



# Clinical Evaluation Form

## Facility Information

Facility Name: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_

*We appreciate your time and opinion!*



**Posey PRO-heeLx®**



*Please fill in the appropriate circle for all questions.*



The boot elevates and floats the heel above the mattress surface.

The patient's heel stays floated if patient flexes his/her foot.

The boot does not slide off or slip around the limb.

The lining on the boot minimizes the risk of friction and shear on the lower extremity.

The patient's foot is comfortable when wearing the boot.

The straps on the boot keep the patient's foot in the upright position.

The stabilizer wedge effectively maintains the foot in the upright position.

The boot adjusts easily to fit all or most patients.

The boot is compatible with sequential compression devices (SCD).

There is evidence of the boot's effectiveness.

The boot is easy to put on the patient's foot.

I would recommend this boot for patients in my hospital.

*Additional Comments: (e.g. use of wedges, warmth, odor, any heel pressure ulcers developed, etc.)*