ADELI MEDICAL CENTER

Questionnaire for those interested in Exoskeleton HAL

Name:	Requirements:
Adress:	
Phone number:	
Email:	**Body size:**
Gender:	Height: .....cm
Date of birth:	Weight: .....kg
Age:	Shoe size: .....cm
	Orthosis: ○ yes ○ no

Daily living:

Walk:	○ independent	○ need assistance
Use of wheelchair:	○ yes	○ no
Walking aid:	○ yes	○ no

Please, check the followings if it is applied to you:

- ○ able to stand with assistance
- ○ able to keep sitting position independently
- ○ weight 40-100kg ○ height 165-185cm
- ○ no significant joint restriction (deformation, inflammation, dislocation, etc)
- ○ no severe cognitive disorder (able to understand guidance)
- ○ no fear of fainting or dizziness
- ○ no problem in tightening the belt on the body in order to attach HAL
- ○ not in pregnancy
- ○ no skin sensitivity for electrodes
- ○ hypertension ○ osteoporosis
- ○ implantable active medical device (ex. Peacemaker)
- ○ others.....

Diagnosis:

Medical history:

(including surgery)

Physical ability:

Sitting:	○	independent	○ require assistance	○	not independent	○	*note.....
Standing up:	○	independent	○ require assistance	○	not independent	○	*note.....
Standing position:	○	independent	○ require assistance	○	not independent	○	*note.....
Squatting:	○	independent	○ require assistance	○	not independent	○	*note.....
Walking up the stairs:	○	independent	○ require assistance	○	not independent	○	*note.....

*If needed, please specify what kind of assistance is required, for example handrail, cane, orthosis, walker, handholding etc.

Inquiries:

1. Do you currently take any medication?

2. Do you have any bedsores or any other open sores? If yes, where?

3. Are there any joints that cannot be fully moved (e.g. contractures)?

4. Did you have a bone fracture recently?

5. Was there a lung embolism or a thrombosis in the last 12 months?

6. Are there any severe pulmonary or cardiac diseases like COPD, heart attack, coronary heart disease?

7. Do you suffer from circulation problems during exercise?

8. Did you have any bacteria and infections such as MRSA, ESBI, MRGN or VRE?

9. Are you capable of contracting hip and knee muscles?

10. Do you suffer from epilepsy?

11. Do you have any medical implants like a peacemaker, shunt and/or stent?

12. What are your wishes and goals with HAL treatment?

13. Can you handle thirty minutes of verticalization?