



Lower Limb Adult De-rotation bands and Reinforcement Panels

SDO

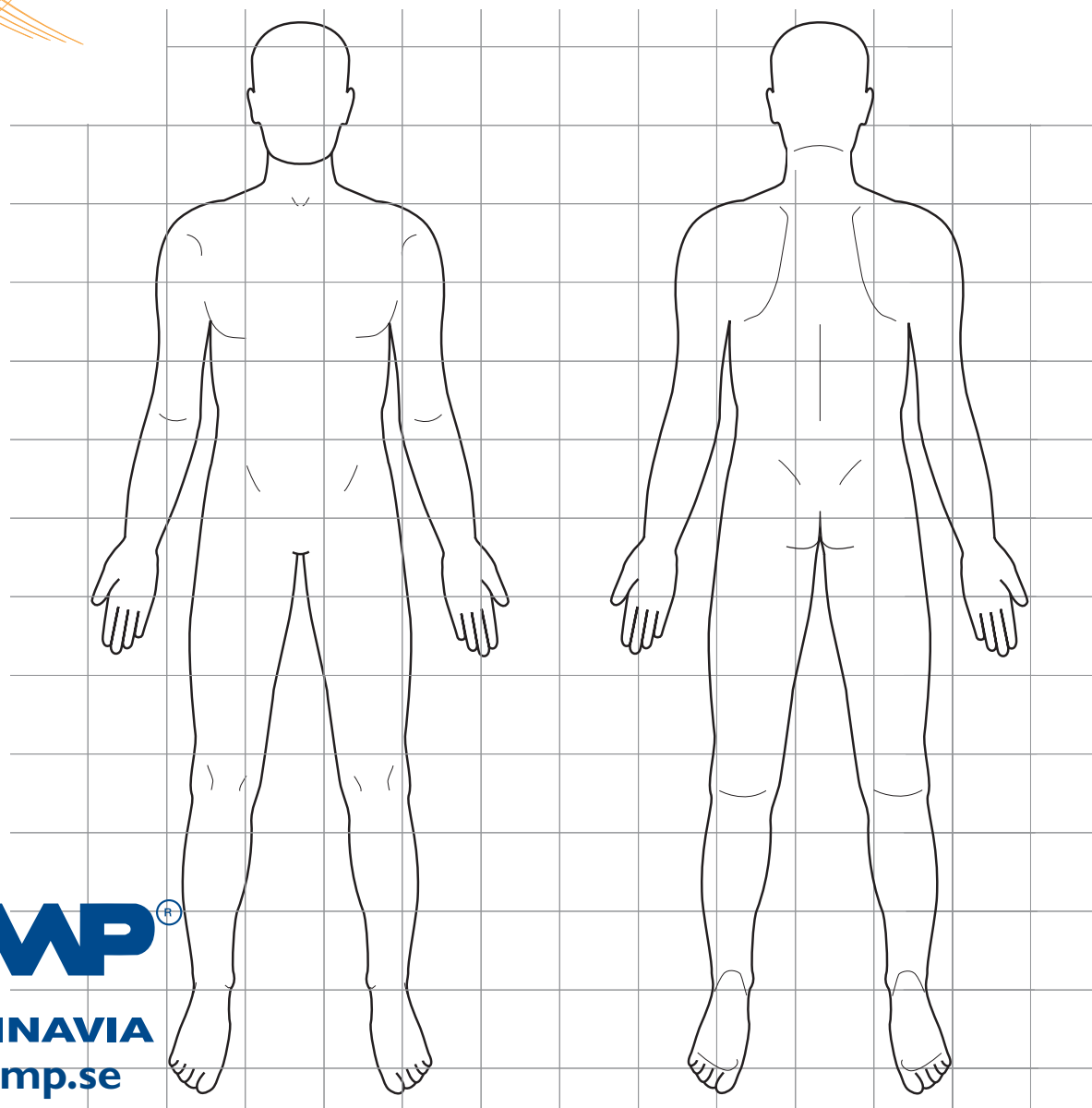
Sensory Dynamic Orthosis

Unit 13a Harrington Mill, Leopold Street, Long Eaton, Nottingham NG10 4QG

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Front view

Back view



Patient Name:

Date: ___ / ___ / 20___ DOB:

Please chose from option 1 or 2

Option 1: Lower Limb De-rotation bands - External

To assist internal rotation

To assist external rotation

Position of D ring:

Centre front

Centre back

Left hip

Right hip

Length of bands:

Left (cm):

Right (cm):

Please mark position of loops on outline

Please give length of velcro overlap (cm):

Option 2: De-rotation reinforcement panels

To resist internal rotation

To resist external rotation

Please mark on outline drawing

For paediatric outline order form see reverse



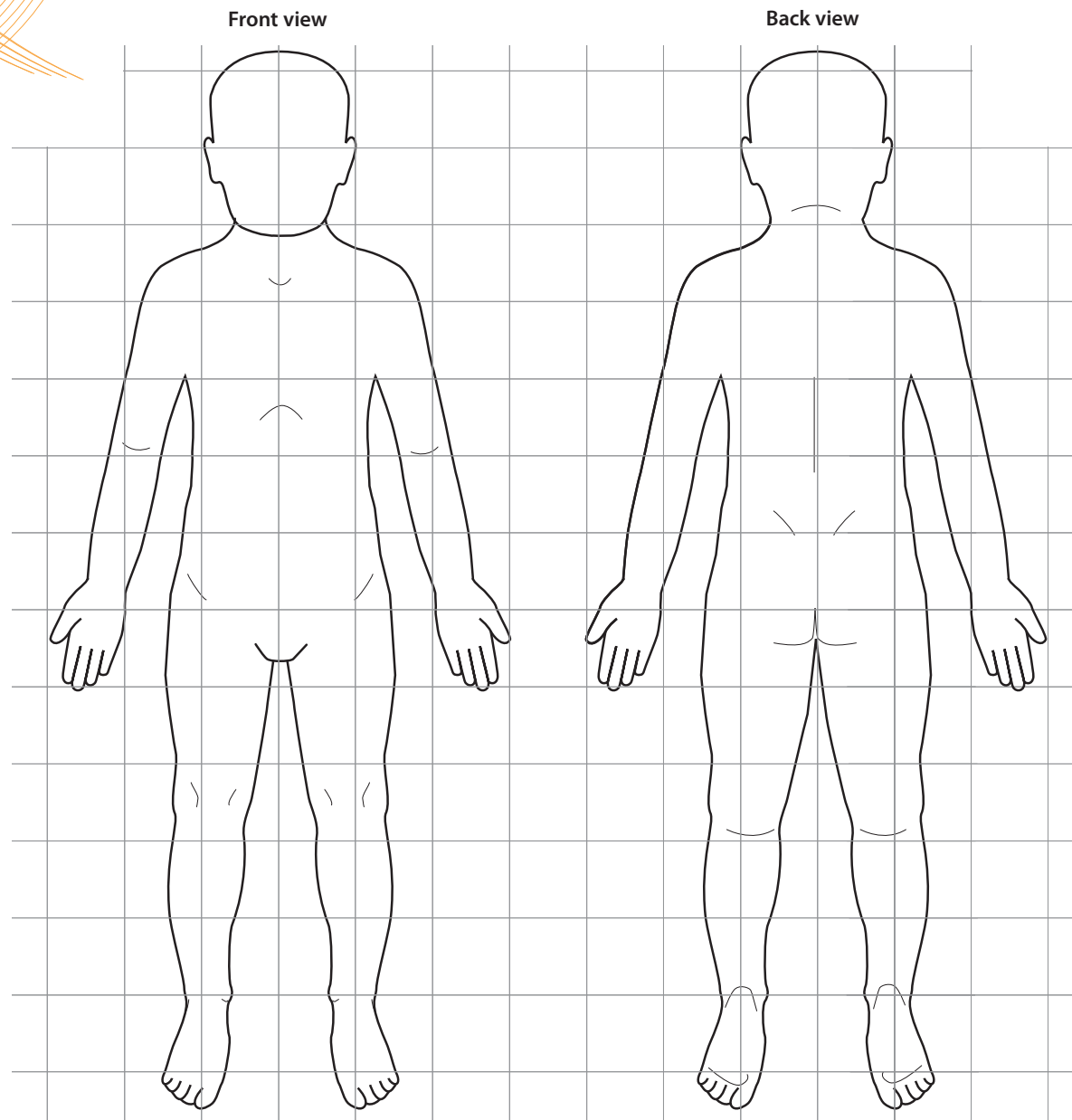
Lower Limb Paediatric De-rotation bands and Reinforcement Panels

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Option 2: De-rotation reinforcement panels

To resist internal rotation

To resist external rotation

Please mark on outline drawing

For adult outline order form see reverse