

# Heelift® Suspension Boot Evaluation Form



Thank you for agreeing to take the time to evaluate the Heelift® Suspension Boot. To accurately complete this form, we recommend that you evaluate the Heelift® Boot for a minimum of 10 days on a patient at high risk of developing heel pressure ulcers. Alternatively you can evaluate the healing process on a patient with an existing heel pressure ulcer.

*Please scan and email this completed form to [info@vmorthotics.co.uk](mailto: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:

Waterlow\Braden or other Risk Assessment Score:

## 3. Patient Mobility:

Restricted

Chair Bound

Bed Bound

## 4. Skin Condition/Pressure Ulcer History:

Current Skin Condition:

Intact

Broken

If Pressure Ulcer – Grade:

## 5. Which product was provided?

Standard Size in Convoluted or Smooth

/

Petite

/

Bariatric

Number of days used?

Did you evaluate your Heelifts for?

Treatment

/

Prevention

Did you customise the Heelift products evaluated?

Yes / No

If yes, please describe:

## 6. Use of Heelift:

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

## 7. Heelift Characteristics:

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

## 8. Outcome of Use:

Skin Condition – Improved      Deteriorated      No Change

If Pressure Ulcer – how would you rate the aid to healing-  
                                 Significant      Reasonable      Not at All

## 9. Cost Effectiveness:

Do you believe the use of the Heelift speeded healing or avoided skin deterioration? – Comment:

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

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

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

## 10. Other Products:

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

## 11. Recommendation:

Would you use Heelift again for a similar patient / condition?

Comment:

## 12. Photos:

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

## 13. Summary of Conclusions/General Comments: