

**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**