



BRIDGING MOBILITY WITH BIONIC TECHNOLOGY

## MEDICAL RELEASE FORM

Using neuro-rehabilitation equipment, such as Galileo Neuromuscular Training Systems or a bionic exoskeleton suit, is a physical activity and involves a level of inherent risk and danger. Prior to taking part in Bridging Bionics programs, we require that each client has a physician's approval in order to ensure the safety of each individual.

The client's physician must sign this release before participating in Bridging Bionics programs.

### Information Release

Dr. \_\_\_\_\_,

Please release the requested medical information regarding my condition to Bridging Bionics Foundation. This information will be used to help determine my eligibility to participate in Bridging Bionics' programs.

Client's Name (please print): \_\_\_\_\_

Client's Signature: \_\_\_\_\_

Client's Parent or Legal Guardian Signature: \_\_\_\_\_  
(Necessary if client is under 18 years of age)

Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Type of practice: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## PERMISSION TO PARTICIPATE IN BRIDGING BIONICS FOUNDATION'S PROGRAMS

Your patient has expressed interest in using neuro-rehabilitation equipment such as Galileo Neuromuscular Training Systems and/or bionic exoskeleton suits. Please see information on each device below.

Bridging Bionics Foundation (BBF) requires your approval that **your patient is healthy enough to use Galileo Neuromuscular Training Systems (see contraindications list below), and/or take assisted steps with a bionic exoskeleton suit.**

**Galileo side-alternating whole body vibration** accelerates early rehabilitation for children to seniors with neurological conditions, and optimizes “motor relearning” under the principle of high repetition and decreases the complications of long-term immobility. Galileo whole body vibration is a powerful tool in rehabilitation and can provide several positive effects on the body. Benefits include (but not exclusive to) weight bearing and improved bone density health, increased circulation with decreased swelling, decreased spasticity, improved muscle strength and power, neuromuscular recruitment, and improved bowel and bladder regularity. Stim Designs is the exclusive U.S. medical distributor of Galileo side-alternating whole body vibration devices. Please read the Stim Designs website for more information on the Galileo technologies, including research articles on whole body vibration. Stim Designs: <https://stimdesigns.com/>

### **Galileo Whole Body Vibration Contraindications**

Before a Galileo training plan is established a good knowledge of the client’s physical condition and possible risks must be assessed. The following **contraindications** must be excluded before the first use:

- Pregnancy
- Acute thrombosis (acute vascular constriction)
- Implants in trained regions of the body (e.g. artificial joints)
- Acute inflammation of the locomotor system active arthrosis or arthropathy (e.g. acute inflammation or swelling of joints)
- Acute tendinopathy in trained regions of the body (acute tendon inflammation)
- Acute hernia (soft tissue prolapse)
- Acute discopathy (acute problems at the intervertebral disc)
- Fresh fractures in trained regions of the body
- Gallstones or stones in the urinary tract collection system
- Post-surgery wounds and fresh wounds in trained regions of the body or incomplete wound healing
- Rheumatoid arthritis
- Epilepsy due to secondary risk of injury
- Bone tumors (reduced bone strength)
- Acute stroke patients (not released for therapy)
- Vertigo (precaution)

There are NO contraindications using Galileo systems for training and treatment of patients with:

- Deep brain stimulator
- Pacemaker
- Internal defibrillators
- Spinal cord stimulators

**Exoskeletons** used in the program are the Ekso GT from Ekso Bionics (<https://eksobionics.com/>) and Indego from Parker Hannifin (<http://www.indego.com/indego/en/home>). We also utilize the Keeogo Dermoskeleton (<https://keeogo.com/>). General benefits from walking in a wearable robotic exoskeleton suit are (but not exclusive to) weightbearing and maintaining bone health, improved circulation, gait training, neuromuscular recruitment and muscle flexibility. After medical clearance, each client will be evaluated by a physical therapist to ensure they are suitable fit for a particular device.

### Exoskeleton Exclusion Criteria/Contraindications

- Hypotension (Intolerance for upright standing for less than 15-30 minutes)
- Osteoporosis (DEXA Z score -3.5 or more)
- Weight over 220 pounds (Ekso) and 250 pounds (Indego)
- Height below or above 5'0" and 6'4" tall
- Joint contractures (close to neutral in hips, knees, and ankles)
- Poor standing tolerance
- History of or concern regarding fractures with standing/weight bearing
- Uncontrolled spasticity
- Limited ROM that would prevent safe standing/walking
- Insufficient upper extremity strength to assist with balance with FRW/Crutches



EKSO GT



INDEGO



KEEOGO

Your patient, \_\_\_\_\_, wishes to take part in Bridging Bionics Foundation's programs, which may involve using a Galileo Neuromuscular Training System or a bionic exoskeleton suit.

Patient Information:

What is this patient's primary disability? \_\_\_\_\_

What is the cause of this disability? \_\_\_\_\_

Are there significant secondary disabilities? \_\_\_\_\_ ( ) Yes ( ) No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this disability progressive? \_\_\_\_\_ ( ) Yes ( ) No

Does this patient use any of the following aids or assistive devices? (Please circle below)

*Prosthesis      Leg brace      Wheelchair- manual      Wheelchair- electric*

*Wrist brace      Crutch/cane      Walker*

*Other:* \_\_\_\_\_

Are there any medical factors in your patient's history that would affect his or her ability to safely participate in this non-medically supervised program?  YES  NO

If yes, please list and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please identify any recommendations or restrictions that are appropriate for your patient:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this patient currently taking any medications that will affect activity?  YES  NO

If yes, please list and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you feel your patient meets the above criteria and is a safe candidate to use a **Galileo Neuromuscular Training System**, please date and sign here:

My patient, \_\_\_\_\_, meets the above criteria and has my permission to take part in Bridging Bionics Foundation's programs with the restrictions and/or recommendations stated above.

Physician name (please print): \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you feel your patient meets the above criteria and is a safe candidate to use a **bionic exoskeleton suit**, please date and sign here:

My patient, \_\_\_\_\_, meets the above criteria and has my permission to take part in Bridging Bionics Foundation's programs with the restrictions and/or recommendations stated above.

Physician name (please print): \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional Information

If you have questions regarding our technologies and therapeutic program, please contact:

Maria Grufstedt, Physical Therapist and Clinical Coordinator

Bridging Bionics Foundation

Email: [maria@bridgingbionics.org](mailto:maria@bridgingbionics.org)

You may also call our business cell phone at (970) 379-0721.