



## My Spinal (Back Brace) Orthosis

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**You have just received a device that was provided to assist you with the support and function of your Spine. The device is specific to Trauma, Post Operative stabilization, Osteoporosis or fractures of the Vertebrae.**

### Why do I need it?

The bones, or vertebrae that make up your spine, are very strong, but

sometimes, a vertebrae can fracture just like any bone in your body. Your doctor may prescribe a back support (often officially called an orthosis). The brace supports the back and restricts movement; just as an arm brace would support a fracture of the arm. The brace is well molded to conform tightly to your body, like a cast for any other fracture

### Applying the device

While lying face up in bed, the orthosis is positioned over a protective shirt (smooth fabric to avoid pressure marks on your skin). Keeping your spine as straight as possible, roll to your side to allow you to position the back section in its proper position on your spine. Now roll onto your back and make sure that the brace is in its proper place, snug up the straps from lowest to top, paying particular attention that the fit is snug and comfortable. Attach any straps over your shoulders (if provided). Make sure that it is in the proper position when standing and check that all straps are comfortable and secure.

### How long should I wear my device?

Your spinal orthosis has been designed specifically for you. Wear the device as

instructed by your practitioner as different orthoses have different wearing schedules

### Precautions

- When sitting, place a small pillow in the back (lumbar) area and sit as straight up as possible for more comfort
- Remember to **'Ask Questions'** if you are not sure of anything regarding your device
- Clean device with hypoallergenic soap and water. Do not immerse

### Check the device for

- Any loose strap attachments
- Cracks, worn areas, sharp edges
- Check that all screws are in position and tight. Should you have questions, **Contact your practitioner prior to wearing the orthosis**

### Check your skin for

- Abnormal redness
- Blisters or sores



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**Follow up Appointments:**

You have a follow up appointment at our office at: \_\_\_\_\_

On: \_\_\_\_\_ With: \_\_\_\_\_

Should you need to reschedule, contact us at: \_\_\_\_\_

**Specific Instructions:**

**I understand the instructions given to me today and those provided on this sheet.**

Signed: \_\_\_\_\_

**Patient (or Caregiver)**

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

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