

Ankle-Foot Orthosis Instructions

Breaking In Your Brace

1. The first day you wear the brace, no matter how good it feels, wear them about 1 hour. After the first day, gradually add one hour of wear each day until you have worked up to wearing them all day. Wearing time means the time you have them in your shoes and standing or walking - not while you are sitting.
2. If your brace begins hurting, rubs blisters or causes calluses, STOP wearing them and make an appointment to be checked.
3. If the brace squeaks in your shoe, add a little baby powder under the orthotic or rub the bottom of the orthotic with wax.
4. Some braces take 4-6 weeks of normal use to break-in.

Refunds, Replacements, Repairs, Adjustments

1. Any necessary adjustments to the devices are made at no charge for the first 90 days that you have the brace. This does not include changes made by your doctor to the device or top covering that was not specified in the initial order.
2. **These devices are made by an outside vendor. Once they are ordered, you are responsible for full payment. We have made every effort to determine whether or not they are covered by your insurance. If they are not, you are required to put down a \$250 non-refundable deposit before they will be ordered. The balance will be due once you pick up the orthotics. Should your insurance not pay, you will be totally responsible for payment.**
3. We cannot refund any money for the brace after they have been cast and shipped. For this reason, it is very important that you follow the break-in schedule closely, promptly report any problems with the devices to your doctor, and keep your follow up appointment in two to three weeks.
4. Our lab, Seattle Systems, is located in Seattle, Washington so please be patient with the process of custom fitting your brace and any adjustments we may need to make.

Covered by insurance at _____% after \$_____ Deductible Not Covered

I acknowledge that I read the above and understand the importance of the break in period and the refund policies as outlined above.

Patient Signature

Chart Number

Date

Print Patient Name

Deposit

Balance Due