

Elbowlift® Evaluation Form



Thank you for agreeing to take the time to evaluate the Elbowlift®. To accurately complete this form, we recommend that you evaluate the Elbowlift® for a minimum of 7-10 days on a patient at high risk of developing elbow pressure sores. Alternatively you can evaluate the healing process on a patient with an existing elbow sore.

*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:

3. Patient Mobility:

Restricted

Chair Bound

Bed Bound

4. Skin Condition/ History of Sores:

Current Skin Condition:

Intact

Broken

If elbow ulcer – Grade:

5. Specifics of Use:

Number of days used?

6. Use of the Elbowlift®:

Ease of fitting:

Poor

Acceptable

Good

Excellent

Comfort:

Poor

Acceptable

Good

Excellent

7. Elbowlift® Characteristics:

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

8. Outcome of Use:

Skin Condition:	Improved	Deteriorated	No Change
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If elbow ulcers: How would you rate the aid to healing-

Significant	Reasonable	Not at All
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9. Cost Effectiveness:

Do you believe the use of the Elbowlift® 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:

10. Other Products:

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

11. Recommendation:

Would you use Elbowlift® again for a similar patient / condition?

Comment:

12. Photos:

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

13. Summary of Conclusions/General Comments: