

Cybertech Spinal Orthosis - Back Brace

Who Qualifies for Back Braces

In order for a patient to qualify under Medicare guidelines for back brace; LO Lumbar orthosis or LSO Lumbar sacral orthosis, one of the following indicator(s) must be met:

- To facilitate healing following a surgical procedure on the spine or related soft tissue; or
- To facilitate healing following an injury to the spine or related soft tissues; or
- To reduce pain by restricting mobility of the trunk; or
- To otherwise support weak spinal muscles and/or a deformed spine.

Back Brace Features and Benefits

Cybertech spinal orthoses (back brace systems) simultaneously serve three (3) main functions in order to provide **symptomatic relief of back pain**.

1. Relieve the work of specific and posterior (back) muscles groups,
2. Limit the patient's range of motion, and
3. Serve as a back splint to stabilize the patient's spine

Cybertech's **mechanical advantage pulley system** provides **6:1 or 5:1 compression ratio**, referring to the bracing system being able to handle either 6 or 5 times more muscle workload than the patient would be able to accomplish if he/she was not wearing the bracing system, significantly reducing the work of anterior and posterior muscle groups at the same time. When sized and adjusted properly the brace system should:

1. Relieve the work of both the abdominal muscles (anterior) and paraspinal * (posterior).
2. Limit sagittal (side to side) motion and/or coronal (front to back) motion, and
3. Splint the patient's spine, ensuring spinal stabilization.

Cybertech's **One Hand, One Second adjustment**, accommodates any change in body position or weight distribution. Air circulation design provides a wicking action which reduces heat build up and retention near the body, and increases patient comfort.

Limitation of the patient's range of motion is a very important consideration for certain post-operative patients. The modularity of these Cybertech bracing systems enables the removal of the panels as increased range of motion is indicated. Panels can always be added once again if decreased range of motion is once again indicated.

The extra added benefit of wearing a Cybertech bracing system is an instantaneous improvement in posture, due to the spinal splinting effect. Everybody feels better with improved posture. This is yet another reason why 99.9% of all those who try on a Cybertech brace for the very first time smile and say "wow".

Cybertech Back Brace = **CONTOL, COMFORT, COMPLIANCE**

* Decreased paraspinal muscle activity and strength associated with low back pain is well established in the medical literature.

Spinal Orthosis - Back Brace Products

The CYBERTECH line of spinal bracing provides superior support and or stabilization for a variety of spinal conditions from acute mechanical back pain relief to pre and post-operative stabilization through motion restriction.

CYBERTECH bracing features the original patented "Mechanical Advantage Pulley System" 1-hand, 1-second, adjustment to accommodate any change in body position or weight distribution.



Sizing Chart

Waist Inches

- Sm. = 25-30
- Med = 31-35
- Lg = 36-40
- x-L = 41-45
- 2x-L = 46-50
- 3x-L = 51-55
- 5x-L = 56-68



CYBERTECH braces have a single front Velcro closure for easy opening and closing, plus lightweight, breathable construction with foam interior padding (Premium Plus and Tri-mod models) for patient Comfort, Control and Compliance.

CYBERTECH Ergo-Dynamic Panels Rigid anterior (front) and posterior (back) panels are easily removed with no tools. Panels can be added again when decreased range of motion is desired.



Anterior (front) Panel

Spine Flex Power Plus (LO627)

Lumbar orthosis, sagittal control, with removable panels, posterior extends from L-1 to L-5 vertebra.



Indications include:

Multiple level decompression, laminectomy, degenerative disc disease, posterior lateral fusion.

Premium Plus (LO631)

Lumbar-sacral orthosis, sagittal control, with removable panels, posterior extends from sacrococcygeal junction to T-9 vertebra.



Indications include: Thoracolumbar injury, revision surgery, and multi-level fusion.

TriMod System (LO637)

Lumbar-sacral orthosis, sagittal-coronal control, with removable panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral support provided by chairback posterior panel.



Indications include: Multiple level decompression, laminectomy, posterior lateral fusion, spondylolysis, spondylolisthesis, and mechanical back pain.

Provided by:

PATIENT SPINAL ORTHOSIS (BACK BRACE) EVALUATION

Patient Name _____ DOB _____ Male Female

Physician _____ NPI No. _____

General Patient Profile

Walks: Independently Uses Cane Uses Walker Uses Wheel Chair Weight (lbs.) _____ Height _____

Dr. Rx Medical Necessity

- Spine Flex Power Plus - LO Lumbar orthosis (L0627)
- Premium Plus - LSO lumbar-sacral orthosis (L0631)
- Tri-Mod - LSO lumbar-sacral orthosis (L0637)

- To facilitate healing following a surgical procedure to the spine or related soft tissues.
Date of procedure _____ Description: _____
- To facilitate healing following an injury to the spine or related soft tissues.
Description: _____
- To reduce pain by restricting mobility of the trunk.
- To otherwise support weak spinal muscles and/or a deformed spine.

Patient Measurement:

Waist – Locate belly button, then measure around the body Inches = _____

Hips/Iliac Crest - Locate hips, then measure around the body Inches = _____

(Order Brace size to match the largest of the two measurements)

Cybertech Back Brace	Color B=Black W=White	Height 8" 10"	S 25- 30"	M 31- 35"	L 36- 40"	XL 41- 45"	2XL 46- 50"	3XL 51- 55"	4-5XL 56- 68"
Flex Power Plus anterior and posterior panels (L0627)	B <input type="checkbox"/> W <input type="checkbox"/>	8"							N/A
Premium Plus anterior and posterior Panels (L0631)	B <input type="checkbox"/> W <input type="checkbox"/>	8"							N/A
Premium Plus anterior and posterior Panels (L0631)	B <input type="checkbox"/> W <input type="checkbox"/>	10"							
TriMod System w/ Frame & anterior panel (L0637)	B <input type="checkbox"/> W <input type="checkbox"/>	8"							N/A
TriMod System w/ Frame & anterior panel (L0637)	B <input type="checkbox"/> W <input type="checkbox"/>	10"							

Follow-up Patient Notes:

Fitter Name _____ Date _____