



**MARKETING
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Heelift® Suspension Boot FAQs

1) What are the indications for using the Heelift® Suspension Boot?

The Heelift or a heel pressure redistribution device is absolutely indicated on all heels with an existing pressure ulcer, or a history of pressure ulcers at any location in the past.

Pressure redistribution devices are also indicated for high risk patients with two or three of the following clinical characteristics:

- Braden Scale scores of fourteen or less
- Diabetes with neurological sensory deficit
- No palpable pedal pulses
- Age of sixty-five or more
- Paraplegia (any age)
- Acute hip fracture
- Significant nutritional deficits (serum albumin <2.2 g/dl)
- Prolonged immobility (>hours) or coma
- Unrelieved incontinence bowel/bladder

2) What is the Best Practice Usage of the Heelift?

Caregivers going off shift should open the Heelift and inspect the ankle and heel cord (Achilles Tendon) and leave the Heelift open for ventilation. Caregivers coming on shift should close the straps after inspecting the ankle/foot and heel cord.

3) What should be done if erythema is found over the lower leg, heel cord, or malleoli?

Have a section removed from the fixed pad with a scissors, or the spare pad can be trimmed back and added to give pressure redistribution to the reddened area.

4) Why does the Heelift come in a smooth and a convoluted foam?

The original Heelift was in convoluted foam for improved ventilation because heat buildup causes patient discomfort. However, edematous legs showed indentations or dimples which caused concern by caregivers and patients. Though the skin indentations caused no harm, it was frightening. The Heelift Smooth has eliminated that problem in the edematous leg, but may be somewhat warmer.

5) Is the Heelift latex free?

Yes!

6) Why is there a spare pad?

Customization! The spare pad has an adhesive backing. It can be placed on the fixed pad for increased heel elevation in the bariatric patient, or on the outside to control rotation, or placed in the forefoot portion for additional footdrop protection. A wedge can be cut out to relieve the heel cord of pressure. The pad can be cut in half and be applied for more heel elevation and also used for more footdrop protection. It can also be used to give extra elevation for patients with long limbs.

7) Can extra spare pads be ordered?

Not at present in the UK but we are looking at this for the future.

8) What are the risks of using the Heelift?

The major risk is to the lower calf. All heel pressure is transferred to the heel cord and gastrosoleus complex. The heel cord (Achilles Tendon) has very thin skin and subcutaneous coverage and is susceptible to pressure injury. Close observation is necessary. Should redness (erythema) occur, a wedge should be removed from the fixed pad, or the spare pad applied proximal to the tendon, or a wedge cut out of the spare pad which can then be applied.

9) What is the function of the white low friction backing material on the bottom of the Heelift?

The white tricot material allows the foam Heelift to glide over bed sheets without friction. This keeps the foot firmly in proper position. Because the foot moves easily over the bed encouraging motion, decreasing DVT risk, and saving nursing time from frequent repositioning of the device. The tricot material does not cover the entire boot in order to avoid heat retention, and to allow the boot to breath better.

10) Can a patient walk in the Heelift?

Yes! Walking does no harm to the Heelift. Because most patients who require a Heelift are disabled, it is recommended that they have assistance to prevent falling. Bed-commode, wheelchair transfers, and use while walking in parallel bars are common. Walking in the room or hall with standby assistance is usually safe.

Continued overleaf/.....

Heelift® Suspension Boot FAQs continued

11) How should the Heelift be cleaned?

- Hand cleaning with antiseptic soap and water, followed by antiseptic wipe or spray to sanitize.
- Machine wash and dry only if in a pillow case or mesh laundry bag with the straps firmly closed over the fixed pad. Leave the spare pad out if not soiled. The boots can be washed at 72 degrees for 3 minutes or more & takes 2 drying cycles in the automatic dryer the manufacturer uses.
- Sterilize by autoclaving. Autoclaving may deform/narrow the 'D' rings but the straps will also shrink in width and will continue to fit the 'D' rings. It is best to apply the straps loosely for autoclaving.

12) May the Heelift be used on multiple patients?

Single patient use only.

13) Does the Heelift come with a guarantee?

Yes, for three months on a single patient.

14) How long does the Heelift Boot last/function?

A Heelift will last from three months to twelve months depending on the activity of the patient.

15) How do I determine which size Heelift is appropriate for my patient?

Heelift® Petite

Calf Circumference is 6 inches - 10 inches (15.24 cm - 25.40 cm)

Height Range is 46 inches - 64 inches (116.84 cm - 162.56 cm)

Weight Range is 70 lbs. - 130 lbs. (31.75 kilo - 58.97 kilo)

Heelift® Standard

Calf Circumference is 8 inches - 14 inches (20.32 cm - 35.56 cm)

Height Range is 60 inches - 77 inches (152.40 cm - 195.58 cm)

Weight Range is 120 lbs. - 250 lbs. (54.43 kilo - 113.40 kilo)

Heelift® Bariatric

Calf Circumference is 12 inches - 23 inches (30.48 cm - 58.42 cm)

Height Range is 65 inches - 80 inches (165.10 cm - 203.20 cm)

Weight Range is 220 lbs. - 600 lbs. (99.79 kilo - 272.16 kilo)