

Clinical Application Record for Custom Fitting VQ LSO and VQ TLSO

Patient Name _____ Date _____

Doctor _____

Product Fitted: L0627 L0631 L0637 L0456

Need for Custom-fitting:

- | | | |
|---|---|---|
| <input type="checkbox"/> Waist to hip ratio/disparity | <input type="checkbox"/> Hyper/hypo-lordosis | <input type="checkbox"/> Spinal deformity |
| <input type="checkbox"/> Pendulous abdomen | <input type="checkbox"/> Multi-vertebral level injury/surgery | <input type="checkbox"/> Compromised cognitive/physical ability |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Accommodate post-surgical dressings | <input type="checkbox"/> Hyper-kyphosis |
| <input type="checkbox"/> Short stature/torso | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Other _____ |

Additional Notes: _____

Substantial modifications required to meet need for custom fitting

Gross Modifications:

Brace assembled/modified to fit patient circumference

Waist _____ in Hip _____ in Lower Rib _____ in

Panel/Component Modifications:

	Anterior	Lateral	Posterior	Thoracic	Purpose: _____
Assembled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trimmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Molded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Accessories/Other Modifications:

Description: _____

Purpose: _____

Assembled and angulated panel/belt components to accommodate:

Neutral waist Waist to hip ratio/disparity Pendulous abdomen Scoliosis Spinal deformity

Patient Education:

- Donning and doffing
- Proper application to maximize compression and support
- Proper location inferior/superior

Fitter Name _____ Signature _____