Use, Care, and Maintenance of New DMEPOS Item(s)

DEVICES PRESCRIBED

☐ Prefabricated Ankle Gauntlet (L1902)	☐ Prefabricated Healing Shoe (L3260)				
☐ Prefabricated Multiligamentous Ankle Brace (L1906)					
☐ Prefabricated Drop Foot Brace (L1930)	☐ Prefabricated Removable insert (L3060, L3040)				
☐ Prefabricated AFO, Rigid Anterior Tibial Section (L1932)	☐ Prefabricated Carbon Foot Plate (L3031)				
☐ Prefabricated AFO Spiral, Plastic or Other material, (L1951)	□ Prefabricated AFO with Ankle Joint: Zero-G				
☐ Prefabricated AFO with Ankle Joint (L1971)					
☐ Prefabricated Soft Tibial Fracture Orthosis (L2112)	(L1971, L2220 X2, L2265)				
☐ Prefabricated Semi-Rigid Tibial Fracture Orthosis (L2114)	☐ Custom Ankle Foot Orthosis (L1904, L1990, L1980, L1970,				
☐ Prefabricated Rigid Tibial Fracture Orthosis (L2116)	L1960, L1940,, et al)				
☐ Prefabricated Ankle Stirrup Brace (L4350)	☐ Custom Foot Orthoses (L3000, L3020, L3010, L3002)				
☐ Prefabricated Walker Boot-Pneumatic (L4360)	☐ Custom Toe Filler w/ longitudinal arch support (L5000)				
☐ Prefabricated Walker Boot-Non-Pneumatic (L4386)	D Off the Obelt Diebetic Oberes (A5500)				
☐ Prefabricated Night Splint (L4396)	☐ Off the Shelf Diabetic Shoes (A5500)				
☐ Prefab Drop Foot Splint, Recumbent Positioning Device (L4398)	☐ Custom Diabetic Shoes (A5501)				
□ Other:	☐ Customized Diabetic Inserts (with heat gun) (A5512)				
	☐ Custom Diabetic Foot Orthoses (A5513)				
	☐ Shoe Modifications ()				
GENERAL INFORMATION √ Your personal skin hygiene is an important part of the care of your DMEPOS devices. Unless instructed otherwise by your doctor, wash your feet and ankles daily with warm water and mild soap and be sure to completely rinse all soap away and allow your feet and ankles to dry completely. √ Although it will probably take two or three days for you to become used to the way your new device(s) feel, after that time you should be comfortable and have some or total relief from your foot problem(s). If not, discontinue use and return to this fadlity for further evaluation. An adjustment may be needed to improve your device's function. Please call first so that we may be prepared for your visit. √ When you put on (don) the device, ensure that your heel is seated into the heel support of the device and it is properly aligned on the portions of your foot/ankle that it is intended to support. Securely close any straps or laces so that the device fits snuggly, but comfortably on your foot/ankle. If the device goes into a shoe, use a shoehorn when putting on the shoe. □ For pneumatic walkers, deflate all bladders before donning by following the manufacturer's instructions. After device is donned, close all flaps and secure all straps. Inflate (but do not over inflate) bladders in the order suggested by the manufacturer until: □ snug and comfortable or □					
ROUTINE FOLLOW UP √ Please make a follow up appointment for weeks from today so we can check on your progress. If you discover issues noted on the reverse side of this document, then please follow up sooner. Thank you. WARRANTY/RETURNS √ All devices eventually wear out through normal wear and tear. The products you received have a 1 month manufacturer's					
warranty against defects in materials and workmanship, assuming normal wear and tear (see product manual if applicable). We will repair or replace, free of charge, devices that are under warranty. For issues of initial fit, please return within 7 days to our office so that we can address concerns of the initial fit of the device.					
☐ This device can be returned within days ☐ for any reason ☐ so long as it is not worn or damaged, and with original packaging/box.					
☐ Due to the medical nature of this device, it cannot be returned, unless defective and under warranty (see above).					

WEAR/BREAK IN				
You should wear this device for	or	days (Notes:)
□ continuously □ whene	ever walking	during rigorous activit	ty 🚨 while sleeping/laying	ι in bed
☐ This device does not ne	ed a break-in	first day, two hours	•	ice by wearing it one hour the ing one hour to your wearing ay.
You should wear this device:				
against your skin	over a clean	n, dry, smooth sock (that	is taller than the device/sto	ckinette)
☐ instead of a shoe	•	on with a stable shoe with e if original insole is to be	adequate depth (i.e. athleti removed)	c, walking, boot)
☐ This device assumes a reg	jular heel height	t. Please wear shoes of r	ormal heel height with this	device.
For the first two weeks of we device(s). Check for anything calluses, cuts, scratches, blist appointment to come in. Plea	that looks differ ters, or "hot spo	rent or out of the ordinary ots". Please call our office	that may result in injury. Lo immediately if you notice th	ook for swelling, redness,
√ Inspect your feet daily. If you in so that we may determine to device(s), get someone els	he cause and ir	mprove the function of you	ur device(s). If you are unal	•
☐ For non-custom diabetic shahoes feel good and do not ca concerns, please stop wearing	ause any rubbin	ng of your skin, you may w	ear them outside. If you ha	Once you have verified that the ave any redness, issues, or
CARE				
$\sqrt{\text{Avoid excessive heat for thi}}$	s device. Avoid	d harsh chemicals or clear	ning solvents.	
☐ Plastic materials: should be device into water, especially it spraying with isopropyl (rubbin	f it has leather, f	fabric or metal componen		•
☐ Leather materials: use a sacan be used to restore color a	•		he instructions on the can/ja	ar. A high-quality paste polish
☐ Fabric or foam components isopropyl (rubbing) alcohol.	s can be spot cl	leaned with:□ a wet towe	and mild detergent <u>or</u> 🖵 5	0/50 mix of water and
☐ Removable foam liners car	n be washed in	cold water by hand with a	mild detergent and allowed	d to drip dry.
☐ Other:				
MAINTENANCE				
☐ Try to keep Velcro or other	•	·	•	·
☐ For items with metal joints				
☐ Inspect the pads, straps, la				
√ Your device will require periodevice to keep current with you you own the device(s). Pleas	our requirements	s. It is important for you to	continue to examine your	