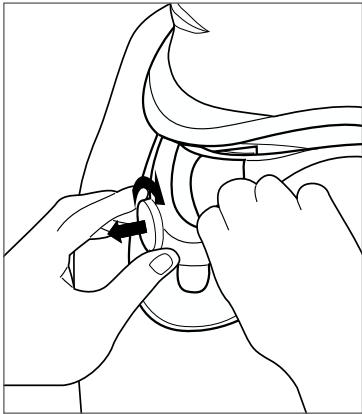


Aspen Vista® MultiPost Collar

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



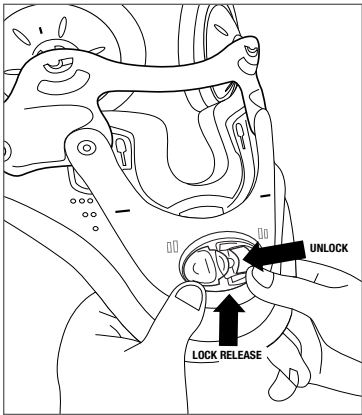
Adjust height to ensure neutral positioning.
Level selected: 1-6 (1 is the lowest level) _____

STEP 2A - SIZING POSTERIOR PANEL



Place back panel on patient. Determine if height adjustment is necessary.

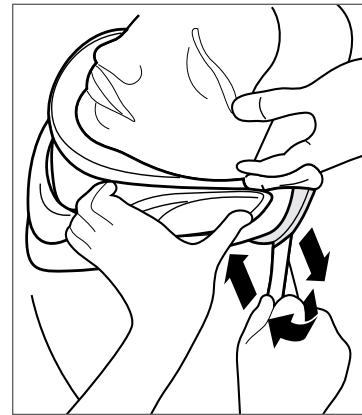
STEP 2B - PLACEMENT OF POSTERIOR PANEL



Do not adjust back panel on patient. If height adjustment is necessary, remove from patient, adjust and reapply. Select level to ensure occipital contact for proper motion restriction.

Level selected: 1-3 (1 is the lowest level) _____

STEP 3 - TIGHTENING COLLAR



Attach loop straps and tighten to achieve proper fit and desired motion restriction. Ensure chin is at or near the forward aspect of the chin piece.

Aspen Vista® MultiPost Collar

Doctor: _____ Fitter: _____

Patient Name: _____ Date: _____

Patient #: _____ Additional Follow-Up Dates: _____

STEP 4 - ASSESS PROPER FIT



- Ensure proper fit
- Anterior height
 - Posterior height
 - Flex tabs engaged
 - Neutral position
 - Proper tightening

STEP 5 - PATIENT EDUCATION

Items to educate patients:

- Donning
- Doffing
- Pad Cleaning
- Pad Replacement

CLINICAL JUSTIFICATION FOR CUSTOMIZING BRACE
