

## **Protocol: Suggested Wearing Schedule**

LSO and TLSO Back Braces

Wearing schedule per therapy or physicians order.

A frequently followed schedule:

- Begin with 1 hour on
- Remove and assess
- Reapply if no redness, edema or pain is noted
- Increase wearing time by 30 – 60 minutes (on / off as tolerated until maximum time reached)
- Remove at least once per shift for assessment

## **LAUNDRY INSTRUCTIONS**

### **LINER:**

- Separate liner from all plastic, foam and metal
- Fasten all hook and loop Velcro closures
- Place in mesh laundry bag
- Machine wash warm – NO BLEACH
- Rinse thoroughly
- Tumble dry on warm setting

### **Flex-E-Core Custom Fit Frame:**

- Clean with a mild detergent and rinse thoroughly
- Hand Dry with soft cloth before reuse



# NURSING CARE PLAN

## LSO and TLSO Back Braces

Patient :
Room # :
Date:

### DIAGNOSIS

Specific disease of the spinal column \_\_\_\_\_ ICD-9  
Spinal Muscular Atrophy  
Decreased range of motion  
Impaired mobility  
Other \_\_\_\_\_

### NURSING INTERVENTION

1. Range of motion or LIMIT per facility protocol / physician's order.
2. Apply TLSO / LSO and CUSTOM FIT for specific diagnosis
3. Follow fitting instructions. Assure proper application.
4. Document fitting and patient response.
5. Check patient at least once every shift.
6. Establish wearing schedule.

### WEARING SCHEDULE

Hour(s) on \_\_\_\_\_ Hours(s) off \_\_\_\_\_

### EXPECTED OUTCOME

1. Increase Spinal control / support.
2. Treat/correct spinal problems
3. Maintain spinal immobility.
4. Increase patient comfort and function.