

The Heelift® Glide Suspension Boot Evaluation Form



Thank you for agreeing to take the time to evaluate the Heelift® Glide Suspension Boot. To accurately complete this form, we recommend that you evaluate the Heelift® Glide Suspension 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 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 have you used ?

Standard Smooth / Convuluted

6. Number of days used?

Did you evaluate your Heelift Glide for?

Treatment /

Prevention

Did you customise the Heelift Glide product that you evaluated?

Yes / No

If yes, please describe:

7. Use of the Heelift Glide:

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

8. The Heelift Glide Characteristics:

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

9. 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

10. Cost Effectiveness:

Do you believe the use of the Heelift Glide 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:

11. Other Products including the standard Heelift:

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

12. Recommendation:

Would you use the Heelift Glide again for a similar patient / condition?
Comment:

13. Photos:

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

14. Summary of Conclusions/General Comments: