

DOCUMENTATION WORKSHEET

Patient: _____	Date of Fitting: _____
Provider: _____	Location of Fitting: _____
Doctor: _____	Duration of Fitting: _____
Fitter: _____	Follow-up Date: _____

THE DDS 500 OR THE DDS DOUBLE IS A PREFABRICATED ORTHOSIS AND IT ALLOWS CUSTOMIZATION TO FIT AN INDIVIDUAL PATIENT. FITTING AND ASSEMBLY IS TO BE PERFORMED BY A QUALIFIED PROFESSIONAL. FOLLOW THESE STEPS TO CUSTOMIZE & KEEP THIS RECORD IN THE PATIENT'S FILE.

TOOLS NEEDED : HEAT GUN, HEAT RESISTANT GLOVES, TAPE MEASURE

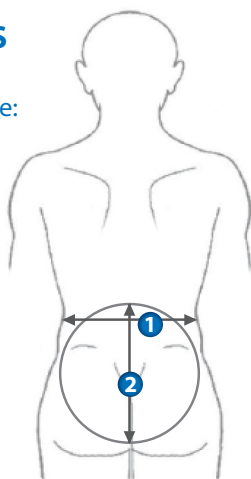
STEP 1 MEASUREMENTS

1. Around the navel Circumference:

2. T9 to Sacrococcygeal Junction:

3. Size Required:

(See sizing chart)

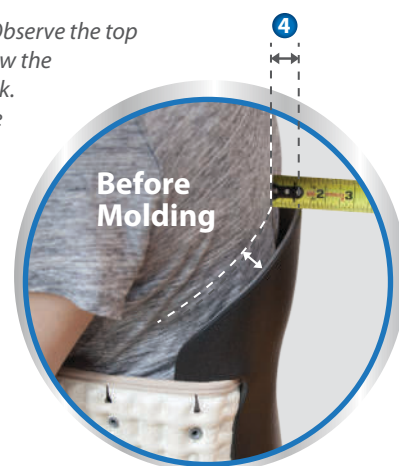


4. Measure Patient's Lordosis

Assemble LSO and apply on the patient. Observe the top and bottom of the posterior panel and how the mid-section conforms to the patient's back. Check for the Kyphotic and Lordotic Curve and measure the gaps between the panel and the torso.

Lordosis Degree: _____

Kyphosis Degree: _____



STEP 2 CUSTOMIZE POSTERIOR PANEL TO ANATOMY

Detach the Rear Panel from the Soft Brace. Never apply the heat gun while the Brace is attached to the panels.

- On a heat-resistant surface and in a well-ventilated area, apply heat to the midsection of the panel for approximately 90 seconds or until the material becomes pliable. Once pliability is achieved, using both hands, mold the midsection to the lordosis degree measured on the goniometer.
- Apply heat to the top section of the Panel approximately 2-3 inches from the top. Once pliability is achieved, using both hands, bend the Frame at the very top to obtain the necessary degree of modification required.
- Observe the edge pressure and width distance on sides and bottom of the posterior panel and how it conforms to the patient's torso. Bend frame outward or inward on lateral sides and make additional modifications if necessary.
- Repeat steps as necessary



*Allow the Panel to cool and then repeat steps as necessary.

TIME SPENT: _____

STEP 3 CUSTOMIZE ANTERIOR PANEL TO ANATOMY

Detach the Front Panel from the Soft Brace. On a heat-resistant surface and in a well ventilated area, apply heat to the panel until the material becomes pliable. Once pliability is achieved, using both hands, bend the Frame to obtain necessary modification required. The anterior panel can be shaped flatter or more curved to best fit the shape of the patient's abdomen and to reduce pinching of the skin.



TIME SPENT: _____

STEP 4 CUSTOMIZE FITTING

- Proper positioning of the brace. DDS Logo Patch is upright, centered with body and positioned over the most protruding part of the abdomen or navel. Position the brace right above the iliac crest and underneath the lowest ribs.
- Adjust the posterior panel up or down and right or left to ensure the panel is centered with the patients back and between the Sacrocoygeal Junction and the T-9 vertebrae.
- Adjust the anterior panel so that it is centered on the patient's abdomen.
- Determine if the patient needs the optional 8" extension panel. Secure Velcro closures, ensure brace is comfortable and form fitting.

TIME SPENT: _____

STEP 5 PATIENT EDUCATION

- Instruct the patient to read the entire USER MANUAL provided with each brace.
- Educate patient to use recommended AIR PRESSURE and how to use various AIR Pressure for different activities.
- Demonstrate the optional Extension Air Hose. Provides easy access to attach the Hand Pump to the air valve. Recommended for patients with Arthritis in hands.
- Discuss proper care and fitting for the brace.
- Discuss how to wash the brace.



TIME SPENT : _____

▲ TOTAL TIME TO CUSTOMIZE BRACE: _____

These substantial modifications were necessary to achieve an individualized fit that provides proper sagittal control, reduces load on the intervertebral discs, and prevents skin breakdown or migration. The patient's body habitus/ contour issue(s): _____ and spinal deformity/ alignment finding(s): _____ made standard off-the shelf adjustments (e.g. , simple strap tightening or minor trimming by the patient or caregiver) insufficient. The fitting required clinical assessment of anatomy, heat-molding technique, precise biomechanical adjustments, and verification of fit during standing, sitting and gait-services that exceed minimal self-adjustment and necessitate the expertise of a qualified practitioner with specialized training in orthotic provision (in compliance with Federal and State requirements).

ADDITIONAL NOTES

CONSULTATION COMPLETION

I do hereby signify that the proper fitting and function of the DDS 500 or DDS Double has been demonstrated to the individual listed above on the date indicated.

Date: _____ Fitter Sign: _____ Patient Signature: _____