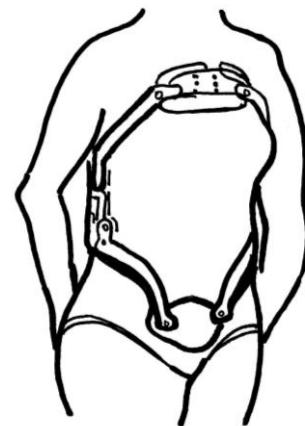


## Rigid Spinal Orthoses

You have been fit with a Back Brace. Sometimes your ordering physician wants you to use this full-time. Other times a gradual break-in period is allowed so you can get used to the brace. If so, you should be using it the recommended time as soon as possible.

Following any use, remove your brace and inspect your skin. There may be some skin redness from pressure areas. Redness should not persist for more than 20 minutes after removal. Redness that does not disappear can be a sign of excess pressure. If you have any sign of excess pressure, numbness, tingling, color change, excessive itching, swelling or pain develops, please call us immediately. You should contact our office to speak with one of our practitioners and to schedule a follow up visit for any needed adjustments. Failure to do so could lead to further skin breakdown.



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

The brace is designed to support your back and limit the motion of your spine. Usually, this device is worn anytime you will be out of bed. However, some conditions require 24 hour per day usage. You should check with your doctor. Back braces should always be worn over a snug shirt. Thicker shirts allow more air flow and are usually cooler and more comfortable. Unless your doctor instructs you differently, your brace should be put on before you get up out of bed. It is important that the side and waist grooves—indentations in the sides of the brace—line up with your waist. Pull all straps snug until the brace cannot be shifted on your body.

Your brace can be cleaned with a wash cloth and mild soapy water. Make certain all soap residue is removed and the brace is completely dry before re-applying. Make sure you are comfortable with how to properly put on and take off your brace. Never attempt to modify your brace yourself. Please inspect your brace regularly for any signs of wear including cracking, loose parts, or decreased effectiveness of the brace, and call our office as needed.

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 \_\_\_\_\_