TLSO MEASUREMENT FORM

ORTHOLESE

Patient Information

PATIENT NAME: _____
AGE: _____
SEX: _____

DIAGNOSIS: _____
CURRENT USER: ◯ YES ◯ NO
X-RAY: ◯ YES ◯ NO

Orthosis Design

TO A FITTING: ◯ YES ◯ NO
REASON: ◯ POST OP ◯ CORRECTIVE ◯ HOLDING
OPENING: ◯ ANTERIOR ◯ POSTERIOR ◯ BIVALVE
OFFSET OPENING: ◯ LEFT ◯ RIGHT
CUT OUT LOCATION: _____
REINFORCEMENTS: _____
CURVE TYPE: _____
_____
LORDOSIS: _____
ABDOMINAL RECTIFICATION: _____
ADDITIONAL SPECIFICATION: _____
_____
POSITIVE CAST RECTIFICATION: _____
_____

AXILLA EXTENSION: ◯ LEFT ◯ RIGHT
THORACIC PAD: ◯ LEFT ◯ RIGHT
LUMBAR PAD: ◯ LEFT ◯ RIGHT
TROCHANTER EXTENSION: ◯ LEFT ◯ RIGHT

Materials

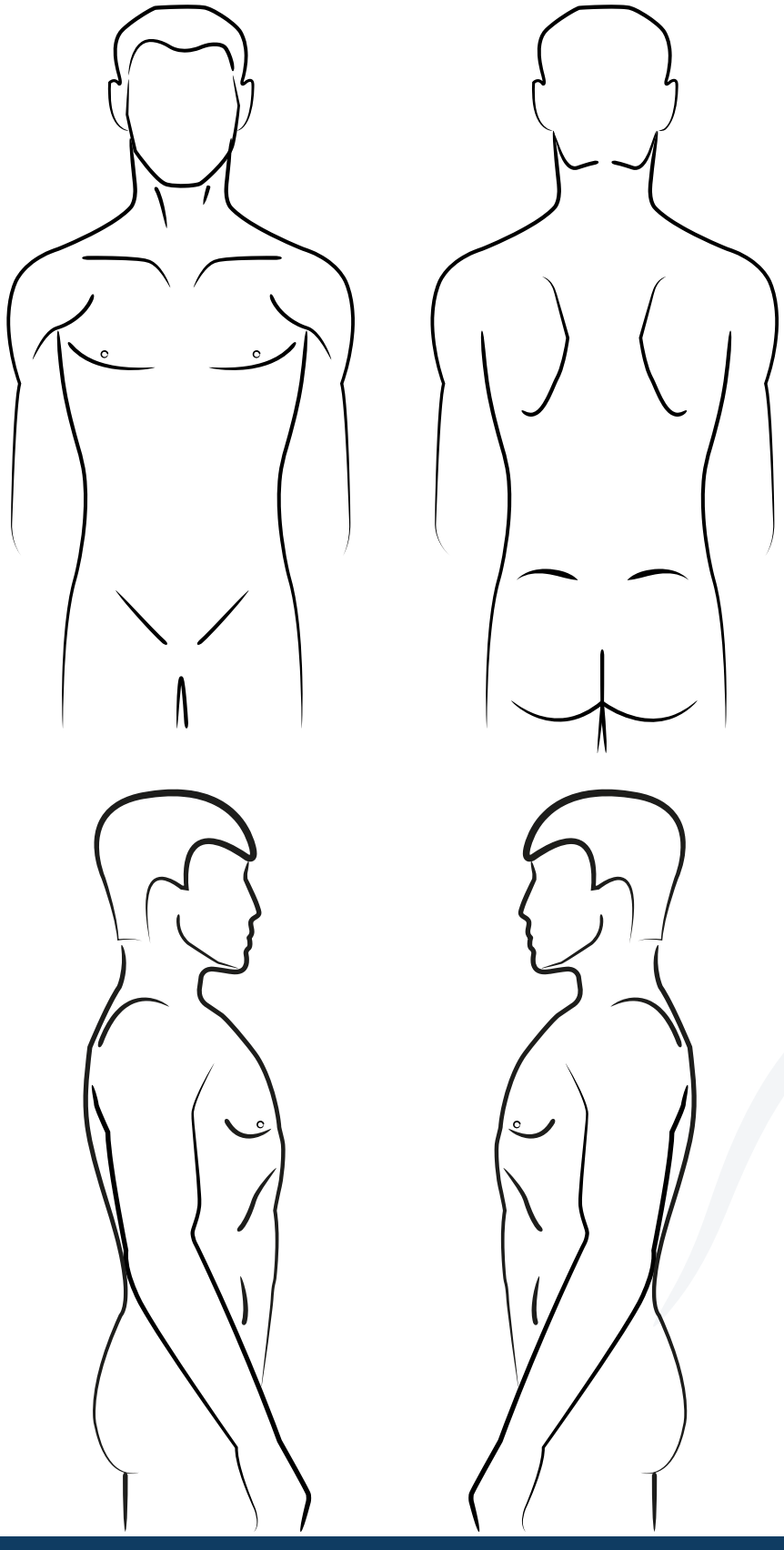
MATERIAL: _____
THICKNESS: _____
COLOUR: _____
TRANSFER: OPTION 1: _____
OPTION 2: _____

LINING: _____
◯ 3mm ◯ 6mm
STRAPS: _____
PADS: _____
SHOULDER STRAPS: _____

W: www.ortholese.co.uk | T: 01582 699599 | E: enquiries@ortholese.co.uk
OFFICE: 19 Dunstable Road, Toddington, Bedfordshire, LU5 6DP
WORKSHOP: Unit 32 Westbury Close, Townsend Industrial Estate, Houghton Regis, Bedfordshire, LU5 5BL

TLSO MEASUREMENT FORM

Measurements



Additional Information

Order

DATE REQ: .....

DELIVERY OR COLLECTION:

.....

DELIVERY ADDRESS:

.....

.....

.....

SIGNED:

PRINT NAME:

.....

DATE: .....

AFTERCARE LEAFLET REQUIRED ○

Shaping lives

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