GUIDELINES FOR PATIENTS USING A TAYLOR BRACE.
Introduction

If you are diagnosed with a spinal problem or have had spinal surgery your consultant may prescribe the use of an external support structure, such as the Taylor Brace. Such spinal problems may include spinal deformity, vertebral fractures or collapse, osteoporosis of the spine, congenital abnormalities of the lumbar sacral region and spondylolisthesis. Some spinal surgeries where the use of a brace may be prescribed are a spinal fusion, laminectomy or discectomy.

What is a Taylor Brace?

The Taylor brace is designed to control the upper and lower regions of the spinal column and support your spine whilst standing, sitting and walking. It also offers a safe, non-invasive way to prevent future problems or to help you heal from a current condition. Your physiotherapist will size and customise your brace to fit you. You will be shown and will practice, under the guidance of your physiotherapist, how to put on and take off your brace.
**Fitting of the brace**

1. Your physiotherapist will contour the aluminium frame to the shape of your spine and the corset section will be fitted appropriately based on your waist line. It will be tightened by your physiotherapist at the back (lace section).

2. The front and shoulder straps will then be fitted.

3. The Velcro straps attached to the front of the brace secure it into position.

4. When applying the brace alone, it is easier to firstly put the shoulder straps on, then back up to the wall and use the wall to hold the brace in place, and then secure the Velcro straps at the front.

5. Once all the Velcro straps are in place, check the position is comfortable over the hips and waist and that the shoulder straps in the correct position and tightened.

6. You should not feel restricted in taking a deep breath. If you are unable to take a deep breath then the brace may be fitted too tightly, and needs adjustment.
General Recommendations

Walking
When wearing the brace you may walk normally, including use the stairs.

Sleeping
Your consultant will give you specific instructions as to whether you need to wear your brace when sleeping or if you can leave it off at night.

Use and care of the brace
Your consultant will decide the duration of time for wearing the brace.

Wearing a cotton vest or T-shirt under your brace will help keep the lining clean and make the brace as comfortable as possible against your skin.

Your spinal brace should not be worn in the shower. If your consultant requires you to wear the brace in the shower, you will need to be fitted with a special brace for showering.

If your brace becomes soiled, sponge clean with a damp cloth.

If any of the metal bands are uncomfortable or digging in, do not try to modify the metal frame yourself. If you are uncomfortable, consult your physiotherapist.

Do not place anything aside from light clothing under your brace as it may cause a pressure area.

Driving
In order to be safe driving a motor vehicle, you must be in control of the car. If you feel able to drive safely with the brace on and without any hindrance from the brace you may drive. You must get permission from your consultant first as there may be restrictions depending on your surgery or your overall condition.

Travel
You may travel as you wish with the brace once your condition allows and you have your consultant’s permission.

Activities
Although the Taylor brace will support you, the level of activity you can do will be dictated by your condition. You are advised to rest from any lifting or carrying while in the brace. Your consultant and physiotherapist will lead you in this.

Sexual Activity
This will depend on your own condition/ injury, please discuss this with your consultant for best advice.
Taylor Brace

**Conclusion**

We hope that you have found this booklet useful and that it has helped to relieve some of your fears and anxieties regarding your use of a Taylor Brace.

This Patient Education leaflet was developed by the Chartered Physiotherapists in Beacon Hospital. © Beacon Hospital.

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**Individual Patient Notes:**

Consultant Name: ____________________________

Other Recommendations: ____________________________

**Patient Declaration:**

I understand the purpose of this brace. I confirm that the brace has been applied by a health care professional and is currently comfortable to wear. I have been shown how to apply this brace correctly. Should I experience any problems with this brace, I know that I should contact the Physiotherapy Department at Beacon Hospital on 01-2936692.

Patient Signature   ______________________________

Health Care Professional:

Signature______________________________

Date   ________________________________

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