

Heelift® AFO-Ankle Foot Orthosis Evaluation Form



Thank you for agreeing to take the time to evaluate the Heelift® AFO Ankle Foot Orthosis. To accurately complete this form, we recommend that you evaluate the Heelift® AFO Ankle Foot Orthosis for a minimum of 10 days on a patient

*Please scan and email this completed form to info@vmorthotics.co.uk or fax it to **01986 798 040**.
Please print/circle in black ink.*

1. Caregiver Information:

Name:

Position:

NHS Hospital / Care / Nursing Home / Private Residence / Other (Please circle)

Address:

Postcode:

Date:

Email:

Tel:

2. Patient Information:

Age:

Gender:

Summary of Medical History:

General Diagnosis:

General Prognosis:

3. Patient Mobility:

Restricted

Chair Bound

Bed Bound

Plantar flexion deformity

Mild / Moderate / Severe / N/A

4. Specifics of Use:

Which version of the Heelift® AFO product did you evaluate? Smooth / Convuluted Foam

Number of days used?

Did you evaluate your Heelift® AFO for? Achilles Tendinitis / Plantar Fasciitis / Foot Drop / Flexion Contracture / Night Splint / Other (please explain)

Did you customise the Heelift® AFO that was evaluated?

Yes / No

If yes, please describe:

Did the Heelift® AFO cause any skin pressure problems? Yes / No (Please specify extent and area)

5. Use of the Heelift® AFO:

Instructions:	Poor	Acceptable	Good	Excellent
Ease of fitting:	Poor	Acceptable	Good	Excellent
Comfort:	Poor	Acceptable	Good	Excellent

6. Heelift® AFO Characteristics:

Design:	Poor	Acceptable	Good	Excellent
Construction:	Poor	Acceptable	Good	Excellent
Durability:	Poor	Acceptable	Good	Excellent

7. Outcome of Use:

Condition:	Improved	Deteriorated	No Change
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8. Cost Effectiveness:

Do you believe the use of the Heelift® AFO improved the patient's condition? – Comment:

If 'yes' to the question above has this saved resources spent on treatment through:

(a) a reduction in the cost of dressings or other supplementary items? – Comment:

(b) a reduction in the time required by attending professionals in dealing with the patient? – Comment:

9. Other Products:

Have you used any similar product – if so what and how would it compare with the Heelift® AFO?

10. Recommendation:

Would you use the Heelift® AFO for a similar patient / condition?

Comment:

11. Photos:

Have you provided a minimum of 2 consistently taken photos – one at start of treatment and one at end of use?

12. Summary of Conclusions/General Comments: