



Hello,

Thank you for your interest in Saebo. Individuals have the opportunity to trial our products (**SaeboStretch**, **SaeboFlex**, **SaeboReach**) as well as the Arm Training Program by being a volunteer at one of our many courses that we offer throughout the year to therapists. By being a volunteer, you not only provide therapists with the opportunity to have actual “hands- on experience” but you also are able to try the products and program yourself for a day or two days for free to see if it is something you want to pursue in therapy.

In order to have a successful experience at the trial, it is important that you are a candidate for the program. Though our products and program have helped many regain improved function in their affected arm and hand, unfortunately, not everyone is a candidate. **Please refer to “Are You a Saebo Candidate” under the Patient Tab on our website to see if you meet the criteria.**

If you believe that you are a candidate and are interested in volunteering at one of our courses, please print off this [Saebo Volunteer Screening Form](#) to complete. Once completed, you can fax it back to us at 704-424-2911 or mail it to our Charlotte, NC headquarters. Once we have received the completed paperwork, it will be reviewed and we will give you a call.

If you are chosen as a volunteer, you will have the opportunity to come to a course. If you are interested in continuing with Saebo and pursuing the program afterwards, you will be provided with the contact information for a Saebo-trained therapist near you.

If you have any questions prior to completing the forms, do not hesitate to contact us at sales@saebo.com or call us directly at 888-284-5433.

If you do attend a course as a volunteer and want to pursue Saebo as a treatment, you will have to see a Saebo-trained therapist. If you do not know a Saebo-trained therapist, you can find one in your area by going to our website, www.saebo.com, and typing your zip code into the zip code locator at the bottom of the page. Be sure that your pop-up blocker is off. If you aren't able to do this, call Saebo, and we can provide you with contact names. Your Saebo-trained therapist can submit your insurance information, which includes your demographics, a copy of the front and back of your insurance card, and a signed consent form (your therapist will have this form) to Saebo Inc. After your insurance has been verified, both you and your therapist will receive a letter informing you of any out-of-pocket expenses. If you decide to proceed, your Saebo-trained therapist will submit the additional information that is needed.

SAEBO, INC.

VOLUNTEER SCREENING FORM

PERSONAL INFORMATION

Name: _____

Address (Street): _____

City: _____ State: _____

Zip: _____ E-mail: _____

Daytime Phone: _____ Evening Phone: _____

Fax: _____

Date of Stroke: _____ Side of Body Affected: _____

Age: _____

EMERGENCY CONTACT INFORMATION (Contact person in case of an emergency)

Name: _____

Address (street): _____

City: _____ State: _____

Zip: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Patient: _____

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MEDICAL STATUS

Do you suffer from any of the following medical conditions:

Heart Disease	YES / NO
Uncontrolled High Blood Pressure	YES / NO
Diabetes	YES / NO
Severe Chronic Arm Pain	YES / NO
Epilepsy	YES / NO
Joint deformities in fingers due to spasticity / tone	YES / NO

PHYSICAL STATUS (Please refer to “Are you a Saebo Candidate” under the “Patient Tab” on the website to see the arm movement criteria)

Can you perform the following:

Transfer independently (stand up, sit down, etc.)	YES / NO
Independent with toileting	YES / NO
Stand for 5 minutes without a device	YES / NO
Raise your arm at the shoulder	YES / NO If yes, how much? _____
Bend your elbow	YES / NO If yes, how much? _____
Straighten your elbow	YES / NO If yes, how much? _____
Open your hand	YES / NO If yes, how much? _____
Close your hand	YES / NO If yes, how much? _____

Using your non-involved hand to help, can you straighten / open all the fingers on your affected hand fully while also bending the wrist backwards a little? YES/ NO

SAEBO, INC.

Mental Status

Can you perform the following:

Follow instructions reliably	Yes / No
Communicate reliably	Yes / No

Please return this signed form to Saebo, Inc.
Six LakePointe Plaza
2725 Water Ridge Parkway
Suite 320
Charlotte, N.C. 28217

We will review your information to determine if you are a candidate for the Saebo Arm Training Program and Saebo's functional dynamic orthoses. Once we have reviewed your information, we will contact you by phone for further evaluation and to discuss the program with you in more detail.

Thank You,

Saebo Staff

Please sign below regarding the following:

The answers I provided on this form accurately describe my medical, physical and cognitive (mental) status. If my status changes prior to my scheduled Saebo Arm Training Program session, it is my responsibility to contact Saebo, Inc. prior to treatment and report my new condition to determine if I still meet the required criteria.

Patient Signature or Authorized Signee

Date

Waiver of Liability Form

Saebo, Inc.
Six LakePointe Plaza
2725 Water Ridge Parkway
Suite 320
Charlotte, NC 28217

ASSUMPTION OF RISK & WAIVER OF LIABILITY FORM

WARNING

TO ALL PARTICIPANTS IN ANY SAEBO, INC. CLASS OR EVENT:
BY SIGNING THIS FORM,
YOU GIVE UP THE RIGHT TO SUE FOR DAMAGES.

Note: Please initial each paragraph, then sign and date the bottom of this form. Thank you.

RELEASE AND WAIVER OF LIABILITY.

I the undersigned have hereby registered as a participant and will take part in strenuous physical activity, which may include but is not limited to: highly repetitive, task specific arm training; upper and lower extremity strengthening; and various muscle-toning, equipment-use, and/or rehab-type activities, conducted by Saebo, Inc. I hereby affirm that I am in good physical condition and do not suffer from any disability which would limit or prevent my participation in this exercise program.

(Initial: _____)

In consideration of my participation in the Saebo's arm training exercise program, I the undersigned, for myself, my heirs and assigns, hereby release Saebo, Inc., their agents, employees, sponsors, facility providers, and anyone acting in concert with Saebo, Inc., from any liability, claims, demands, and causes of action resulting from my participation in this or other Saebo exercise programs.

(Initial: _____)

Saebo, Inc.
Six LakePointe Plaza
2725 Water Ridge Parkway
Suite 320
Charlotte, NC 28217

RELEASE AND WAIVER OF LIABILITY.

I fully understand that I may injure myself as a result of my participation in this exercise program and I hereby release, Saebo, Inc., their agents, employees, sponsors, facility providers, and anyone acting in concert with Saebo, Inc., from any liability now or in the future including, but not limited to: muscle strains, pulls, or tears; broken bones; shin splints; heat prostration; knee, back, hand, or foot injuries; heart attacks; and any other illness, soreness, injuries and/or emotional trauma or suffering, however caused, occurring during or after my participation in the exercise program.

(Initial: _____)

Should any suit or legal action be brought against Saebo, Inc., their agents, employees, sponsors, facility providers, or anyone acting in concert with Saebo, Inc., it is agreed that such suit shall be first attempted through Alternative Dispute Resolution before relying on litigation. In case of litigation, it is agreed that the suit shall be brought only in a court of jurisdiction within the State of North Carolina. I agree that if I or my heirs or anyone acting on their behalf should bring such suit, that I/they shall pay all attorney fees, related court costs, and defense costs should I/they not prevail. Should any part of this contract be found invalid or not enforceable by a court of law, then the remaining portion shall continue to be valid and in force. No oral modifications are allowed. This is the entire agreement.

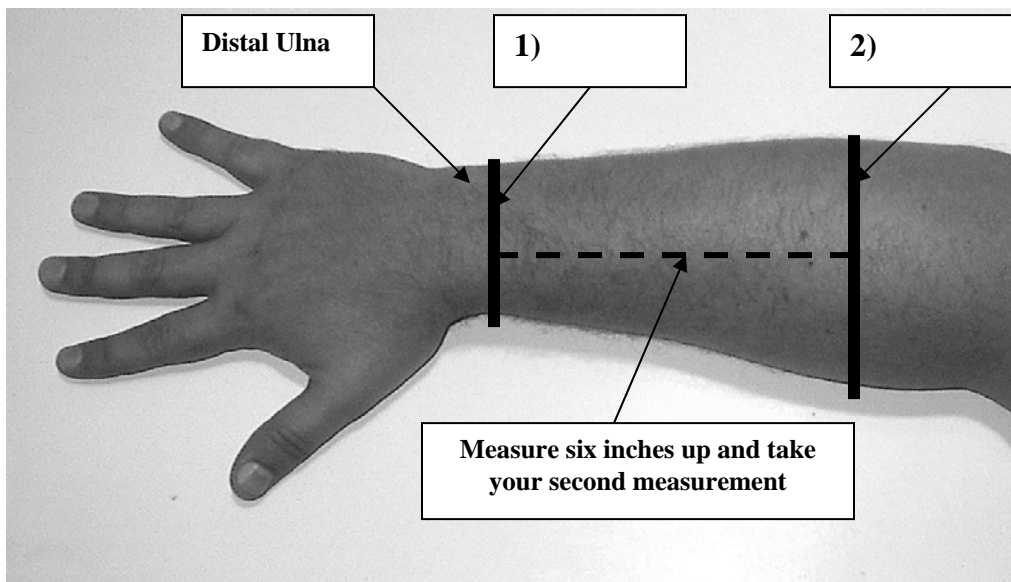
(Initial: _____)

My signature below certifies that I have carefully read the entire above contract, I understand it, and I agree to comply with all of its terms and provisions. I certify that I am physically and mentally capable of participation. I am voluntarily participating with knowledge that possible dangers are involved, and I agree to assume all risk.

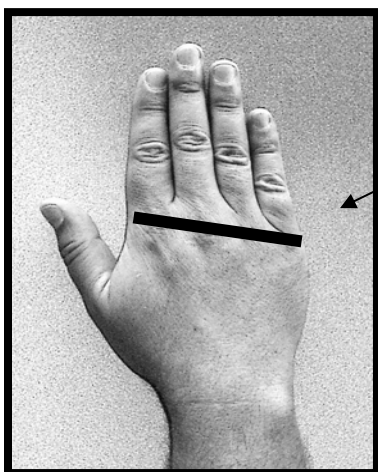
Signature _____ Date _____

SaeboFlex Measurement Form

You will need a tape measure to complete this form. Once completed return the completed form to Saebo Inc. with the rest of your information. Adjustments will be made on site.



First find the bone at the outside of your wrist (Distal Ulna). Just above this bone wrap your tape measure around the wrist and record your measurement in inches in the box numbered (1). From that point measure six inches up your arm and wrap the tape measure around the forearm and record your measurement in inches in box numbered (2). Then lay your hand flat on a table. Lay the tape measure just below your knuckles and record the width of your hand in inches in the box numbered (3). *** Do not wrap the tape measure around the hand for measurement (3).**



Please check one of the following:

- Right
- Left