

DynaWell® L-Spine

Clinical Consent Form

Your doctor has requested that you undergo an MRI examination using a special device that simulates standing. The device is called DynaWell and is FDA approved. It consists of a vest attached to a scale by two straps.

The MRI examination is routine with the exception of approximately 25 minutes during which the straps are tightened. The tightening pulls the vest down, thereby exerting pressure upon your spine. The force will not exceed 25% of your body weight on each leg, which is equivalent to about half of your body weight at the level of your lumbar spine. This amount of pressure simulates the weight of your upper body that is typically exerted upon your spine during standing.

The developer and many researchers feel that this device may provide additional information that could be used by your doctor for treatment. Although the DynaWell™ L-Spine is FDA approved, certain patients should not have a weight-bearing study. This includes patients with brain or spine trauma, tumors, osteoporosis, severe heart disease, history of substance abuse, or patients who do not understand the procedure. If any of the above exclusion criteria apply to you, you should not have this test.

Should you experience pain that is significantly different from the pain you normally feel due to your spinal condition, please advise the technologist. At any time, you may terminate the weight-bearing procedure by bending your knees.

There are no short or long term negative effects of having 25% of your weight applied to each leg during MRI, which is proven by usage of the method since many years. The effect is no more than standing for 25 minutes, during which you may experience your symptomatic pain.

DynaWell® Int. AB

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If you have any questions regarding this examination, please discuss them with the technologist. If necessary, he or she can contact the radiologist for further information.

_____ M.D.

I have read and understand all of the above. All of my questions have been answered to my satisfaction. I hereby give consent to _____
_____ to perform a weight-bearing MRI of the spine utilizing the
DynaWell L-Spine device.

(print name)

(signature)

(date)

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