

ORTHOTIC WEARING SCHEDULE

Please read this instruction sheet in its entirety prior to wearing your orthosis.

Patient Name: _____ Account #: _____

Follow the wearing schedule below:

- DAY 1: Wear for one hour
- DAY 2: Wear for two hours
- DAY 3: Wear for three hours
- DAY 4: Wear for four hours
- DAY 5: Wear for five hours
- DAY 6: Wear for six hours
- DAY 7: Wear for seven hours
- DAY 8: Wear for eight hours

- ✓ Do not exceed recommended wearing time. You may divide the total wearing time for the day into smaller sessions (i.e. half of the recommended time in the a.m. and half of the recommended time in the p.m.)
- ✓ Check for redness and/or irritation on the skin when removing the orthosis. Discontinue use of orthosis and call our office immediately (1-888-246-7667) if redness lasts for more than 30 minutes.
- ✓ Continue adding one hour of wearing time per day so that you are eventually wearing the orthosis the entire day.

I certify that I have received the orthotic(s) marked below in good condition and understand the above instructions. The provider of the orthotic(s) has explained the proper use and care and has fit the item(s) to me.

Patient Signature: _____ Date: _____

Orthosis Description: _____