



FOR THE HUMAN ENDEAVOR

EKSO BIONICS MEDICAL RELEASE FORM

Your patient, _____, has expressed an interest to walk using Ekso.

Ekso Bionics has developed a robotic human-assist exoskeleton device called Ekso. The Ekso is designed as a walking device for individuals with impaired walking ability due to spinal cord injury, a neurological disorder or disease.

Prior to taking part in an Ekso Bionics program, we require that each person have his or her General Practitioner's approval in order to ensure the safety of each individual. The participant's GP must sign this "Medical Release" before participating in Ekso Bionics program.

Ekso Bionics Ltd requires your approval that your patient is healthy enough to weight bear on his/her legs, stand erect and take assisted steps with Ekso.

EKSO BIONICS WALKING PROTOCOL:

- 1) A clinical examination to assess Range of Motion (ROM), strength, spasticity, proprioception and functional mobility
- 2) Record anatomical measurements and don the Ekso suit to the participant.
- 3) Assess the participants ROM and body contact points in the Ekso suit.
- 4) Assess standing balance with spotters and an overhead tether.
- 5) Assess walking with either a Frame or crutches as indicated by the participant's balance and ability (with spotters and overhead tether).
- 6) Assess independent walking with spotters using crutches or frame indicated.

(A Specialist physiotherapist conducts the Ekso Assessment)

INDICATIONS:

- 1) Sufficient ROM to tolerate sit to stand and normal walking ROM
- 2) Sufficient lower extremity bone density to stand in standing frame and walk in traditional orthotics
- 3) Sufficient upper extremity strength to assist with balance in standing with a Frame and or crutches
- 4) Sufficient orthostatic tolerance to tolerate upright posture for 15 – 30 minutes

CONTRAINDICATIONS:

- 1) Poor standing tolerance (including dizziness, lightheaded, pain)
- 2) Concern or History of fractures with standing/weight bearing
- 3) Uncontrolled spasticity
- 4) Limited ROM that would prevent safe standing/walking
- 5) Insufficient upper extremity strength to assist with balance with frame or Crutches
- 6) Uncontrolled Autonomic Dysreflexia
- 7) Pregnancy



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Is there any medical history that would affect his or her ability to safely stand and walk in the Ekso Suit?

Yes No

If yes, please list and explain:

Is there any recommendations or restrictions that are appropriate for your patient?

Is your patient currently taking any medications that will affect their activity to walk in Ekso?

Yes No

If yes, please explain:

If you feel your patient meets the criteria and is a safe candidate to use Ekso, please date and sign this form below. If you would like to discuss this medical release before signing, you are welcome to call Ekso Bionics Clinical Training Specialist, Barry Richards, PT at +44 (0) 7739 342 950 or email BRichards@eksobionics.com

My patient, _____, meets the above criteria and has my permission to take part with the restrictions and/or recommendations stated above.

GP name (please print): _____

Work phone: _____

GP signature: _____

Date _____

BB Approval: _____
Date: _____