

Patient's name: _____

Patient Wear Schedule



The first week is considered the initial break-in period. Make sure the brace still fits properly and there is no discomfort. After the first week, the brace should be worn according to the schedule below (tension and hours to be set by orthotist and therapist). The Ultraflex brace will work best with the affected limb in a relaxed, gravity neutral position. This is best achieved at rest or sleeping.

The orthotist/therapist will set the tension and schedule the hours to be worn.

Fill in the actual time worn in the top section. Use the success stickers as an incentive for completing appropriate wear time.

		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Week of / /	Actual wear time							
	Success sticker	Place a success sticker for each day wear time is accomplished.						
Tension: Time:								
Week of / /	Actual wear time							
	Success sticker							
Tension: Time:								
Week of / /	Actual wear time							
	Success sticker							
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	Success sticker							
Tension: Time:								
Week of / /	Actual wear time							
	Success sticker							
Tension: Time:								

Have the patient continue wearing the brace as scheduled/prescribed and please make sure patient attends ALL follow-up sessions with the rehab team.