

**ADVICE FOR PATIENT REQUIRING A SPINAL ORTHOSIS**

|  |  |
| --- | --- |
| **Patient Name:** | **Hospital Number:** |
| **Consultant responsible for spinal management:** |
| **Consultant responsible for patient’s overall care:** |
| **Date of advice:** | **Time of advice:** | [ ] **Advice face to face**[ ] **Telephone advice**[ ] **Referapatient advice** |
| **Name of person completing form:** | **Designation:****Bleep:**  | **Signature:** |

**Diagnosis…………………………………………………………………………………………**

1. **Is a brace needed?** No [ ]  *If no, go to Q6* Yes[ ]  Type……………………...
	1. Any restrictions on mobilising in brace? No [ ]  Yes [ ]
	2. Is the brace just for comfort/if patient is in pain (can the patient sit out/mobilise without it) No [ ]  Yes[ ]
2. **How long is the brace required for? (if other please specify)**

6 weeks [ ]  3 months [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **When does the brace have to be worn?**

24 hours [ ]  When out of bed/ walking [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What position can the brace be changed in?**

Lying [ ]  Sitting [ ]

If fitting in lying, can patient roll without assistance to fit brace Yes [ ]  No [ ]

1. **Can the patient shower without their brace?**

No [ ]  Yes, in sitting [ ]  Yes, in standing [ ]

1. **Is further imaging needed?**

No [ ]  Yes [ ]

1. **Timing/Type of imaging**

2 weeks [ ]  6 weeks [ ]  3 months [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Standing X Ray [ ]  CT Scan [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Follow up with spinal surgeon**

Yes [ ]  When \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Before Discharge:**

Is the patient independent with brace application/has a carer been taught to assist with application? Yes [ ]  No [ ]

If no, patient should not be discharged before they are able to apply the brace/have suitable help to do so

**ANY CONCERNS Monday- Friday 8-6pm contact Spinal Practitioners 07887597236**

**07887617357**

**Out of hours- please contact on call neurosurgical registrar: phone 62032**