

We are pleased to offer 3-day courses which will qualify certified and/or licensed practitioners to fit the Helix® hip joint. Practitioners who successfully complete this training course will receive a *Certificate of Qualification* and will be placed on our list of "Otto Bock Helix® Qualified Practitioners" making them eligible to purchase additional Helix units for other qualified patients.

To successfully complete the 3-day course, the practitioner must:

- **Attend the entire course with a patient (8:00 am – 5:00, each day)**
- Bring a laptop computer that meets the following system requirement: C-Soft or Sliders is installed.
- Bring a qualifying hip disartic patient. It is preferred that the patient is already set up on a C-leg. If the patient is not already on a C-Leg a purchase of a C-leg is required. The weight limit for the Helix hip joint is 220lbs.
- Perform a supervised fitting
- Pass an exam

The following expenses are the responsibility of the practitioner:

- Course tuition: \$300 per practitioner
- Product to be used for the fitting:
 - C Leg, pylon, foot, charger and universal adapter and other possible accessories. (If patient is not already on a C-Leg).
 - 7010 Helix Hip, 2 adapters and one check socket.
- Travel expenses for the practitioner and patient. Hotel guest room charges (room + tax) are covered by Otto Bock for courses held at an Otto Bock Education Center. Otto Bock covers three nights lodging for this course for the practitioner and patient. You are responsible for any additional nights stay and all incidentals. We will provide you with information on hotel accommodations after receiving your registration.

The introduction of the Helix 3D Hip System is the greatest advancement for individuals missing their limb at the hip disarticulation level in many years. At the training course you will cast your patient using the Otto Bock hip casting technique, modify the cast and fit your patient with the test socket fabricated from this cast. You will then gain a basic understanding of alignment along with an understanding of the adjustments that will need to be made to the Helix Hip joint and the C-Leg to properly fit this system. This course will give you the knowledge needed to properly and safely align and adjust the Helix 3D Hip System. By the end of the course, your patient should be ready to return home where you will be able to finish the prosthesis. Or, if you prefer, you may choose to use the fabrication services offered by our Technical Center. If you have questions about your potential Helix 3D Hip System candidate, please contact a member of the PCS staff at 1-800-328-4058.

We look forward to receiving your registration form and seeing you at an Otto Bock Helix® training course in the near future.



QUALITY FOR LIFE

2010 Otto Bock Helix®
Qualification Course Registration
21 CEU's Awarded

Location: _____ Date: _____

Duration: 3 days, 8:00 am – 5:00 pm each day

Requirements:

- Practitioner must be certified and/or licensed in order to attend Otto Bock Helix® Course.
Practitioner must be C-Leg Certified.
Practitioner must bring a patient to the course. (No greater than a 2:1, prosthetist:patient ratio accepted.)
This registration form MUST BE received at least 3 weeks prior to course date.
Practitioner must bring a laptop computer to the course. C-Soft or Sliders must be installed on the computer.

Practitioner name and title (as you have it appear on certificate) _____

Facility name: _____

Address: _____

City and State and Zip: _____

Phone number: _____ Fax number: _____

Email address: _____

Customer account number: _____ Purchase order number: _____

If an additional practitioner plans to attend the course, please provide the following information:

Practitioner name & title: _____

Patient name: _____

(The following patient information form must accompany this registration form.)

I give Otto Bock permission to email or fax information to me at the address/number listed above:

Signature: _____

Form containing two columns of questions: 'I understand that a \$300 tuition fee...' and 'Please indicate if you or your patient have any food preferences:'. It also includes questions about handicap accessible rooms and wheelchair accessible transportation.

Please fax your completed registration form and patient information form to Vicki Wermager at 763-519-6152 no later than 3 weeks prior to the course date.



Otto Bock Helix® Patient Information Form

Facility name: _____ **Prosthetist name:** _____

Patient name: _____ Male ___ Female ___ Age ___ Ht ___ Wt ___
(* 220lb weight limit)

Current Residual Limb Status

Side: Rt ___ Lt ___ **Foot Size** _____

Amputation Site: Hip Disarticulation _____ Trans Pelvic (Hemi Pelvectomy) _____

Patient Measurements: Knee center-to-floor _____
Overall Length, e.g. ischeal tuberosity to floor _____

Activity Level: K 1 2 3 4 (please circle)

Please select, if applicable:

- I would like to order a custom Trias, LoRider, Journey or Axtion foot for this patient.

Toe flexion: *Soft Med Hard* **Axtion only heel:** *Soft Med Hard*

Any special characteristics or activities that might affect the use of the Otto Bock Microprocessor Knee?
(Please specify) _____

