



Dear Doctor:

Your patient _____ wishes to use the Indego exoskeleton.

Indego is a powered lower limb orthosis worn on the outside of a person's body. The device can help individuals with lower extremity weakness or paralysis walk. To learn more about Indego, please visit www.Indego.com

The Indego device is currently FDA approved for rehabilitation use for individuals with Neurological Level of Injury (NLI) C7 and lower spinal cord injury (SCI), and for individuals with hemiplegia (with motor function 4/5 in at least one upper extremity) due to cerebrovascular accident (CVA). Walking with Indego requires the use of a stability aid, such as a rolling walker, forearm crutches, cane, or other stability aids deemed appropriate by the Indego Specialist.

Persons with NLI C7 and lower SCI, or with hemiplegia following a CVA, are appropriate to use Indego, provided they have medical clearance for full weight bearing and gait training from you, their doctor.

The risks to your patient using Indego are like those incurred when walking using other bracing options (i.e. long leg braces or ankle foot orthoses, AFOs) and stability aids. Risks may include muscle soreness, joint swelling, skin abrasion, fall, bone fracture or others. Every effort will be made to keep your patient safe while using Indego.

Optimal Indego candidates should have:

- Healthy bone density
- Height 5'1" (155cm) to 6'3" (190cm)
- Weight 250 pounds (113kg) or less
- Sufficient upper extremity strength to manage approved stability aids

In addition, the following contraindications have to be considered:

- Cognitive impairments resulting in inability to follow directions
- Colostomy bag
- Diminished standing tolerance caused by orthostatic hypotension
- Heterotopic ossification
- Hip or knee contractures greater than 10° or ankle contractures great than 5°
- History of severe neurological injuries other than SCI (multiple sclerosis, cerebral palsy, amyotrophic lateral sclerosis, traumatic brain injury, etc.)
- Lower limb prosthesis
- Poor skin integrity in areas in contact with the device
- Pregnancy
- Psychiatric conditions that may interfere with proper operation of the device
- Severe concurrent medical diseases: infections, circulatory, heart or lung, pressure sores
- Severe or uncontrolled spasticity (Modified Ashworth 4)
- Uncontrolled autonomic dysreflexia
- Uncontrolled hypertension or hypotension
- Unhealed limb or pelvic fractures
- Unresolved deep vein thrombosis
- Any condition which in the opinion of a medical doctor prevents a person from using the device



Indego user statement:

I consent to and authorize Dr. _____ to release any health information concerning my ability to use Indego to my Indego Specialist and Clinical Team. I understand this consent is revocable except to the extent action has already been taken. Authorization is not valid beyond one year from date of signature. Further disclosures or release of my health information is prohibited without specific written consent.

Indego user signature	Date:
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To the Physician:

Please **initial INSIDE ONLY 1 OF THE 3 BOXES BELOW** that is the most appropriate statement regarding your patient (the other 2 boxes that do not apply to your patient can be left blank).

Physician's Recommendation (completed by physician):

Name of my patient:	
Initials	Physician Recommendation
	My patient _____, has been evaluated by me and DOES have my approval to use Indego. I understand the physical and physiological stressors of this device and I see no reason why the above named person should not use this device.
	My patient _____, has been evaluated by me and DOES have my approval to use this device. I understand the physical and physiological stressors of this devices and I see no reason why the above named person should not participate, but I urge caution because (describe):
	My patient _____, has been evaluated by me and DOES NOT have my approval to use this device. (If this statement is filled out, the patient will not be permitted to use Indego).

The undersigned physician acknowledges that Ekso Bionics, its directors, officers, employees, affiliates, agents and representatives rely upon them to properly clear persons for use of Indego. Even with physician approval, the Indego Specialist, based on evaluation of the user, may or may not continue with Indego training.

Physician's signature	Date:
Physician (print name):	
Address:	
Email:	Phone:
Specialty:	