






## 1. Information about the referral

Referred by:		Date:	
Is referral complete?	Yes <input type="checkbox"/> No <input type="checkbox"/>  Contact referrer before proceeding		
Reason for referral:	Fracture <input type="checkbox"/> Soft tissue injury <input type="checkbox"/> Surgery <input type="checkbox"/> Other:  _____		



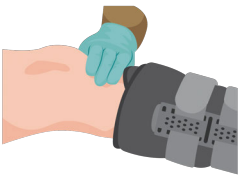
## 2. Information about the person

First name:		Family name:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>		
Age:	0-5 <input type="checkbox"/>	6-18 <input type="checkbox"/>	19-39 <input type="checkbox"/>	40-54 <input type="checkbox"/>	55+ <input type="checkbox"/>	Telephone:	
Address:							

## 3. Health and mobility check

Weight bearing instructions (see referral)		
Non weight bearing <input type="checkbox"/>	→ Person will need a walking aid. Complete walking aid assessment when checking mobility.	
Semi weight bearing <input type="checkbox"/>		
Full weight bearing <input type="checkbox"/>	→ Person may need a walking aid (if falls risk)	
Ask the following questions		If yes:
Do you <b>worry</b> about falling, or have you fallen <b>more than once</b> in the past year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	→ The person may be at risk of falls and need a walking aid (or wheelchair) to move with RRB → The person may need more teaching and support to walk safely → Consider referral  to rehabilitation
Do you have:		If yes:
Difficulty leaning forwards to touch your foot/feet?	Yes <input type="checkbox"/> No <input type="checkbox"/>	→ The person may need assistance to put RRB on / off and to check feet → Discuss screening, assessment or referral  for other assistive products
Difficulty with seeing, self care or remembering?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Swelling in legs or feet?	Yes <input type="checkbox"/> No <input type="checkbox"/>	→ Include adjusting the RRB in teach plan
Rashes or skin problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>	→ Emphasise skin checks in teach plan → May need more frequent follow up
Any unusual feelings in your feet or toes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Check the person's shoes		If no:
Are the person's shoes suitable?	Yes <input type="checkbox"/> No <input type="checkbox"/>	 Recommend suitable shoe for other foot

## 4. Select correct size and fit

<b>Side and size</b>	Side: L <input type="checkbox"/> R <input type="checkbox"/> Size:  _____
<b>Check fit of rigid removable boot</b> (After fit, show person how to use)	Toes at least thumb width from the end 
	Top of rigid removable boot three finger widths below knee cap 

Check person's mobility		
Can the person stand and walk safely with their RRB and weight bearing as instructed? (Check with the person's walking aid if using one)	Yes, without difficulty <input type="checkbox"/>	No action
	Yes, with assistance <input type="checkbox"/>	→ Consider if more supportive walking aid is needed.
	Yes, only short distances <input type="checkbox"/>	☞ Consider referral for wheelchair assessment
	No, cannot walk at all <input type="checkbox"/>	☞ Refer for wheelchair assessment

### 5. Plan

<b>Mobility</b>	<b>Walking with:</b> No walking aid <input type="checkbox"/> Walking aid <input type="checkbox"/> Recommend wheelchair <input type="checkbox"/> Describe: ✎ _____
<b>Teach</b>	<b>When to wear (see referral):</b> Always <input type="checkbox"/> Remove for: Sleeping <input type="checkbox"/> Washing <input type="checkbox"/> Using and caring for the RRB <input type="checkbox"/> Adjusting the RRB <input type="checkbox"/> Protecting the RRB from getting wet <input type="checkbox"/> Moving safely <input type="checkbox"/> Warning signs <input type="checkbox"/>
<b>Screen, assess and/or refer</b>	<b>Assistive products to assist with:</b> Vision <input type="checkbox"/> Self care <input type="checkbox"/> Mobility <input type="checkbox"/> Wheelchair service <input type="checkbox"/> Rehabilitation service <input type="checkbox"/>
<b>Follow up plan</b>	1 week <input type="checkbox"/> Other: ✎ _____ Direct to referrer: ✎ _____
<b>Return to referrer</b>	(Check referral or earlier if concerns) <b>Date:</b> ✎ _____

### Prompts

<b>Who may need a mobility product?</b>	<b>A person who is:</b> semi weight bearing, non weight bearing, and/or at risk of falls.
<b>Step one: Select</b>	✓ Check falls risk      ✓ Check weight bearing instructions
<b>Step two: Fit</b>	✓ Fit rigid removable boot      ✓ Check mobility ✓ Provide walking aid      ✓ Confirm mobility plan
<b>Step three: Use</b>	✓ Confirm mobility is safe      ✓ Teach person to use and care for their mobility device
<b>Step four: Follow up</b>	✓ Check mobility and mobility product
<b>How to use and care for the RRB</b>	
<b>How to safely put on the rigid removable boot</b> Prepare: ✓ Check inside the rigid removable boot before putting it on ✓ Check your foot and leg for any new marks or damaged skin ✓ Wear a long clean sock. Change the sock each day if the referrer has said the rigid removable boot can be removed. Put on: ✓ Sit down with knee bent ✓ Put foot inside the rigid removable boot with your heel at the back of the lining ✓ Wrap the liner around the leg and make sure there are no wrinkles ✓ Do up the straps in the correct order: ankle, foot, calf. Check comfort: ✓ The straps should be firm but not cause any pain.	<b>How to safely take off the rigid removable boot</b> ✓ Undo all straps ✓ Unwrap lining ✓ Carefully take the foot out of the rigid removable boot with as little movement as possible ✓ Do not remove the lining from the rigid removable boot.  <b>How to protect the rigid removable boot and leg when washing and sleeping</b> ✓ Use pillow and cover for sleeping ✓ Cover with plastic for washing if it cannot be removed.
<b>Warning signs</b>	<b>What to look out for:</b> Pain or unusual feelings, swelling, redness.
<b>Return to referrer</b>	✓ If rigid removable boot is not fitted ✓ If there are problems after fitting the rigid removable boot ✓ If there are any other concerns about the person's injury