

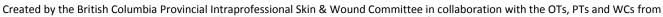
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Classification Key Points	 Heel Suspension: Boot Plastic frame fits either foot (left or right To be used only in bed 	t)
Key Points		t)
	Maintains ankle at 90 degrees/prevent ofMaintains neutral hip alignment with us	contracture of the Achilles tendon se of the rotator bar (either medially or laterally)
Indications	-	treatment of Plantar Fasciitis skin breakdown due to pressure or friction/shear malleoli pressure ulcers or skin breakdown
	 Consult with Wound Clinician, Occup product selection requires the corres Remove boot at least once per shift to d very high risk for skin breakdown, more Remove boot at least once per shift in o exercises of the ankle. Monitor the skin closely if there is a pre- Monitor the other foot and leg to ensur- rotator bar 	bational Therapist or Physiotherapist prior to use as ect sizing of the device to a skin assessment of the limb and foot. If client is at a frequent skin assessments are needed. rder to allow for active/passive range of motion (ROM) -existing wound(s) on the lower leg or foot e no contact/pressure from the hard plastic frame or
Contraindications	 Plastic frame is heat-moldable – to be done only by an Occupational Therapist Do not use if the heel does not float off the bed after boot properly applied Do not allow client to stand, transfer or walk while wearing the boot 	
Formats & Sizes	 Boot (length of sole of the foot) Pediatric: 7.5, 8.8, 10, 12.5, 15 or (3, 3.5, 4, 5, 6, 7 or 8") Small: up to 20cm(8") Medium: 20 x 23.8cm (8-9.5") Large: 23.8 x 27.5cm (9.5-11") X Large: 27.5 x 32.5cm (11 – 13") 	20cm
Ар	plication Directions	Rationale
Select the appropriate sized device by measuring the length of the sole of the foot. Wash the client's lower limb with warm water and pat dry. Moisturize the skin, pat dry to remove any excess. Ensure that		Incorrect sizing may decrease the effectiveness of the boot and fail to float the heel of the bed. To ensure healthy skin
the spaces between the toes are dry and free from moisturizer. Un-do the Velcro straps and place the boot on the mattress surface beside the client's leg.		To ensure that the boot is in the proper position prior to application
Supporting the knee to prevent hyperextension, lift the leg and position the heel over the middle opening of the device.		To ensures correct placement of the foot and leg in the boot to float the heel.
Adjust the black diagon degrees. If the foot rota the rotator bar to supp	itial straps for a comfortable, snug fit. nal straps to maintain the ankle at 90 ates the leg/hip medially or laterally, use port the leg/hip in a neutral alignment.	To secure the leg in the boot and to prevent slipping or rotating.
Daily Care		
With each repositioning change (e.g. every 2 hours), ensure that the heels are not touching the mattress. At minimum once per shift, remove boot and check the client's skin for signs of skin irritation and pressure points. Assess the		If device does not ensure that heels are suspended off the mattress, then do not continue to use the device; use an alternative method (e.g. pillows) for off-loading the heel and consult OT/PT or Wound Clinician.
other foot and leg to ensure no contact/pressure from the hard plastic frame or rotator bar		If skin irritation is present or reddened areas do not blanche, do not continue to use the device; use an

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Skin and Wound Product Information Sheet

If using a heavy moisturizer or zinc-based product on the legs, protect the device with a small sheet/towel.	alternative method (e.g. pillows) for off-loading the heel and consult OT/PT or Wound Clinician.		
Cleansing of Device			
The open cell foam is removable and washable. Machine wash with a mild soap. Do not bleach. Hang to dry. The plastic frame can be wiped down as per hospital procedures for infection control.	To maintain cleanliness of the boot, reduce risk of infection and comply with infection control policy		
Expected Outcome			
Heel is offloaded from the mattress surface.			
Client does not develop heel pressure ulcer.			
Existing heel pressure injury heals.			
For further information, please contact your Occupational Therapist, Physiotherapist or Wound Clinician.			