

Spinal Trauma Orthotics Referral Form

Patient Details / Label

Ward / Location:
Hospital:
Tel Number:
Consultant:
Specialty:

Diagnosis:.....

Level of Fracture / Injury:.....

Other Injuries / Comorbidities / Shape / Size which may impact on Bracing:.....

Indication:

- Conservative
- Post Surgery

Stability:

- Unstable
- Stable
- Risk Progressive Collapse / Deformity

Purpose of Brace:

- Maximum Rigid Stability
- Semi Rigid Postural Reminder / Movement Restrictor
- Pain Relief

Movement Restriction:

- Sagittal Plane (Flex / Ext)
- Triplanar (All Directions)

Collar - Fitting Instructions:

- Wear 24/7: Yes No
- Wear in bed: Yes No
- Erect XR: Yes No
- Mobilise Pre Erect XR: Yes No
- Collar Care: Lying with head hold
- Lying no head hold
- Sitting
- Remove for showering: Yes No
- Duration in Collar:.....

Brace – Fitting Instructions:

- Wear 24/7: Yes No
- Required only when mobilising: Yes No
- Erect XR: Yes No
- Mobilise Pre Erect XR: Yes No
- Can sit to degrees without brace
- Rolling out of brace: Log Roll No Log Roll
- Position to fit: Lying Sitting Standing
- Remove for showering: Yes No
- Duration in Brace:.....

Suggested Orthosis:



- Halo / Minerva / CO
C0-2
- CO
Elderly Peg fractures
C3-5
- Bulky Soft Collar
Elderly Peg fractures
- CTO
C6-T5
- CTLSO
T3-T6 or
Multiple fractures
- TLSO
T7-L3
- Hyperextension TLSO
T9-L3
- TLSO
L1-L3
- LSO / Hip Spica
L4-S1

CO - Cervical Orthosis
 CTO – Cervico Thoracic Orthosis
 TLSO - Thoraco Lumbar Sacral Orthosis
 LSO - Lumbo Sacral Orthosis
 SO - Sacral Orthosis

Referrer Name:
Signature:
Date:
Designation:
Contact No / Bleep: