

# Heelift® Glide & Heelift® Suspension Boot FAQs

Thank you for your interest in the Heelift Suspension Boot & the new Heelift Glide. There is a wealth of literature available on the following website links: [www.vmothotics.co.uk/Heelift\\_Products\\_HL.php](http://www.vmothotics.co.uk/Heelift_Products_HL.php) and [www.heelift.com](http://www.heelift.com) where you will find a large body of knowledge which is constantly updated. Emailed or printed copies can also be provided. The list of FAQs below is informative & should answer many of your questions. If there is anything further you would like to know, please contact us. Details provided overleaf.

## 1) What are the indications for using the Heelift® Suspension Boot?

The Heelift or heel pressure re-distribution device is recommended on all heels with an existing pressure ulcer, or with patients with a history of pressure ulcers. Pressure re-distribution devices are also indicated for high risk patients with 2 or 3 of the following clinical characteristics:

- Braden Scale scores of 14 or less
- Diabetes with neurological sensory deficit
- No palpable pedal pulses
- Age of 65 or more
- Paraplegia (any age)
- Acute hip fracture
- Significant nutritional deficits (serum albumin <2.2 g/dl)
- Prolonged immobility (>hours) or coma
- Unrelieved incontinence bowel/bladder

## 2) What is the Best Practice Usage of the Heelift?

Caregivers going off shift should open the Heelift & inspect the ankle & heel cord (Achilles Tendon) & leave the Heelift open for ventilation. Caregivers coming on shift should close the straps after inspecting the ankle/foot & heel cord.

## 3) What should be done if erythema is found over the lower leg, heel cord, or malleoli?

Have a section removed from the fixed pad with scissors, or the spare pad can be trimmed back & added to give pressure re-distribution to the reddened area.

## 4) Why does the Heelift come in a smooth and a convoluted foam?

The original Heelift was manufactured in a convoluted foam for improved ventilation because heat build-up causes patient discomfort. However, edematous legs showed indentations or dimples which caused concern by caregivers & patients. Although these skin indentations caused no harm, the Heelift Smooth was introduced to eliminate this problem.

## 5) Is the Heelift latex free?

Yes.

## 6) Why is there a spare pad?

Customisation! The spare pad has an adhesive backing. It can be placed on the fixed pad for increased heel elevation in the bariatric patient, on the outside to control rotation, or placed in the forefoot portion for additional footdrop protection. A wedge can be cut out to relieve the heel cord of pressure. The pad can be cut in half & applied for more heel elevation & used for additional footdrop protection, or for extra elevation for patients with long limbs.

## 7) Can extra spare pads be ordered?

Not at present as there has been no call for this. Should there be sufficient interest, we would consider it for the future.

## 8) What are the risks of using the Heelift?

The major risk is to the lower calf. All heel pressure is transferred to the heel cord & gastrosoleus complex. The heel cord (Achilles Tendon) has very thin skin & subcutaneous coverage & is susceptible to pressure injury. Close observation is necessary. Should redness (erythema) occur, a wedge should be removed from the fixed pad, or the spare pad applied proximal to the tendon, or a wedge cut out of the spare pad which can then be applied.

Continued overleaf....

**9) What is the function of the white low friction backing material on the bottom of the Heelift?**

The white tricot material has a low friction characteristic that allows the Heelift to glide easily, with ease, over bed sheets. This keeps the foot firmly in proper position because the foot moves easily over the bed encouraging motion, decreasing DVT risk, & saving nursing time from frequent repositioning of the device. The tricot material covers only part of the boot in order to improve airflow & avoid heat retention.

**10) Can a patient walk in the Heelift?**

A patient can walk to the bathroom & back under supervision to prevent falling. Please note that the heelift is quite a bulky item & therefore standby assistance when not in bed is always recommended. We strongly advise that the heelift is not used for walking other than bathroom usage. Most patients who require a Heelift are disabled or temporarily bed bound & are therefore not regularly on their feet.

**11) How should the Heelift be cleaned?**

- Hand cleaning with antiseptic soap & water, followed by antiseptic wipe or spray to sanitize.
- Machine wash & dry only if in a pillow case or mesh laundry bag with the straps firmly closed over the fixed pad. Leave the spare pad out if not soiled. The Heelift can be washed at 72 degrees for 3 minutes or more & takes 2 drying cycles in the automatic dryer the manufacturer uses.
- Sterilise by autoclaving. Autoclaving may deform / narrow the 'D' rings but the straps will also shrink in width & will continue to fit the 'D' rings. It is best to apply the straps loosely for autoclaving.

**12) May the Heelift be used on multiple patients?**

No the Heelift is designed for single patient use only.

**13) Does the Heelift come with a guarantee?**

Yes, for 3 months.

**14) How long does the Heelift Boot last/function?**

A Heelift will last from 3 months to 12 months depending on the activity of the patient & care of the appliance.

**15) How do I determine which size Heelift is appropriate for my patient?**

The Heelift is available in 3 sizes as detailed below.

	<b>Calf Circumference</b>	<b>Height Range</b>	<b>Weight Range</b>
Petite	15 cm – 25 cm	111 cm – 163 cm	32 kg – 50 kg
Standard	20 cm – 36 cm	152 cm – 196 cm	54 kg – 113 kg
Bariatric	30 cm – 58 cm	165 cm – 203 cm	100 kg – 271 kg

**16) Is the Heelift® range of products flame retardant?**

The Heelift range of products meets the requirements of CA 117, Section E Flame Retardancy Standards.

*The Californian based bureau requires manufacturers to make foam bedding products sold in California flame-retardant. The Bureau measures flame retardance in accordance with flammability standards developed by the Bureau or the United States, Consumer Products Safety Commission (CPSC). Since 1975, the Bureau has developed several flammability standards, called technical bulletins. These performance-based standards do not prescribe the use of flame-retardant chemicals, manufacturing methods, or specific materials to meet the standards. The Bureau encourages the industry to use innovative solutions & products to achieve flame resistance without compromising the environment. Manufacturers must strictly adhere to state and federal laws governing the manufacture & sale of bedding products.*



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# Heelift® Traction Boot & Elbowlift® Suspension Pads FAQs

## Heelift® Traction Boot FAQs

### 1) What are the indications for use of the Heelift® Traction Boot?

It is indicated for femoral shaft and hip fractures. The Heelift Traction Boot should be used for pre-operative stabilisation (Buck's skin traction) before femoral fracture stabilisation surgery. After surgical stabilisation, the traction straps are removed, and it is used to prevent / treat heel or malleolar pressure ulcers while controlling external rotation and foot drop.

### 2) What are the major benefits of the Heelift Traction Boot?

It offers continuous heel and malleolar pressure re-distribution. In addition it elevates the leg enough to remove pressure from the peroneal nerve at the neck of the fibula to prevent permanent paralytic foot drop. The spare pad, when placed on the outside of the Heelift Traction Boot, can help control external rotation on the fractured femur side.

The white tricot backing has a very low friction characteristic that allows the device to glide easily, with ease, over the bed sheets. This prevents friction from the bed sheets interfering with the full effect of the traction. The Heelift Traction Boot is convertible to a Heelift heel pressure redistribution device post- surgery for continuous care.

### 3) How much skin traction (known as Buck's traction) can be applied?

Up to 10 lbs. is considered safe for most patients.

### 4) How does the Heelift Traction Boot differ from the Heelift?

The traction boot is longer and has a longer fixed pad to give greater friction between the skin and foam. This keeps the foot and leg in the correct position in the boot when traction is applied. The traction boot has removable side Velcro® straps attached to the traction bar and rope. After stabilising surgery the traction straps and bar may be removed and the patient's heel, leg and peroneal nerve can be kept elevated during the post-operative and rehabilitation phases of treatment. This allows for a continuum of care from the emergency room to the rehabilitation facility to home.

### 5) Is the Heelift Traction Boot latex free?

Yes.

### 6) Why is the Heelift Traction Boot only available in Smooth foam?

This is to maximise the skin/ foam friction to prevent migration of the boot under traction.

### 7) Can the Heelift Traction Boot be cleaned?

Yes, please see the instructions for the Heelift Suspension Boot or refer to our website [www.vmorthotics.co.uk](http://www.vmorthotics.co.uk)

## Elbowlift® Suspension Pad FAQs

### 1) What are the indications for using the Elbowlift® Suspension Pad?

The latex free Elbowlift is indicated for all elbow skin injuries but particularly to relieve pressure injury. It is indicated for olecranon bursitis and to protect the ulnar nerve.

### 2) How does the Elbowlift protect the elbow?

The two columnar pads elevate the arm and forearm thus suspending the skin over the olecranon, olecranon bursa, and the ulnar nerve in the cubital notch.

### 3) Does the Elbowlift stay in place?

Yes. The foam-skin friction is much greater than the tricot (nylon) backing on the Elbowlift allowing it to glide over bedsheets without displacing the Elbowlift. The thick foam covered strap can be customised to provide a perfect fit.

### 4) Does the latex free Elbowlift disrupt intravenous placement?

NO! The strap design allows intravenous placement throughout the entire forearm. If IV placement in the antecubital fossa is necessary, a segment of the thick foam pad can be removed, and the remaining segments placed on the Velcro® strap.

### 5) How can I wash/clean the Elbowlift®?

The Elbowlift can be hand, or machine washed / dried. For machine washing and drying it is best if placed in a net laundry bag or pillow case with the strap firmly closed. It can also be autoclaved for sterilisation.

### 6) How long will the Elbowlift last?

The Elbowlift is warranted to last for three months use on a single patient. Replacement within three months is free upon return of the damaged used Elbowlift to us.