



PATIENT PLAN OF CARE

PATIENT:	DATE:
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CHOOSE ONE: LSO KNEE CSO Spinomed IV TENS/Electrotherapy

LSO / KNEE / CSO	Spinomed IV
<input type="checkbox"/> 1. Patient was instructed to wear their product only when they are in severe pain or when they are going to do an activity that creates pain, but <u>no more than 50% of their waking hours</u> unless they were directed to do otherwise by their Physician.	<input type="checkbox"/> 1. Patient was instructed to wear the product for at least 2 hours per day during periods of activity. The time should be split evenly between morning and afternoon hours (1 hour in the morning and 1 hour in the afternoon) unless they were directed to do otherwise by their Physician.
<input type="checkbox"/> 2. Patient was instructed to break in their product over a 3-week period – Week 1 – wear no more than 2 hours at a time Week 2 – wear no more than 3 hours at a time Week 3 – wear no more than 4 hours at a time, and so on.	<input type="checkbox"/> 2. Patient was instructed to break in their product over a 2-week period – Week 1 – wear no more than ½ hour at a time (a total of 1 hour per day) Week 2 – wear no more than 1 hour at a time (a total of 2 hours per day).
TENS / Electrotherapy	
<input type="checkbox"/> 1. Patient has received an electrode placement chart and instructions on frequency and duration of use.	<input type="checkbox"/> 3. Patient understands that the benefit of wearing the Spinomed IV (Strengthening of abdominal and back muscles, reduced angle of kyphosis, improved posture and reduced back pain) are accrued over a 6 month period and are dependent on daily use of the brace for 2 hours per day while active (e.g. walking, shopping, cleaning, etc.)
<input type="checkbox"/> 2. Patient is required to schedule a follow-up appointment with their physician for assessment after using TENS unit for 30 days. This is a requirement for purchase of the TENS unit.	<input type="checkbox"/> 4. Two additional follow-up appointments with a Piedmont Medical Solutions representative will be scheduled at week 3 and month 3 after the initial fitting. Patients will receive additional training on the proper way to wear and use the brace. Additionally, the brace will be adjusted to maximize patient comfort and improve long-term patient outcomes.

By signing this form, patient understands that all Piedmont Medical products are only one part of the overall treatment plan prescribed by their Physician and that they should always follow all Physician instructions. Patient was informed to discuss wearing all Piedmont Medical products during exercises and/or physical therapy with their Physician and/or Physical Therapist. The appropriate way to use the product has been demonstrated to the patient and the patient has demonstrated that they can use the product appropriately. Patient was informed not to sleep in any Piedmont Medical product.

I have read, received and/or been instructed in detail on the items checked above.

Patient Signature:	Representative Signature:
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