WalkingVest for gait training is easy for the caregiver to apply and it gives the patient a feeling of security. It is designed to provide support around the upper body and at the groin, via leg harness, during raising and gait training. WalkingVest is designed to activate the patient safely and comfortably.

**Functional inspection**

**Visual and mechanical inspection**

Check the condition and function of the sling regularly. Always inspect the product after laundering. Check to ensure that seams and material are free from damage. Check to ensure that fabric is not worn or faded. Apply load to the device and check to ensure that clasps, handles, etc. withstand heavy load. If there are signs of wear, the product must be discarded.

**Which size is used?**

- [ ] XX-Small
- [ ] X-Small
- [ ] Small
- [ ] Medium
- [ ] Large
- [ ] X-Large
- [ ] XX-Large

**Which material is used?**

- [ ] Polyester
- [ ] Other

**Accessories**

- [ ] SlingBarWrap
- [ ] AdjustmentLoop
- [ ] StrapsPadding

**What is the width of the slingbar?**

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**Trial Fitting Protocol**

Max: 300kg
Instructions for use

Can the sling/vest be used for transfers to/from the toilet?  
☐ Yes  ☐ No

Can the sling/vest be used in showering situations?  
☐ Yes  ☐ No

In which situations will the WalkingVest be used?  
☐ Yes  ☐ No

Have staff that use the assistive device:
Read the instructions?  
☐ Yes  ☐ No
Received practical instruction in patient transfers?  
☐ Yes  ☐ No

Instructions to personnel:
e.g.; Placement of head/ arms/hands? Placement of legs/feet? Use bed functions.

________________________________________________________

________________________________________________________

________________________________________________________

Number of caregivers: _________________________________

Instructions to patient:
e.g.; In what way can the patient participate actively in the transfer situation? Which instructions are used?

________________________________________________________

________________________________________________________

________________________________________________________

Other:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Trial-fitted by: ________________________________  Date: ________________________________

________________________________________________________

Phone: ________________________________  Phone: ________________________________

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In the events of changes or questions, contact the trial-fitter.
Manuals and instructions for functional testing are available on Handicare’s website www.handicare.com