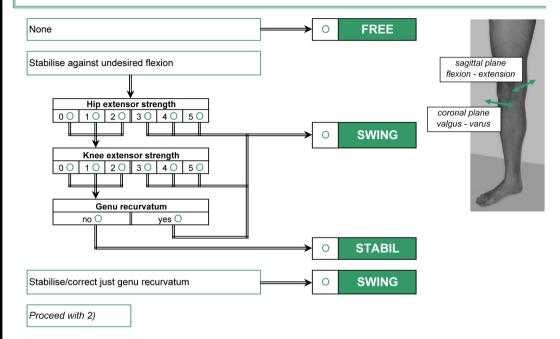
UTX® Knee-Ankle-Foot Orthoses selection protocol

Use in conjunction with the UTX® orthoses manual

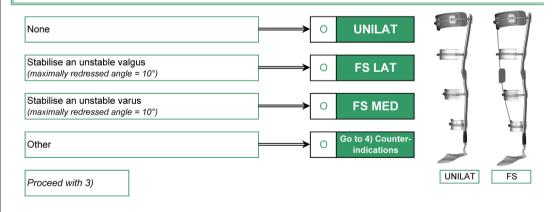
INDICATIONS



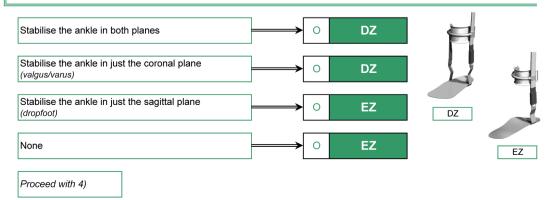
1) What is the required functionality of the orthosis at the knee in the sagittal plane?



2) What is the required functionality of the orthosis at the knee in the coronal plane?



3) What is the required functionality of the orthosis at the ankle?



COUNTER-INDICATIONS

4) Check presence of the following counter-indications

a) Weight limit exceeded?	No O
With a UNILAT > 120 kg (A UNILAT is only loaded in the sagittal plane)	
With a FS LAT/FS MED > 100 kg (A FS is loaded in both the sagittal and the coronal plane)	
o) Ischial weight bearing required?	Yes O No O
Ischial weight bearing in combination with a UTX [®] is not possil weight bearing could be necessary in cases of severe pelvic/tr or necessary unloading of lower limb skeletal elements.	
c) Knee flexion contracture > 10°?	Yes O No O
A flexion contracture at the knee larger than 10° leads to extret the leg and the orthosis. On top of that, knee extension at late (necessary for unlocking of the SWING) is much more difficult.	stance
d) Non-redressable valgus/varus instability of the knee > 10°?	Yes O
A coronal instability of the knee that can't be redressed to angle than 10° can lead to extreme loading on the leg and the orthos	

e) Mild to serious spasticity?	Yes O
e) will to serious spasticity?	No O

Spasticity can lead to extreme loading on the leg and the orthosis. Furthermore, spasticity can interfere in reaching dorsal flexion of the ankle at late stance (necessary for unlocking of the SWING).

f) Insuficient cognitive abilities?	f) Inquisiont cognitive chilities?	Yes O
	1) insufficient cognitive abilities?	No O

A limited cognition can interfere with learning to use the orthosis.

No counter-indications present? Proceed by filling in the measurement and order form further on this sheet.

One ore more counter-indications present? Contact your Embreis AB or choose an alternative info@embreis.com Tel: +46 (0)8 410 621 00

			0
Patient initials and gender:			O M / F C
Which side:	OL/RO	Date of birth:	
Height:	cm	Body weight:	kg
Diagnosis:			