

## TheraSuit® Medical Clearance Form

Patient's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
\_\_\_\_\_ In order to be cleared to use

the TheraSuit® we require a written hip x-ray report no more than 6 months old or this form signed by the Orthopedist stating that the child's hips are intact with less than 40 degrees subluxation and the child may wear the TheraSuit®. The TheraSuit® causes increased weight bearing throughout the joints of the body anywhere from 10-30 pounds. The TheraSuit® is a soft orthosis that is comprised of a hat, vest, shorts, kneepads and shoes that are connected with rubber cords to correctly align the body.

Please either sign below authorizing or your patient to wear the TheraSuit®. This child's hips are intact and/or have less than 40 degrees subluxation. I authorize that they may wear the TheraSuit®:

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patients name: \_\_\_\_\_ DOB: \_\_\_\_\_

This child has more than 40 degrees subluxation of one or both of their hips and/or I DO NOT authorize use of the TheraSuit®.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_