

# Exoskeleton Gait Training Medical Clearance Form

Please answer the following questions thoroughly, so we can better judge the use of the ReWalk.  
Please tick, underline or complement. If required, we are happy to help you fill out. (n = no / y = yes)

Patient data: Name and Address (Compulsory)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Gender:**     Male         Female  
                  Inter/Other

Contact details of personal physiotherapist (if available):

\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Contact details of payor (compulsory if litigation case):

\_\_\_\_\_  
\_\_\_\_\_

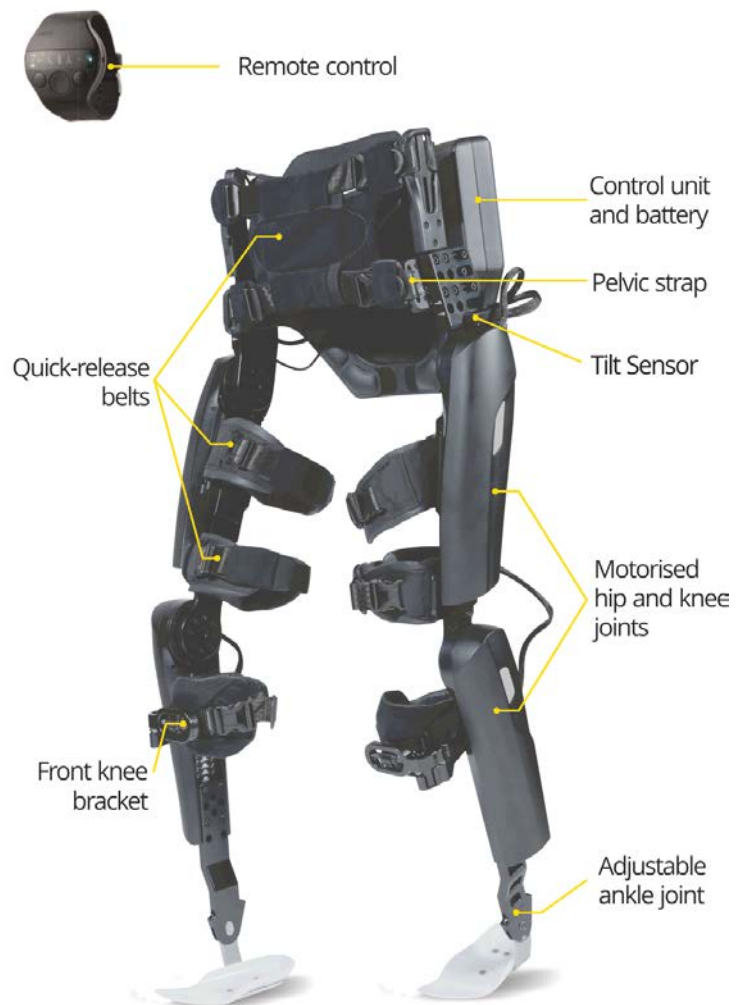
## ReWalk Personal 6.0 Exoskeleton

The **ReWalk Personal 6.0** is a wearable robotic exoskeleton for personal use designed for all day use at home and in the community.

People with complete or incomplete paraplegia which leads to lower limb disabilities, can walk, stand, turn and climb and descent stairs with the ReWalk Personal 6.0 Exoskeleton in their home and community with the use of crutches.

The ReWalk system allows independent, controlled walking while mimicking the natural gait pattern of the legs. The ReWalk Personal 6.0 is not intended for sports activity or for aggressive use.

More information on ReWalk: [www.rewalk.com](http://www.rewalk.com)



ReWalk Personal 6.0 System

# Exoskeleton Gait Training – Medical Clearance

(This section must be completed only by a physician)

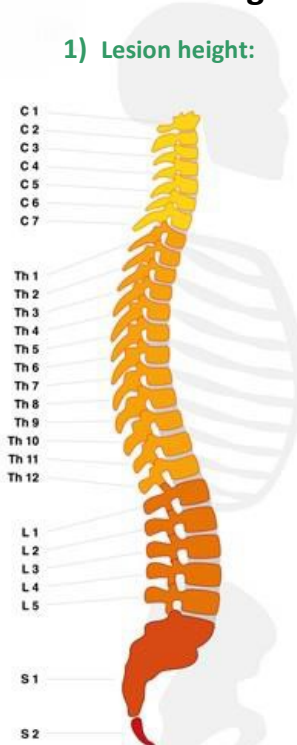
**Body height:** \_\_\_\_\_ cm  
Lower leg length right: \_\_\_\_\_ cm  
Upper leg length right: \_\_\_\_\_ cm  
Lower leg length left: \_\_\_\_\_ cm  
Upper leg length left: \_\_\_\_\_ cm

**Weight:** \_\_\_\_\_ kg

**Shoe size:** \_\_\_\_\_

## Medical Diagnosis

### 1) Lesion height:



<input type="checkbox"/> C1	<input type="checkbox"/> L1
<input type="checkbox"/> C2	<input type="checkbox"/> L2
<input type="checkbox"/> C3	<input type="checkbox"/> L3
<input type="checkbox"/> C4	<input type="checkbox"/> L4
<input type="checkbox"/> C5	<input type="checkbox"/> L5
<input type="checkbox"/> C6	<input type="checkbox"/> S1
<input type="checkbox"/> C7	<input type="checkbox"/> S2
<input type="checkbox"/> Th 1	
<input type="checkbox"/> Th 2	
<input type="checkbox"/> Th 3	
<input type="checkbox"/> Th 4	
<input type="checkbox"/> Th 5	
<input type="checkbox"/> Th 6	
<input type="checkbox"/> Th 7	
<input type="checkbox"/> Th 8	
<input type="checkbox"/> Th 9	
<input type="checkbox"/> Th 10	
<input type="checkbox"/> Th 11	
<input type="checkbox"/> Th 12	
<input type="checkbox"/> L 1	
<input type="checkbox"/> L 2	
<input type="checkbox"/> L 3	
<input type="checkbox"/> L 4	
<input type="checkbox"/> L 5	
<input type="checkbox"/> S 1	
<input type="checkbox"/> S 2	

(Please tick)

### 2) Degree of injury:

ASIA Scale:  A  B  C  D  
Alternative to ASIA Scale:  Complete  Incomplete

### 3) Date of injury:

### 4) Cause of Injury:

Traffic accident  Leisure accident  Work accident  
 Other: \_\_\_\_\_

### 5) Has one of the following diseases been diagnosed in the past?

- Multiple Sclerosis (MS)
- Stroke
- Cerebral Sclerosis
- Parkinson Disease
- Trauma Brain Injury (TBI)
- Amyotrophic Lateral Sclerosis (ALS)(ALS)
- Cerebral Palsy

### 6) Current physical condition:

- a. Does the patient have **currently any severe diseases**?  n  y  
e.g. circulatory disturbances, heart or lung disease, infections such as MRSA? If yes, which?  
\_\_\_\_\_
- b. Does the patient, despite medication/therapy suffer from uncontrolled **spasm**, Ashworth 4 or higher?  n  y
- c. Are there **currently any ulcerations**?  n  y  
If yes, please precise details:  
\_\_\_\_\_
- d. Is the mobility of the knee joint sufficient? **(extension deficit < 10 degree)**  n  y
- e. Can the **Neutral 0** position of the **ankle** be reached?  n  y
- f. Can the **Neutral 0** position in the **hip joint** be reached?  n  y
- g. Is there **heterotopic ossification**, which impairs joint mobility?  n  y
- h. Are there any **mobility limitations** of the shoulders, elbow or wrist joint?  n  y
- i. Are there **fractures** that are unhealed?  n  y
- j. Other **limitations**, which could be of a concern related to a **secure walking** with the ReWalk using **crutches**?  n  y  
If yes, which? \_\_\_\_\_
- k. Are there any **psychological disorders**, that could affect the testing of the ReWalk Personal 6.0 Exoskeleton?  n  y
- l. Are there **cognitive impairments**, that could affect the testing of the ReWalk Personal 6.0 Exoskeleton?  n  y
- m. For female patients: is the patient **pregnant or nursing** at the moment?  n  y



## Appendix 1: Risk and Benefits of using the ReWalk Personal 6.0 Exoskeleton

### Benefits

The ReWalk Personal 6.0 is a wearable robotic exoskeleton which compensates the malfunction of the body and is used by clearly defined user groups. The goal is to compensate the lost body functions "walking" and "standing". The benefit of using the ReWalk device for a SCI individual is the ability to walk at home and in the community. ReWalk allows the immediate disability compensation of bodily functions in the area of standing and walking and thus an increase in the range of action. Specifically, the ReWalk Personal 6.0 allows the paralyzed user after an instruction training and a practice phase to use the product:

- to stand up from a sitting position independently,
- to stand independently,
- to walk independently,
- to climb and descent stairs independently,
- to sit down independently.

### Risks

Use of the device without training can result in injuries. The following injuries are possible when using the ReWalk™:

- Falls
- Skeletal Fractures
- Skin injuries including; abrasions, bruising
- Soft tissue injuries such as bruising of soft tissues, Ecchymosis, Edema, and Hematoma