

COLUMBIA PROSTHETICS AND ORTHOTICS

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Flexible Lumbosacral Orthosis (LSO)

You have been fit with a flexible back support. Your LSO is designed to support your back, limit the motion of your spine and provide protection and comfort to your back as it heals from surgery. **Usually, your back support is to be worn anytime you will be out of bed.** However, some conditions require 24 hour per day usage at the start. If the recommended wearing schedule is not clear to you, please check with your physician.

We recommend wearing your back support next to your skin. This decreases any slippage and allows the back support to provide better control. Loosen all straps and laces before you put on your back support. Be sure that the garment tag in the back is at the top. After you close the front section, pull all straps until the back support feels comfortably snug and cannot shift on your body.



*This is a sample image.
Your support might be different.*

Following any use, remove your back support and inspect your skin. There may be some skin redness from pressure areas. Redness should not persist for more than 20 minutes after removal. Please call us immediately if you have any sign of excessive pressure or if pain develops. You should contact our office to speak with one of our practitioners. We will either schedule a follow up visit for any needed adjustments or suggest that you contact your physician.

The total time that you need to use your back support after a surgery depends on the type of surgery. Disc surgeries usually require 5 or 6 weeks of use. Spinal fusions sometimes require 3 months. If your constant usage goes beyond a recommended time, you might risk becoming dependent on the back support for comfort. Overuse will allow decreased muscle tone. Your prescribing physician should follow you during your wear time and help determine when to discontinue use.

Please refer to any additional manufacturer's written information that we provided to you. Make sure you understand how to properly put on and take off your back support. Never attempt to modify your back support yourself. Please inspect your back support regularly for any signs of wear or decreased effectiveness. If you notice any irregularities, please call our office.

I have received a copy of these instructions and understand to contact the above office if I have any questions or concerns.

Patient Signature _____ Date _____