It will give you instructions about skin and pin care while wearing a halo.

It very important to read the booklet and then follow any special instructions given to you by your physician or orthotist.

Have a relative or friend become familiar with the care instructions, as some of these procedures are more easily performed by a second person.

NEVER adjust the halo or loosen the straps. It is not unusual for minor adjustments to be needed to assure a good fit, but these should ONLY be made by your orthotist or physician. .

Important Notes About Your Halo

It is VERY important to keep any follow-up appointments made by your orthotist. Schedule an appointment at Prosthetic Care Facility if any unexpected problems occur.

Special Instructions (If Applicable)_____

CORSET

USE AND CARE INSTRUCTIONS

A Corset is often prescribed to help relieve lower or mid level back pain. It works by supporting the back and abdominal muscles, which allows them to rest and heal. It also limits motion in the painful region of the back.

How to Use Your Corset

- Wear a snug fitting cotton tee shirt under your Corset; it will absorb perspiration, protect your skin and keep the Corset clean.
- Wear the Corset as low as possible on your torso. If the Corset has plastic or metal stays, make sure they remain parallel to your spine.
- Wear the Corset as snugly as possible to provide the maximum support to your stomach and back.
- Corsets have a tendency to "ride up" on your body as the day progresses. As you sit, your hips become wider and push the Corset up. You will need to readjust your Corset during the day to ensure proper positioning.
- Fasten the snaps or hook and eyes on the front panel, starting at the bottom and working your way up. It may be easier to fasten the Corset if you lie down (because your stomach flattens).
- Tighten the side adjustment straps, starting at the bottom and working your way up to the top strap.
- To remove your Corset, reverse the above procedures.

How to Care For Your Corset

Your Corset should be washed weekly. Follow the instructions on the tag sewn into the Corset or wash it by hand in warm water and mild soap. Rinse well and allow it to AIR DRY. DO NOT PUT YOUR CORSET IN THE DRYER.

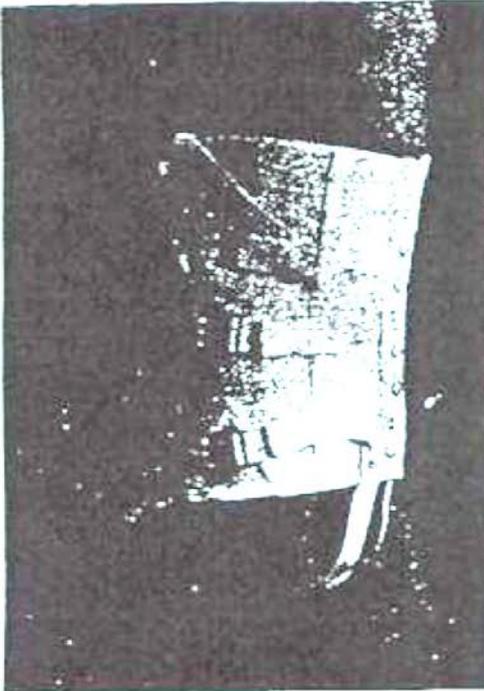
Important Notes About Your Orthosis

It is VERY important to keep any follow-up appointments made by your orthotist. Schedule an appointment at Prosthetic Care Facility if any unexpected problems occur.

Special Instructions (If Applicable): _____

LUMBO SACRAL CORSET

Man's



A. Description

A cloth garment that wraps around the torso and hips and is adjustable in circumference.

- 1 - Adjustments are located on side.
- 2 - Cloth may be cotton, dacron mesh, and elastic.
- 3 - Anterior (front) height superior (top) border is 1/2" below xiphoid process.
- 4 - Posterior (back) height superior (top:) border is 1" below inferior (bottom) angle of scapula. Inferior (bottom) of corset extends to gluteal fold for women; somewhat shorter for men.

B. Function

- 1 - Serves as a reminder to restrict anterior (front) and posterior (back) motion and also restrict side bending.
- 2 - Unweights vertebra and discs.
- 3 - Restricts some rotary and twisting motion.

C. Application

- 1 - See that straps are let out all the way.
- 2 - Tug on the corset so that the laces let out.
- 3 - Position corset as pictured.
- 4 - Fasten from inferior (bottom) to superior (top).
- 5 - Tighten from inferior to superior.

Woman's



Problems commonly found with this Orthosis and some suggested solutions.

1. Orthosis "rides" up especially when sitting.

Solution:

1. Check the position of corset.
2. Fasten from inferior (bottom) to superior (top).
3. Be sure the most inferior bottom strap is tight.

2. Pressure on spinous processes.

Solution

1. Check to make sure two heavy posterior (back) stays lie on either side of the spine. If scoliosis is present center the corset the best you can.

If you have not been able to solve your problem with these suggestions, please contact your Orthotist and explain your problem. **DO NOT BEND THE STAY IN YOUR CORSET.**

BODY JACKET

USE AND CARE INSTRUCTIONS

A Body Jacket is a custom molded plastic brace designed to protect, stabilize and limit motion in your spine and torso.

How to Use Your Body Jacket

- Wear a snug fitting cotton tee shirt under your Body Jacket; it will absorb perspiration, protect your skin and keep your Body Jacket clean.
- Wear your Body Jacket in the correct place. There is usually an indented area inside your Body Jacket. The indented area fits into your waist just above your hip bones. Use this as a guide to help you position your body jacket correctly.
- Wear the Body Jacket as snugly as possible; this will provide the most support to your spine and torso.
- Spinal orthoses have a tendency to "ride up" on your body as the day progresses (when you sit your hips tend to become wider and push the Body Jacket up). You will need to readjust your Body Jacket throughout the day to ensure proper positioning.
- When you remove your Body Jacket, check your skin for any red pressure areas. Any reddened area that does not fade after 20 minutes should be watched carefully. This is especially important if you are diabetic or have poor sensation.
- Your physician will tell you if you need to wear your Body Jacket full time or only when you are not lying flat in bed. Ask your physician when you should wear your Body Jacket, and follow those instructions carefully.
- Do not become discouraged if you feel an adjustment is needed. This is not unusual. A minor adjustment might be needed to ensure a good fit. Call your orthotist to discuss this.

How to Care For Your Body Jacket

- Clean your Body Jacket at least once a week with a mild soap, and rinse well to remove soap residue.
- If you have a removable liner, follow the washing instructions on the tag sewn into the liner or ask your orthotist for directions.

Important Notes About Your Body Jacket

A Body Jacket is a very specialized device. It is VERY important to keep all follow-up appointments made by your orthotist. Schedule an appointment at Prosthetic Care Facility if any unexpected problems occur.

Special Instructions (If Applicable): _____

WRIST HAND ORTHOSIS (WHO)

USE AND CARE INSTRUCTIONS

A Wrist Hand Orthosis (WHO) might also be called a wrist or hand brace. It is custom fit or molded and used to support weak muscles and immobilize or limit the motion of joints. You may require some or all of these functions. These braces may be made of thermoplastic, canvas, metal or a combination of these materials.

Please read the following instructions for wearing your brace and add any special instructions given to you by your physician or orthotist.

How to Use Your Wrist Hand Orthosis

- If your brace is made from thermoplastic material, you will need to wear a cotton sock between your skin and the brace. Your orthotist may have provided you with a special sock to wear. A sock will absorb perspiration and help to protect your skin.
- Check your wrist and hand for any red pressure areas when you remove the brace. Any reddened area that does not fade after 20 minutes should be watched carefully. This is especially important for patients who are diabetic or have poor sensation.
- Do not become discouraged if you feel an adjustment is needed. This is not unusual. A minor adjustment might be needed to ensure a good fit. Call your orthotist to discuss this.

How to Care For Your Wrist Hand Orthosis

- Clean any thermoplastic sections at least once a week using mild soap, and rinse well to remove soap residue.
- Follow any washing instructions on the tag sewn into a canvas brace.

Important Notes About Your Wrist Hand Orthosis

It is VERY important to keep any follow-up appointments made by your orthotist. Schedule an appointment at Prosthetic Care Facility if any unexpected problems occur.

Special Instructions (If Applicable): _____

UCBL FOOT ORTHOSIS

USE AND CARE INSTRUCTIONS

The UCBL design was developed at the University of California-Berkeley Lab. It is a rigid, plastic arch support designed to correct the position of your foot. Because of that, the trim line in the foot and heel area is much higher than other arch supports.

Please read the following instructions for wearing the UCBL foot orthosis, and add any special instructions given to you by your physician or orthotist.

How to Use Your UCBL Foot Orthosis

- Wear the foot orthosis in a lace-up type shoe that has enough room for both your foot and the orthosis to fit comfortably. If you have any questions about your shoe, ask your orthotist.
- Begin wearing the UCBL foot orthosis for about one hour at a time, then take it off for 30 minutes. Alternate time spent wearing the foot orthosis and resting your foot for the first few days. Allow your foot to get used to the foot orthosis gradually.
- Slowly increase your wearing time throughout the next several days.
- Check your foot for red pressure areas when you remove your foot orthosis. Any reddened area that does not fade after 20 minutes should be watched carefully. This is particularly important for patients who are diabetic or have poor sensation in their feet.

How to Use Your UCBL Foot Orthosis

- Wash your feet daily.
- Wash the foot orthosis weekly using mild soap and water. Wipe the orthosis with rubbing alcohol to eliminate odors.

Important Notes About Your UCBL Foot Orthosis

Keep follow-up appointments made by your orthotist. Schedule an appointment at Prosthetic Care Facility if any unexpected problems occur.

Special Instructions (If Applicable): _____

NAME _____

U.C.B.

You have just received your new U.C.B. It has been designed and fabricated just for you to support the arch of your foot and hold your heel and forefoot in a neutral position. To achieve the best outcome, please follow these instructions carefully.

APPLYING THE U.C.B.

1. Select a close fitting and wrinkle free cotton sock.
2. Select a high quality, lace up shoe. We recommend walking shoes.
3. Place the U.C.B. in your shoe first and then slide your foot in.
4. Check for wrinkles in your sock and then **lace your shoe up to the top.**

USE AND CARE INFORMATION

1. Check your skin frequently. Should any red spots, rash or other skin irritation appear, discontinue use and contact your orthotist immediately.
2. Monitor your discomfort. It is common to have some initial discomfort, however, this discomfort should decrease as you follow your break-in schedule. If there is increased discomfort, discontinue use and contact your orthotist immediately.
3. Clean your U.C.B. regularly. Wash all surfaces with a mild soap. Be sure to dry thoroughly before reapplying.

BREAK-IN SCHEDULE

Follow the break-in schedule to achieve the best outcome.

<u>DAY</u>	<u>WEAR TIME</u>	<u>BREAK TIME</u>
1	_____ HOUR	_____ HOUR
2	_____ HOUR	_____ HOUR
3	_____ HOUR	_____ HOUR
4	_____ HOUR	_____ HOUR
5	_____ HOUR	_____ HOUR
6	_____ HOUR	_____ HOUR
7	AS TOLERATED	WHEN NEEDED

FOLLOW-UP

Your U.C.B. should be re-checked 1-2 weeks after your first fitting. These arrangements should be made at your first fitting. If you have any questions or concerns, call **FACILITY** at _____.

FOOT ORTHOSIS (ARCH SUPPORT)

USE AND CARE INSTRUCTIONS

A Foot Orthosis, or arch support, is a custom molded device made from a variety of materials ranging from rigid plastic to soft foams. It is designed to support the arches of your foot and redistribute your weight to different areas to prevent excessive pressure. It may also correct mild alignment problems.

Please read the following instructions for wearing your Foot Orthosis (arch support) and add any special instructions given to you by your physician or orthotist.

How to Use Your Foot Orthosis (Arch Support)

- Wear the foot orthosis in a lace-up type shoe that has enough room for both your foot and the foot orthosis to fit comfortably. If you have any questions about your shoe, ask your orthotist.
- Begin wearing your foot orthosis for One Hour at a time, then take it off and rest your foot for one hour. Alternate wearing the foot orthosis and resting your foot for the first few days. Allow your foot to get used to the foot orthotic gradually.
- Slowly increase your wearing time throughout the next several days.
- Check your foot for red pressure areas when you remove your foot orthosis. Any reddened area that does not fade after 20 minutes should be watched carefully. This is particularly important for patients who are diabetic or have poor sensation in their feet.

How to Use Your Foot Orthosis (Arch Support)

- Wash your feet daily.
- Wash your Foot Orthosis weekly using mild soap and water. Wipe your Foot Orthosis with rubbing alcohol to eliminate odors.

Important Notes About Your Foot Orthosis (Arch Support)

A Foot Orthosis is a specialized device. It is VERY important to keep all follow-up appointments made by your orthotist. Schedule an appointment at Prosthetic Care Facility if any unexpected problems occur.

Special Instructions (If Applicable): _____

I understand that the following component(s) is a new product, still in the trial stage, and have agreed to its incorporation in my prosthesis/orthosis.

Patient Date

Witness

Prosthetist/Orthotist

SOFT FOOT INSERT

Note: These are sample instructions only – modify to fit your patient and your clinical practice

You have just received your new soft foot insert. It has been designed and fabricated just for you to support the longitudinal and transverse arches of your foot and distribute the weight bearing forces evenly on the bottom of your foot. To achieve the best outcome, please follow these instructions carefully.

APPLYING THE INSERT

1. Select a close fitting and wrinkle free cotton sock.
2. Select a high quality lace up shoe with a removable insert.
3. Place the insert carefully in your shoe and then slide your foot in.
4. Check for wrinkles in your sock and then **lace your shoe to the top.**

USE AND CARE INFORMATION

1. Check your skin frequently. Should any red spots, rash or other skin irritation appear, discontinue use and contact your orthotist immediately.
2. Monitor your discomfort. It is common to have some initial discomfort; however, this discomfort should decrease as you follow your break-in schedule. If there is increased discomfort, discontinue use and contact your orthotist immediately.
3. Clean your insert regularly. Wipe all surfaces with a mild soap and rinse thoroughly. Dry completely, before reapplying. Do not use hot water or heat to dry!

BREAK-IN SCHEDULE

Follow this break-in schedule to achieve the best outcome.

<u>DAY</u>	<u>WEAR TIME</u>	<u>BREAK TIME</u>
1	_____ HOUR	_____ HOUR
2	_____ HOUR	_____ HOUR
3	_____ HOUR	_____ HOUR
4	_____ HOUR	_____ HOUR
5	_____ HOUR	_____ HOUR
6	_____ HOUR	_____ HOUR
7	AS TOLERATED	WHEN NEEDED

FOLLOW-UP

Your soft insert should be re-checked 1-2 weeks after your first fitting. These arrangements should be made at your first fitting. If you have any questions or concerns, call **FACILITY** at _____.

Patient Care Guidelines For Shoes

Note: These are sample instructions only – modify to fit your patient and your clinical practice

Starting Out:

Gradually increase your time of use with your new shoes. In the beginning wear them for a short period of time (**insert time**) and take them off. Remove your socks and check for redness that you may not feel. Be sure to check the bottom of your feet as well. Put back on your shoes and wear them for a longer time and inspect the skin again.

Always be sure that the inside of the shoes are clean, dry and free from foreign objects.

Wear Socks!

It is recommended to wear socks in the shoes as opposed to nylons. Socks absorb perspiration and act as a barrier to reduce friction.

The laces should be pulled snug to ensure that the foot and shoe are moving in unison.

The outside of the shoe should be maintained like any other shoe. Polish, saddle soap, mild soap and water work fine.

After you have had the shoes for several months, check to see if they are wearing evenly. Sometime uneven wear means that there could be a problem. If this exists, call your orthotist.

If at any time you have questions or concerns, do not hesitate to call. We are here to help you and make your experience with **FACILITY** as pleasant as possible.

Patient Care Guidelines for Ankle Foot Orthosis and Knee Ankle Foot Orthosis

Note: These are sample instructions only – modify to fit your patient and your clinical practice

Starting Out:

Gradually increase your time of use with your new orthosis. In the beginning wear it for a short period of time (**insert time**) and take it off. Remove your sock and look for redness that you may not feel. Be sure to check the bottom of your foot as well. Re-apply the orthosis and wear it for a longer time and inspect the skin again.

The Shoe

Your orthosis must always be worn with a shoe. This is important because the shoe stabilizes your foot.

Always wear the same style shoe with your orthosis. Your orthosis was designed to accommodate a particular type of shoe. Always wear the same style shoe with the same heel height that you were originally fit with for your orthosis.

Be sure your shoes are secure and do not allow your orthosis to slide around. Do not wear slippers or sandals with your orthosis.

Wear Socks!

Always wear a clean sock or stockings. Socks protect the skin from excess rubbing which can lead to irritation and

skin breakdown. Socks also help aid in the reduction of excess perspiration.

Proper Fit

Your orthosis is custom fit to your body dimensions. It is important to maintain a constant “fit” with your orthosis. It should feel similar to constant pressure on the skin. It may feel a little unusual at first, but eventually your orthosis will feel more natural and you will probably not even notice it is on.

In maintaining a proper “fit,” it is important to maintain a constant weight. Any weight gain or loss may cause an improper fit. If this occurs, see your orthotist. Children should be monitored closely due to growth spurts.

Self-Examination

When you are wearing your orthosis full time, be sure to check your foot/feet each day. It is important to regularly inspect your skin for any changes in skin color or any signs of irritation. This is especially for diabetics who may experience lessened skin sensation. Call your orthotist immediately if you notice persistent redness. not let it turn into a blister.

Care

Proper hygiene of both you and your orthosis is imperative. Wash any skin covered by your orthosis daily with soap and water. To clean your orthosis, simply wash with a damp cloth. Use soap only as needed. Dry well before re-applying.

If at any time you have questions or concerns, do not hesitate to call. We are here to help you and make your experience with **FACILITY** as pleasant as possible.

Patient Care Guidelines for Scoliosis Orthosis

Note: These are sample instructions only – modify to fit your patient and your clinical practice

A goal is to wear the brace 23 hours a day by 2-3 weeks

This requires:

- Your brace be put on properly.
- Your skin be looked after.
- Your brace be cleaned daily.
- You to start your brace wearing gradually.

Putting the Orthosis On

Proper brace application *initially* TAKES TWO PEOPLE - the wearer and a helper. This keeps the brace from being twisted when it is put on. The brace is worn over a cotton undershirt. For girls the brace is worn over the bra, but underpants should be worn over the brace.

- 1) The wearer stands up and the helper stands behind holding the brace in the left hand.
- 2) The helper puts the brace in front of the patient with the opening at the back.
- 3) The helper reaches around the patient with an arm on each side of the patient and spreads the brace wide enough so the patient can step into the brace.
- 4) Make sure all the straps are outside the plastic girdle. Make sure the brace is not twisted and is facing straight ahead. The opening of the brace should be in the middle of the back, so that the bumps on the spine and the crease between the buttocks are halfway between each edge.
- 5) BEND YOUR HIPS AND KNEES about 45 degrees. The brace will only fit properly if this is done. The wearer holds his/her hands on the hips.
- 6) With hands on the "hips" of the brace push the brace toward the feet so that the sausage shaped pads on the inside

- of the brace fit above the hip bones.
- 7) Pull the extra cloth of the undershirt out at the brace opening. Make sure there are no wrinkles in the undershirt.
- 8) The helper threads the straps through the buckles and fastens the buckles loosely.
- 9) Tighten the brace by applying pressure to the side of the brace opposite to the buckle opening. If unable to secure the brace this way, the wearer may lie on a firm surface.
- 11) If using the "side lying method" secure brace loosely, lie on the floor, bend knees and the helper leans on the side of the brace, squeezing the brace to the lines, while pulling the straps.
- 12) When the brace is on as tightly as possible, fasten the buckles. At first the brace will only be buckled up to the line on the strap put there by the doctor or orthotist. Later, when the patient is used to the brace it will be buckled as tightly as the helper can do it.

Skin care

It is very important to PREVENT SKIN BREAKDOWN (that is sore, red, raw skin). The skin under the brace needs to be toughened up, especially where the brace presses the hardest

To Protect the Skin

- Bathe daily (bath or shower).
- Apply rubbing alcohol with your hands to all parts of the skin that the brace covers especially the areas where the skin is pink and the areas where the brace presses. Simply rub the alcohol into the skin. The alcohol plus the friction between your hand and body toughens the skin.
- Always wear a cotton undershirt, tubular knit without side seams.
- The skin will need frequent observing when the brace is first used (look for red areas).
- DO NOT USE CREAMS or LOTIONS under the brace. When dry skin occurs, call your pediatrician or NP.

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- Always wear a soft undershirt or T-shirt under the brace. The sleeveless men's tank top is usually preferred by girls.

- If you wear the brace loosely, it will move around and cause more skin problems by rubbing.

WEAR YOUR BRACE AS TIGHTLY AS POSSIBLE.

If there is skin breakdown (sore, red, raw skin) the brace must not be reapplied until the skin heals - usually in a few days. If this happens, call your Orthotist. The problem may be solved over the phone.

Sometimes the skin over the waist and hips gets darker. That is common and is not a problem. When the brace treatment is over, this color will go away.

GOOD SKIN CARE REQUIRES BRACE WASHING EACH DAY.

Cleaning the Brace

The hard plastic outer shell and the inner soft foam plastic SHOULD BE CLEANED EVERY DAY. A cloth with soap and water can be used to clean the lining followed by rinsing with a damp cloth. A terry towel can help dry the foam plastic. The brace will dry by itself in 20-30 minutes. If the brace is needed soon, a very cool hair blower can be used to dry it in 5-10 minutes. The outer plastic can tolerate rough cleaning. The plastic brace should not be left in very hot sun or by a warm radiator as the plastic may soften and lose its shape.

Alcohol may also be used to clean the brace. Simply wipe out the inside of the brace with alcohol. This will prevent a soap build-up.

Starting the Brace Wearing

Getting used to your brace is like getting used to some new tight shoes. The following program is designed to help your skin and muscles adjust to having the brace on. It is a gradual build-up of time that usually takes 2 to 3 weeks.

Stage I

Goal: To wear the brace for 4 hours

- Apply the brace properly and wear it for ____ hour(s). Take the brace off and check your skin and give skin care by putting the alcohol onto your hand and rubbing it into your skin.
- If the skin is PINK, put the brace back

on ____ hours then check the skin again. Do this again for a ____ hour period.

- If the skin is RED or sore, the brace must be left off for a half hour then put on again.
- It is important that you can tell the difference between PINK and RED skin. The Orthotist will help you with this when you first get your brace.
- During the school year this stage is easily done after school.
- This stage usually lasts 5-7 days.

Stage II

Goal: To wear the brace for 10 hours

- If the brace is well tolerated for Stage I, the next stage is wearing the brace for 10 hours. It is difficult to accomplish this stage during a school day, so this stage is best done during a weekend.
- Start by putting the brace on for ____ hours. Then check the skin and give skin care. Put the brace back on and in ____ hours check the skin. Give skin care and put the brace back on. Repeat this every ____ hours until you have worn the brace 10 hours.
- At any time, if the skin is RED and SORE, wait a half hour before putting the brace back on.
- This stage usually lasts one weekend.

Stage III

Goal: To wear the brace for 18 hours

- Once the brace is tolerated for 10 hours you can proceed to wearing the brace for 18 hours a day. This can be done by putting the brace on in the morning before going to school.
- Four hours later, at lunchtime, take the brace off and check your skin and rub with alcohol. Put the brace on again. You'll need the help of a school nurse or friend for this and she'll need to learn how to apply your brace. After school take the brace off, check the skin and give skin care.

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- Leave the brace off for ____ hours and reapply at bedtime.
- Leave the brace on all night. It should be worn all night without checking unless you complain of excessive

discomfort. If this happens, leave the brace off and start again tomorrow with Stage III, step 1.

- This stage is harder because most people are very nervous about wearing the brace to school at first.
- This stage will usually last 2-3 days.

Stage IV

Goal: To wear the brace 23 hours a day

- Once you can sleep in the brace overnight, you move on to wearing the brace all day and night except for one hour. The hour out of the brace is used for skin care, brace washing and the out-of brace exercise (remember you have exercises to do in the brace as well).

A HELPFUL SCHEDULE IS: Before bed wash the brace. While it is drying, do your exercises, take a bath or shower and give skin care. Put on a clean undershirt, then put the brace on for the night. In the morning take the brace off for skin care and put on a clean undershirt. Put the brace back on. After school take the brace off for skin care. Put on a clean undershirt and put the brace back on.

Some Notes on Skin Care

- Do not move on from one stage to the next until the first is completed.
- Continue the Stage IV skin care regimen after you are comfortable in the brace.
- Report skin problems to your doctor or nurse, who may suggest an alternate skin care technique.
- Make an earlier clinic appointment if your brace or skin problems continue.
- Initially the brace may be loosened slightly during meals if needed. Eating smaller portions more frequently may help.

Clothing

As a rule loose fitting clothes will not reveal the outline of your brace. Pants usually will be at least one size larger. Pants with elastic waistbands or drawstrings may fit more easily.

What can you do in the brace?

Almost anything you want to try in your brace is all right- basketball, baseball,

horseback riding, gym, tennis. You can swim in your brace if need be, so be sure to try it first so you won't be afraid of falling when sailing. If you swim in salt water, wash the brace well with fresh water, then towel dry it. Generally you may swim without your brace since the water will support your back. Check with your doctor for specific instructions about swimming and other activities. Your bicycle seat may also need adjustment. The seat may need to be raised since the brace may interfere with pedaling!

If at any time you have any questions or concerns, do not hesitate to call. We are here to help you and make your experience with **FACILITY** as pleasant as possible.

Patient Care Guidelines for Custom Foot Orthoses

Note: These are sample instructions only – modify to fit your patient and your clinical practice

These custom foot orthoses are designed to give support to the arch area of the foot. Sometimes the extra support under the arch is used to relieve stress on stretched tendons, support fractured bones, or take weight off tender areas. Other times the orthoses are used to influence the roll of the foot. They are also designed to resist an arch that is rolling over. Ultimately, the orthoses can do several of these functions at once.

Starting Out

Gradually increase your time of use with your custom foot orthoses. In the beginning wear them for a short period of time (hours) and take them off. Remove your socks and check for redness that you may not feel. Be sure to check the bottom of your feet as well. Put back on your shoes with inserts, wear them for a longer time and inspect the skin again.

Always be sure that the inside of the shoes are clean, dry and free from foreign objects.

Self-Examination

Visually inspect your feet every day for blisters, cuts and scratches, especially initially, when your custom foot orthoses need to be broken-in.

The Shoe

Orthoses usually work best in shoes with a closed toe and low heel. Make

sure that the orthoses are back in the heel of the shoe to insure that it is supporting your entire foot properly.

Care

To clean your orthoses, simply wipe them with a damp cloth. Use soap only as needed. Do not submerge in water or wash them in a washing machine. If your orthoses squeak, add powder to your shoes and the squeak should stop.

Realistic Expectations

Your foot condition took time to develop and it will take time to go away. If you wear your orthoses, your condition will lessen over time. Orthoses will allow your feet to function more comfortably.

If at any time you have questions or concerns, do not hesitate to call. We are here to help you and make your experience with **FACILITY** as pleasant as possible.

Patient Instructions

Foot Orthoses

Note: These are sample instructions only – modify to fit your patient and your clinical practice

Your Foot Orthoses have been custom designed for your needs. They were fitted to your shoes at delivery to obtain maximum function. Proper fit and use are critical for correct function.

Generally orthoses can be interchanged among shoes of similar size and style. Sports orthoses will usually fit most athletic shoes. Orthoses designed for dress shoes will usually work best in similar dress shoes. Initial wear should begin slowly. We recommend the following schedule (sample only – modify as necessary):

Day One:	_____ hour total	–	_____ hour	at a time
Day Two	_____ hours total	–	_____ hour	at a time
Day Three:	_____ hours total	–	_____ hour	at a time
Day Four:	_____ hours total	–	_____ hour	at a time
Days Five and Six:	_____ hours total	–	_____ hour	at a time
Day Seven:	Full time wear as tolerated. Remove orthoses only as needed.			
Day Ten:	Introduce athletic activities very slowly and progress slowly.			

If you are unable to attain full-time wear due to discomfort, please contact this office. Remember, some acclimation period is required. It should not be painful. Should any shoes present a problem with the use of your orthoses, we may be able to trim the orthotics to fit that particular shoe. Please call if you experience any difficulty or discomfort or have any questions.

Special Instructions

Both diabetes and arthritis can increase the risk of having foot problems. Pedorthic devices include therapeutic shoes (orthopedic shoes) and foot orthoses (arch supports). The pedorthic devices you have been fit with have been professionally evaluated for and are in accordance with your physician's prescription. In many cases, an adjustment period is required in order to be comfortable with these devices. This may take several days to a week. If not, you should schedule an appointment to have modifications made. This is usually all that is required; however, in some instances, a new evaluation is performed.

Special instructions to diabetic patients

Once you begin wearing your pedorthic devices, make sure you regularly examine your feet and footwear to check for anything that looks different or out of the ordinary. Check for cuts, scratches, blisters, etc. Look for swelling, redness or a rise in temperature. If this happens, you should discontinue use and call for an appointment. Your practitioner will determine the cause and improve function of your device. If you are unable to examine your feet, ask someone else to check them for you.

Maintenance

It is usual to have periodic maintenance of your pedorthic device(s) due to normal wear-and-tear as well as updating your device to keep current with your requirements, which may change. You are encouraged to continue to examine your feet and footwear on a regular basis.

I have read (or have been read) and understand the above instructions:

Patient signature/authorized person relationship

Date

Practitioner signature

Date

Type of device(s) provided

- Copy: - patient
- patient's file

GUIDELINES FOR

SKIN

CARE/

DIABETIC

FOOT

CARE



Note: These are sample instructions only – modify to fit your patient and your clinical practice

SHOES

BUY only shoes that fit your feet! Have new shoes fit by a professional. Walk around in shoes. Inspect both feet in and out of the shoes to be sure of fit.

BUY new shoes late in the day. Feet swell and shoes that fit in the morning may be too tight later.

CHOOSE shoes with soft leather or athletic-type material that can mold to the shape of your feet.

NEVER buy sandals or shoes with open toes.

NEVER wear new shoes more than two hours at a time.

ALWAYS inspect the inside of your shoes before wearing.

HOSERY

NEVER wear shoes without socks or stockings.

WEAR socks of 100% synthetic material for wicking away moisture.

WEAR only clean socks without holes or darn. You may wear socks inside out to avoid heavy seam pressure.

PHYSICIAN COMMUNICATION

DO see a doctor regularly and remove your shoes and socks at every visit.

REMAND YOUR DOCTOR to check your feet, if necessary.

SEE A DOCTOR PROMPTLY if you develop an area of poor color, a blister, callus or sore.

SEE A WOUND SPECIALIST IF A SORE DOES NOT HEAL PROMPTLY!

NEVER walk on hot pavement or hot sand.

PROTECT feet against sunburn with sunscreen.

CHECK the temperature of bath water with forearm or elbow before bathing.

NEVER cut a corn or callus on yourself. Go to a physician or podiatrist.

TRIM NAILS carefully -straight across – or seek professional help.

NEVER use hot water bottles or heating pads. Be careful of car heaters on long trips.

ALWAYS keep toes clean and free of debris between them.

WHAT ARE SOME COMMON SKIN CARE PROBLEMS THAT NEED ATTENTION?

If not properly treated, the following list of problems may lead to broken skin, ulcerations, infections, or chronic wounds. If you have a chronic condition that makes wound healing difficult and any of the following happens to you, consult your doctor:

- Development of a wound, especially on the lower leg or foot.
- Dry, cracked, peeling skin.
- Blisters.
- Bumps with pus.
- Dermatitis (dry or weeping).
- Allergic reactions.
- Multiple or extensive skin tears.
- Fissures of the skin on the feet, especially the heels.

GENERAL CARE & HYGIENE

INSPECT your feet daily. Use a mirror and pay close attention to soles and between toes. Ask a family member to help for extra careful inspection.

WASH your feet daily. Test the water first with your forearm or elbow to be sure it is not too hot.

IF your feet are dry, apply moisturizing cream immediately after bathing. Don't get the cream between your toes.

DO NOT use garters or elastics to hold socks.

NEVER go barefoot, either indoors or outdoors.

WHAT IS THE CORRECT WAY TO CLEAN AND MOISTURIZE THE SKIN?

Cleansing of the skin needs to be done with gentle care. Use a Ph balanced product to prevent trauma and the drying/stripping of natural oils. Moisturize and/or lubricate the skin after bathing, at other times during the day, and at bedtime to help increase the skin's softness and suppleness. This will also decrease the risk of trauma, friction, itching and general discomfort.

CLEANSING PRODUCTS:

- May be in a cream, foam, gel, liquid, bar or lotion form.
- May be soap-based or non-soap based.
- May be medicated and available by prescription only.
- Need to be natural with minimal to no preservatives.
- May require water for application and rinsing.
- Use lukewarm or room temperature (never hot) water.
- Need to be removed gently and thoroughly.

MOISTURIZING /LUBRICATING PRODUCTS:

Read the label and know what products you are buying. These products:

- Should not include alcohol in any form because it dries the skin.
- May have a lanolin base. You should watch for skin sensitivity.
- May contain perfumes (made from coal tars or seed kernels) or dyes that frequently irritate the skin.
- May contain urea and lactic acid (alpha-hydroxy acid). The alphahydroxy acid in higher concentration may cause stinging of diabetic skin.

- Check your skin daily for dryness, cracks, sores, bruises, reddened area and blisters.
- Cleanse the skin with a mild, pH balanced product. Remember, some people do not require overall cleansing on a daily basis.
- Use warm-to-the-touch (on elbow or inner wrist) bathing water.
- Treat the skin gently without stretching, tugging or pulling.
- Remove all residue of the cleanser from the skin.
- Use a *very soft* brush for nails and crusty skin.
- Dry all skin folds and creases with special attention to the areas between, under and around the toes.
- Moisturize the skin after cleansing. Leave a light film or moisture on the skin just prior to applying lotion or cream.
- Lubricate dry skin with a heavy (barrier) product after moisturizing.
- Wear soft clothing. Wear white socks for feet and gloves for hands, if indicated, for extra protection at night.
- Use baking soda powder or equivalent powders for foot care if perspiration is a problem. It will help with odor and moisture control. Sprinkle on hands, dusting off excess and gently rub into the skin.

SKIN CARE DON'TS

- Don't neglect new areas of irritation, soreness or discomfort on the skin.
- Don't soak for more than ten minutes in the tub.
- Don't bathe in hot water.
- Don't use abrasive or rough wash-cloths on the skin.
- Don't apply lotion or creams between, under or around the toes or nails.
- Don't use lanolin, coal tar or petroleum-based products if you have sensitive skin.
- Don't use skin care products with alcohol and/or extensive lists of preservatives.
- Don't apply tape of any kind to dry, sensitive or fragile skin.

SKIN CARE DO'S

Molded Shoes

Molded Shoes are custom made to the plaster impressions made of your foot during your first visit.

The **dried negative** impression is sent to a **FACILITY** that does nothing but make custom molded shoes. This is done to ensure that you have the finest quality construction and most experienced shoe builders available.

The **plaster negative** is filled with a liquid plaster and the outside negative wrap is removed which results in an exact copy of your foot. The Positive mold is then modified and is the basis for constructing your very own pair of custom shoes.

The **Toe Box** and forefoot area are made larger with approximately 3/4" additional room in front of the toes. This is done to ensure that no pressure is applied to the forefoot area. The shape of your custom made shoes will not resemble over-the-counter shoes; instead they are made to the true shape of your foot. Some style is incorporated in the design, but function is the first and foremost goal.

The **soles** of your custom made shoes will be a flat and wedge like surface from the heel to the toe. The toe area may be elevated if a rocker bottom has been added.

The **cost** of your custom made shoes varies with the components desired by your doctor and as suggested by your orthotist. The base fee for service is \$ _____ with additional charges for added cost items, such as removable soft layered insoles, rocker bottoms, etc.

Payment for custom molded shoes is one-half of the total cost deposited to start fabrication. The balance is due at time of delivery.

Insurance is very unlikely to cover the cost of your custom molded shoes and because the manufacturer gets paid when the shoes are shipped to us, we require that all shoes be paid by you. We will furnish you with extra copies of your billing if you wish to send to your insurance for reimbursement. We do not accept assignment.

Thank you for your cooperation.

Orthosis "Breaking-In" Instructions

Note: These are sample instructions only – modify to fit your patient and your clinical practice

The **[orthotic device]** which **[orthotist]** has provided is not to be suddenly used full-time. Doing that could cause very serious problems. The body must be allowed a period (about _____ days) of gradual adjustment. Also, it may become apparent, as you increase the length of periods of use that further fit changes must be made in the device before it can safely be used for extended periods.

Start with a use period of _____ hour(s) the first time. Lengthen the period of use to _____ hour(s) the second time. Continue increasing the period of use by 1/2 hour each time until usage is as prescribed. After each daily period of use, especially during the initial adjustment period, do a thorough skin inspection. If you see any red skin areas, inspect again after 30 minutes. If the redness of skin is persisting at that time, call us at _____.

Warranty:

At **FACILITY** we stand behind the quality of the products we provide. To the best of our ability, we solve any issues that may arise for three months after the date of initial delivery with no additional charge.

Signature of Patient

Date

SUGGESTED WEARING SCHEDULE

Note: These are sample instructions only – modify to fit your patient and your clinical practice

TYPE OF ORTHOSIS _____
PATIENT _____

Initial Accommodation Schedule

To prevent skin breakdown or irritation, the number of hours for wearing the brace must be gradually increased. **Patient's Name** is now wearing the brace for _____ **hours** and then taking it off for _____ **hours**.

When the brace is removed, check the skin for redness, blisters, or open areas. If the skin is red when the brace is removed, this redness should disappear or turn into a pink color in about 20 minutes. If the redness persists, time how long it takes to disappear. Do not use lotions, creams or powder on the skin under the brace as these agents soften the skin. Call and explain the problem to us. The brace may have to be re-adjusted. If a blister or skin breakdown is found, do not put the brace back on. Do not break open the blister.

If no excessive redness is noted when the brace is removed, increase the time the brace is on by _____ hours per day.

1st day _____ hours on; _____ hours off
2nd day _____ hours on; _____ hours off
3rd day _____ hours on; _____ hours off
4th day _____ hours on; _____ hours off
5th day _____ hours on; _____ hours off

After complying with the initial schedule the following extended wear schedule is suggested:

Apply orthosis

Remove orthosis

Some patients may develop skin sensitivity due to wearing a brace. To minimize these problems, we recommend the following:

1. Use an undersleeve with the brace to minimize skin problems.
2. Clean the padded sections of your brace at least once a week with a mild soap and then rinse **thoroughly**.
3. Some patients use a non-medicated talcum powder and/or corn starch for excess perspiration.
4. If skin sensitivity occurs, please consult your practitioner for further advice.

GENERAL PATIENT INFORMATION

Note: These are sample instructions only – modify to fit your patient and your clinical practice

1. There may be slight pressure over the hip area initially. This pressure should greatly decrease after the sutures or staples are removed. Notify **FACILITY** if this slight pressure does not decrease. Notify your physician if there is an increase in drainage from the incision.
2. The pads inside the waist and thigh sections can be removed by gently pulling them loose from the Velcro inside. They can be machine washed with a mild detergent. Be sure to rinse these liners thoroughly before air drying. A second set of liners can be purchased to be worn while one is being washed and dried. The plastic portion of the orthosis can be washed with soap and water.
3. Tighten all attachment screws approximately every one to two weeks. They may loosen over time and should be checked periodically. The joint on your orthosis is already set with the correct motion stops.
4. Use any ambulation aids such as a walker, crutches, or cane as directed by your physician and therapist.
5. Follow the weight bearing guidelines, activity allowances and restrictions ordered by your physician.
6. An undershirt worn under the waist section may help prevent rubbing against the skin. Underpants and other clothing should be worn over the orthosis. Elastic waisted pants and loose fitting clothing are particularly useful for this.
7. If you have any questions or concerns, call _____.

CARE PLAN

AFO

Ankle Foot Orthosis with or without spreader bar

Note: These are sample instructions only – modify to fit your patient and your clinical practice

Patient's Name _____
Delivered By _____
Date Delivered _____

The orthosis should be worn by the patient for half hour intervals the first day and then it should be removed from the patient for approximately _____ minutes. The socks should then be removed and the skin checked very carefully for any redness or marks. If any are found, the orthosis should not be put back on until these marks go away, which may take _____ minutes. The orthosis may then be reapplied to the patient. For the next week, the wearing time should be gradually increased. If no further complications arise, the orthosis may be worn full time. Continuous monitoring is recommended to ascertain that no irritation is experienced and that the orthosis is correctly worn.

PLEASE NOTE :

The orthosis may need to be re-adjusted or re-applied on the patient during the course of the day.

Do not hesitate to call our office for help with adjustments or with any questions you may have.

PLASTIC AFO USE AND CARE

Note: These are sample instructions only – modify to fit your patient and your clinical practice

YOU HAVE JUST RECEIVED OR HAVE BEEN USING OUR ANKLE FOOT ORTHOSIS (AFO). THE PURPOSE FOR WEARING THIS DEVICE CAN FALL INTO ONE OR ALL OF THE FOLLOWING.

1. PREVENTION OF FOOT DROP (FAILURE TO MAINTAIN THE FOOT IN A NORMAL FLEXED POSITION) DUE TO EXTENDED BED REST, TRAUMA TO THE FOOT OR LEG CAUSING PARALYSIS OR MUSCLE WEAKNESS WHICH FLEXES THE FOOT.
2. PREVENT HEEL CORD TIGHTNESS
3. SUPPORT THE FOOT IN PROPER POSITION FOR STANDING AND WALKING.

DONNING THE ORTHOSIS

IT IS VERY IMPORTANT TO APPLY THE AFO IN A PROPER FASHION. THIS WILL ALLOW THE DEVICE TO BE USED TO ITS FULLEST POTENTIAL PROVIDING THE GREATEST BENEFIT AND COMFORT.

1. SELECT PROPER SOCKS:
 - a- SOCKS MUST EXTEND ABOVE THE AFO - SO THAT THE DEVICE DOES NOT COME IN CONTACT WITH THE SKIN.
 - b- SOCKS MUST BE CLOSE FITTING (WRINKLE FREE).
2. DON THE AFO BY BENDING THE KNEE SLIGHTLY. THIS HELPS TO FLEX THE ANKLE.
3. SLIDE FOOT INTO AFO. CHECK FOR WRINKLES IN SOCKS.
4. MAKE SURE THE HEEL IS ALL THE WAY IN THE AFO PRIOR TO ATTACHING STRAP.
5. ATTACH STRAPS TO HOLD AFO IN PLACE.
6. APPLY SHOE THAT ALLOWS PROPER TOE CLEARANCE. YOU MAY NEED TO INCREASE THE SHOE SIZE BY 1/2 SIZE LARGER. (AVOID SLIP-ON SHOES).

USE/ SKIN CARE

IT IS IMPORTANT TO KEEP A CLOSE EYE ON YOUR SKIN CONDITION. SOMETIMES PROBLEMS AND DISCOMFORT WITH THE USE OF THE AFO CAN BE AVOIDED IF GOOD SKIN CARE IS PRACTICED.

1. GRADUALLY INCREASE YOUR WEARING TOLERANCE DURING THE BREAK-IN PERIOD AS INDICATED BY YOUR ORTHOTIST. THE NORMAL BREAK-IN PERIOD IS 7-10 DAYS.

2. EACH TIME THE ORTHOSIS IS REMOVED DURING THE BREAK-IN PERIOD, CHECK FOR REDNESS IN PLACES WHERE THE AFO COMES IN CONTACT WITH THE FOOT OR LEG.
 - a- REMOVE THE AFO EVERY ___ HOURS FOR THE FIRST FEW DAYS. IF ANY PART OF THE LEG OR FOOT SHOWS SIGNS OF REDNESS KEEP ORTHOSIS OFF FOR HALF AN HOUR. USUALLY THE REDNESS DISAPPEARS IN 20-30 MINUTES.
NOTE AREAS THAT REPEATEDLY SEEM TO GET RED. THIS MAY GIVE YOU A CLUE AS TO WHETHER OR NOT THE AFO IS SNUG ENOUGH OR TOO LOOSE. INCREASED REDNESS MAY OCCUR. (CONSULT YOUR ORTHOTIST)
 - b- IF BLISTERS OR ABRASIONS OCCUR DISCONTINUE USE. (CONSULT YOUR ORTHOTIST)
 - c- WITH DECREASED SENSATION IN LOWER EXTREMITY CHECK THE CONDITION OF SKIN MORE FREQUENTLY.

CARE OF THE ORTHOSIS

1. WASH YOUR ORTHOSIS DAILY WITH A MILD SOAP USING A DAMP CLOTH. IF YOU HAVE SOAP ALLERGIES, USE ONLY SOAP THAT HAS BEEN APPROVED BY YOUR PHYSICIAN.
2. IF YOUR PLASTIC ORTHOSIS HAS METAL PARTS, DO NOT IMMERSE IT IN WATER.
3. YOUR ORTHOSIS NEEDS TO BE COMPLETELY DRY PRIOR TO APPLYING.
4. DRY VELCRO CLOSURES THOROUGHLY. WET VELCRO WILL NOT STICK PROPERLY.
5. IN THE FIRST WEEK OF WEARING, CHECK ALL SCREWS DAILY AND TIGHTEN IF NEEDED. BEGINING WITH SECOND WEEK, CHECK ALL SCREWS WEEKLY AND TIGHTEN AS NEEDED.
6. LUBRICATE ALL METAL JOINTS ONCE A MONTH WITH A LIGHT WEIGHT LUBRICANT SUCH AS WD-40.
7. HAVE VELCRO REPLACED AS SOON AS THE FABRIC WEARS OUT AND FAILS TO STICK.

FOLLOW UP

YOUR ORTHOSIS SHOULD BE RE-CHECKED ___ DAYS AFTER YOUR FIRST FITTING. THERE AFTER IT SHOULD BE RE-CHECKED EVERY ___ MONTHS. IF ANY PROBLEMS DEVELOP, DO NOT WAIT FOR A ___ MONTH CHECK UP. CALL OUR OFFICE IMMEDIATELY.

**Patient Instructions
Ankle Foot Orthosis
Or
Knee Ankle Foot Orthosis**

Note: These are sample instructions only – modify to fit your patient and your clinical practice

Your new orthotic device was designed to support and protect against specific instability. No brace can provide absolute protection. Proper fit, maintenance and use are critical to provide desired function. The following suggestions will help maximize comfort and brace performance. Frequent follow-up is required to maintain desired function.

1. Always wear a clean, dry sock liner under brace.
2. Wear a well fitting enclosed oxford or athletic shoe.
3. Changing to different shoes MAY affect brace function and fit.
4. Keep brace clean by wiping with a damp cloth or sponge.
5. Inspect foot, ankle, and all bony areas on leg frequently for pressure areas.
6. Any frayed or torn straps, loose hinges or hardware should be repaired by a qualified CERTIFIED ORTHOTIST.
7. All mechanical hinges, pivots and locking mechanisms require frequent maintenance by a CERTIFIED ORTHOTIST.

Suggested initial wearing schedule:

- Week One: Alternate ___ hours on and ___ hours off during waking hours only. Inspect frequently for redness, irritation, or pressure areas. Call Orthotist if problems arise.
- Week Two: If brace was well tolerated during Week One alternate ___ hours on and ___ hours off.
- Week Three: Return to Orthotist for follow-up brace check, adjustment and additional instructions.

Special Instructions

PLASTIC KAFO USE AND CARE

Note: These are sample instructions only – modify to fit your patient and your clinical practice

YOU HAVE JUST RECEIVED OR HAVE BEEN USING OUR KNEE ANKLE FOOT ORTHOSIS (KAFO). THE PURPOSE FOR WEARING THIS DEVICE CAN FALL INTO ONE OR ALL OF THE FOLLOWING.

1. TO PREVENT BUCKLING OF THE KNEE.
2. TO PERMIT WEIGHT BEARING WHEN THERE IS PARALYSIS OR MARKED WEAKNESS OF THE KNEE EXTENSOR MUSCLE, OR THE QUADRICEPS.
3. TO PREVENT WEIGHT BEARING WHEN THE BONE STRUCTURE IS WEAK.

DONNING THE ORTHOSIS

IT IS VERY IMPORTANT TO APPLY THE KAFO IN A PROPER FASHION. THIS WILL ALLOW THE DEVICE TO BE USED TO ITS FULLEST POTENTIAL, PROVIDING THE GREATEST BENEFIT AND COMFORT.

1. SELECT PROPER SOCKS:
 - a- SOCKS MUST EXTEND ABOVE THE KAFO SO THAT THE DEVICE DOES NOT COME IN CONTACT WITH THE SKIN.
 - b- SOCKS MUST BE CLOSE FITTING (WRINKLE FREE).
2. DON THE KAFO BY BENDING THE KNEE JOINT SLIGHTLY.
3. PLACE THE LEG INTO THE BRACE WHILE SPREADING THE THIGH CUFF OPEN.
4. MAKE SURE THE HEEL IS ALL THE WAY IN THE KAFO PRIOR TO ATTACHING STRAP OR TYING SHOE SECURELY.
5. PUT ON THE SHOE. BE SURE TOES ARE NOT CURLED UP AND THAT THE HEEL IS DOWN ALL THE WAY INTO SHOE BEFORE LACING.
6. APPLY A SHOE THAT ALLOWS PROPER TOE CLEARANCE. YOU MAY NEED TO INCREASE THE SHOE SIZE BY HALF SIZE LARGER. (AVOID SLIP-ON SHOES.)
7. ATTACH THE REMAINING STRAPS TO HOLD KAFO IN PLACE. (SNUG BUT NOT TIGHT)
8. IF LOCKING KNEE JOINTS ARE BEING USED, MAKE SURE BOTH KNEE JOINTS ARE LOCKED PRIOR TO STANDING.

USE / SKIN CARE

IT IS IMPORTANT TO KEEP A CLOSE EYE ON YOUR SKIN CONDITION. SOMETIMES PROBLEMS AND DISCOMFORT WITH THE USE OF THE KAFO CAN BE AVOIDED IF GOOD SKIN CARE IS PRACTICED.

Patient Instructions

Custom Knee Orthosis

Note: These are sample instructions only – modify to fit your patient and your clinical practice

Your knee brace was designed to protect and support specific instability. Proper fit, maintenance and correct use are required to obtain desired function. No brace can provide absolute protection against additional injury, particularly in high-velocity or contact sports. The following suggestions will help maximize comfort and bracing performance.

1. Wear brace only as instructed. Be sure you understand how to correctly apply this device.
2. If slippage or migration is noted, STOP your activity. Remove the brace, check positioning and re-apply correctly.
3. Salt water or perspiration should be removed and rinsed off immediately with clean fresh water. Most custom knee braces are water resistant but frequent exposure to salt, sand or dirt will cause premature wear. Keep it clean.
4. Lubricate hinges as directed.
5. Any frayed or torn straps, loose hinges or hardware should be repaired immediately.
6. Changes in weight and/or muscle tone will affect brace fitting and function. Have brace fit checked frequently.
7. Any irritations or undue pressures should be corrected by a CERTIFIED ORTHOTIST.
8. Return for a brace check after _____ weeks.
9. Use in contact sports may require special padding to protect other players from injury. Check with the appropriate officials for each sport application.

Special Instructions

**Patient Instructions
Fracture Bracing**

Note: These are sample instructions only – modify to fit your patient and your clinical practice

You have been fitted with a functional fracture bracing device. This brace is designed to support fracture instability during healing. Proper use and wear are critical to obtain desired results. Frequent follow-up and adjustment are required. This device does not provide absolute protection against further injury. The following suggestions will help maximize comfort and brace function.

1. Wear brace only as directed.
2. Fracture braces are designed to be adjustable - NOT removable.
3. Changes in weight and/or muscle tone will affect brace fitting and function. Adjustment may be required.
4. Always wear a clean, dry liner sock as provided under brace. Socks should be changed as indicated by physician or orthotist. Assistance will be required to change socks.
5. Oxford or athletic shoes must be worn at all times (leg braces).
6. Slings or harnesses should be worn as directed (arm braces).
7. Any frayed, torn straps or loose hardware should be repaired immediately.
8. Irritation, redness or unusual swelling should be brought to your physician's attention.
9. Fracture braces are most effective when worn snugly. Wear as instructed.
10. Return for brace check and re-adjustment after _____ weeks.

Special Instructions

CARE PLAN **TLSO**

Thoraco Lumbo Sacro Orthosis

Note: These are sample instructions only – modify to fit your patient and your clinical practice

Patient's Name _____

Delivered By _____

Date Delivered _____

This TLSO is a custom fabricated spinal orthosis. The patient may be put into the orthosis during the day for spine realignment and control of its curvature. Care must be taken that the patient is placed all the way into the orthosis. The straps should be snugly fitted, but not too tight. Special care must be taken around the edges of the orthosis so that they do not impinge upon the patient. The orthosis is placed over the patient's standard light clothing. Straps must be checked periodically to see if they have loosened and/or the orthosis needs to be repositioned or reapplied.

The orthosis should be worn by the patient for half hour intervals the first day and then it should be removed from the patient for approximately _____ minutes. The patient's clothing should then be removed and the skin checked very carefully for any redness or marks. If any are found, the orthosis should not be put back on until these marks go away, which may take 20-30 minutes. The orthosis may then be reapplied to the patient. For the next week, the wearing time should be gradually increased. If no further complications arise, the orthosis may be worn full time. Continuous monitoring is recommended to ascertain that no irritation is experienced and that the orthosis is correctly worn.

Please Note: The orthosis may need to be re-adjusted or re-applied on the patient during the course of the day.

Do not hesitate to call our office for help with adjustments or with any questions you may have.

**Patient Instructions
Spinal Orthosis**

Note: These are sample instructions only – modify to fit your patient and your clinical practice

You have been fitted with a highly supportive back brace. It is designed to restrict specific motions. Proper use and wear are required to obtain desired function. Frequent follow-up is required to maintain desired function. This device cannot provide absolute protection against additional injury. The following suggestions will help maximize brace comfort and function.

1. Wear brace as directed by physician.
2. Brace should be applied before getting out of bed unless instructed otherwise.
3. Weight changes will affect brace fit. Call office to schedule a brace check/adjustment.
4. Always wear an undershirt or similar garment to help protect the skin. Change this shirt daily or more frequently if perspiration is a problem.
5. Keep brace clean by wiping with a damp sponge.
6. Spinal braces are most comfortable and effective when worn snugly. This will help reduce slippage and rubbing.
7. Fasten the straps near the bottom first, and then work towards the top.
8. Re-tighten straps throughout the day to maintain proper snugness.
9. Any frayed or torn straps, loose padding or hardware should be repaired immediately.
10. **DO NOT OPERATE ANY MOTOR VEHICLE.** Spinal braces restrict your vision, mobility and reaction times.
11. Return to **(Orthotist)** for brace check **_____ weeks** after initial fitting. Subsequent appointments should be made to coincide with your physician appointments.

SPECIAL INSTRUCTIONS:

NEOPRENE GARMENTS

Note: These are sample instructions only – modify to fit your patient and your clinical practice

You are now the owner of a quality garment, precisely patterned and tailored of the finest Neoprene rubber.

To ensure long and satisfactory wear it is imperative that you follow the suggestions for putting on the sleeve and hand laundering. Do not machine wash in hot water or put in the dryer.

APPLYING NEOPRENE GARMENTS

For ease of application and to ensure the durability of sleeves we have found it best to instruct the user to:

- Turn sleeve wrong side (rubber) out.
- Put on the smaller end first and stop at the approximate area it will be worn.
- Grasp the larger end and pull it up over the smaller end. Rubber surface is now next to the skin and the sleeve in approximate wearing position.
- Talcum, cornstarch or baking soda should be used liberally when applying and wearing the sleeves. The sleeve can be worn with the rubber side out if so desired.

Care and Cleaning

Sleeves are machine (delicate cycle) or hand washable. Air-Dry - do not use dryer.

Adverse reactions

It is possible that an individual could be sensitive to the neoprene glue or nylon used in the manufacture of this product. If the user experiences soreness, rash or blisters, discontinue use of the garment and consult your physician. Phlebitis patients should not wear sleeves.

For further information, please call our office.

HIP ABDUCTION ORTHOSIS USE AND CARE INFORMATION

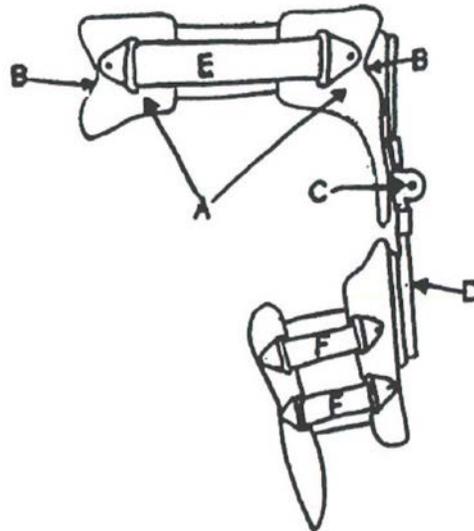
Note: These are sample instructions only – modify to fit your patient and your clinical practice

The Hip Abduction Orthosis is an effective treatment for potential or existing problems following total hip replacement. It may also be used for non-operative treatment of hip disorders and to encourage compliance with post-op instructions.

DONNING THE ORTHOSIS

It is very important to apply the Hip Abduction Orthosis properly. Improper application may result in re-injury. An undershirt may be worn under the orthosis to improve comfort. All other clothing should be worn over the orthosis.

1. Open all Velcro straps.
2. Slide the waist section {A} under the patient's waist and pull it out the other side so that the plastic pieces on each side of waist are the same distance around. Lift leg carefully into the thigh section, always keeping the hip abducted.
3. Feel for the space between the iliac crest and the ribs on the side of the patient. The waist groove {B} on the waist section {A} is placed in this groove. Always keep the waist section positioned in this location.
4. Position the orthosis so the hip joint {C} is over the trochanter and the bar {D} runs down the middle of the outside of the leg.
5. Fasten the Velcro waist strap {E} between tight waist sections.
6. Fasten the Velcro thigh straps. {F}
7. Loosen, readjust and tighten the straps again if this alignment changes during the initial application.
8. Call with all questions.



Patient's Name: _____ Date: _____

Instructions for Wearing New Pedorthic Device(s)

Note: These are sample instructions only – modify to fit your patient and your clinical practice

GENERAL INFORMATION

Pedorthic devices include therapeutic shoes, shoe modifications and foot orthoses. Your footwear has been prepared by skilled technicians in accordance with your physician's instructions. A break-in period is necessary.

Although it will probably take two or three days for you to become used to the way your new pedorthic devices feel, after that time you should be comfortable and have some or total relief from your foot problem(s). If not, discontinue use and return to this **FACILITY** for further evaluation. An adjustment may be needed to improve your pedorthic device's function. Please call first so that we may be prepared for your visit.

SPECIAL INSTRUCTIONS FOR PATIENTS WITH DIABETES AND/OR NEUROPATHY

Wearing Time

Day 1 _____ HOUR
Day 2 _____ HOURS
Day 3 _____ HOURS

Add one hour to your wearing time each day until you have reached a full day. At **least _____ times per day**, remove your pedorthic device to examine your feet and your footwear. Check for anything that looks different or out of the ordinary that may result in cuts, scratches, blisters, etc. Look for swelling, redness, or rise in temperature. If you find anything out of the ordinary, discontinue use immediately. Come in so that we may determine the cause and improve the function of your device. If you are unable to examine your own feet or footwear, get someone else to look at them for you.

MAINTENANCE

Your pedorthic device will require periodic maintenance, which may include repairing normal wear-and-tear as well as updating your device to keep current with your requirements. It is important for you to continue to examine your feet and footwear as long as you own the device(s). Please call us and make an appointment for regular follow-up visits.

PATIENT SIGNATURE

I have read (or have been read) and understand the above instructions.

Date Signed _____ Type of device _____

Practitioner _____ Patient _____

Authorized Person/Relationship _____

Patient's follow-up visit is scheduled for: _____
(Date/Time)

Copy: Patient
Patient's File