

FLOWSTATE 100 SURVEY

Flowstate Knee Brace

Name		Age at time o	of injury			
First, we would like to know about you and your prior knee injury(s)						
l. What type of knee injury did you sustain? Ple ACL MCL PCL	ase select the descr Meniscus	-	est fits your injury? ase explain)			
2. About how long did it take for you to recover	from your injury(s))?				
3. If you took time off of work, how many days o	lid you miss?					
4. Did your injury require surgery?						
We would like to understand your le	evel of daily act	ivity befor	e and during the injury			
Daily activities can be described, in simple terms, as wand prolonged standing	valking (or exercising)	more than 300	O feet at a time, prolonged sitting,			
5. BEFORE your injury, how many times a <u>day</u> di does play a role when a huge lifestyle change ha		vant in 2020 p	olus time consuming but it			
A) Walk more than 300 feet (the length of a foo	otball field)?					
B) Sit more than 2 hours at a time?						
C) Stand more than 2 hours at a time?						
6. While RECOVERING , how many times a <u>day</u> d	id you:					
C) Walk more than 300 feet (the length of a foo	otball field)					
D) Sit more than 2 hours at a time?						
E) Stand more than 2 hours at a time?						



Now we would like to further understand how you managed your pain

7. On a scal pain when		_	pain and	10 being	severe pain	requirin	g urgent c	are), how v	would rate	e your
0 No Pain	1	2	3	4	5 Moderate	6	7	8	9	10 Severe
_				•	ation did you n [Motrin], h			-		-
	•	_	-	•	se medicatio cribed as a no			-	reminder,	Rest, Ice,
					inconvenier ır injury du			convenier	nt), how m	nuch of a
0 No Inconveni	1 ence	2	3	4	5 Moderate	6	7	8	9 Very	10 Inconvenient
ll. What wa	is the mo	st frustrati	ng memo	ry you ha	ve of the reh	abilitatio	on process	?		
12. Comparecovery as	-	of pain med	lications a	and RICE,	which tech	nique dic	l you use r	nore frequ	ently dur	ring



Now we would like to give you a brief overview of our product

It's designed specifically for people with active lifestyles and demanding schedules, who want to achieve optimal physical recovery. Active busy lifestyles cause people to neglect and forget to RICE. When R.I.C.E is not used, physical limitations and pain persist. This makes it difficult to return to normal work and recreational life. Our product is a soft-shell neoprene brace, with 3 external pockets to hold gel packs. The 3 gel packs can be tailored to cooling/or heating as you customize your temperature goals while wearing the modular system. It is designed to help you create good habits of self-care while also allowing more mobility and freedom outside of your home, and while standing, walking, and performing daily functional tasks.

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We have just descri convenience for the	-	how our p	roduct ir	mproves mob	ility, imp	oroves pai	n manag	gement, and	improves
13. On a scale of 0-1 our product for sor	_	-		nd 10 being si	gnifican	t improve	ment), h	ow would ye	ou rate
0 1 No Improvement	2	3	4	5 Indifferent	6	7	8	9 Significant I	10 mprovement
14. What additional	l suggestior	ns do you h	ave to in	nprove the re	covery p	rocess?			
15. Once it has been feedback in person	-	l, would yo	ou be wil	ling to meet	with us fo	or 15-30 m	inutes n	ext month t	o provide
		Ae	stheti	cs, Form,	Functi	on			
	Plea	se rate (0-	10) 0 be	eing lowest; 5	mid-ra	nge; 10 hi	ghest		
16. Ease of putting o	on Knee Br	ace withou	ıt Gel Pac	cks					
17. Ease of putting o	on Knee Bra	ace with Go	el Packs i	inside					
18. Fit: to what degr	ree is the bi	race the co	rrect size	e for your kne	ee?				
19. Ease of fitting th	ne knee bra	ce/gel pack	ks into yo	our daily rout	ine?				
20. Comfort level o	f all materi	als; fabric							
21. Comfort level of	f Velcro Clo	sures							
22 Comfort level w	zearing hra	ce without	gel nack	rs/ and with o	el nacks				

23. Comfort level with gel packs					
24. Ease of wearing brace without gel packs on level floor or ground					
25. Ease of wearing brace with 1, 2, 3, 4 (check all that you use) gel packs on level floor or ground					
26. Ease of walking up/down stairs wearing brace without gel packs					
27. Ease of walking up/down stairs wearing brace with gel packs 1, 2, 3, 4 (check all that you use)					
28. Ease of rising from a chair wearing brace without gel packs					
29. Ease of rising from a chair wearing brace with gel packs 1, 2, 3, 4 (check all that you use)					
30. Ease of storage of brace					
31. Ease of storage of gel packs					
32. Degree brace slides or slips down knee/leg without gel packs					
33. Degree brace slides or slips down knee/leg with gel packs 1, 2, 3, 4 (check all that you use)					
34. Frequency/number of times per day used brace without gel packs					
35. Frequency/number of times per day used brace leg with gel packs 1, 2, 3, 4 (check all that you use)					
Please check or fill in the boxes as directed					
36. Which brand of gel packs do you prefer? U-Line Custom Flowstate Logo					
37. Why do you prefer this brand?					
38. Do you use cold packs, warm packs, or both with this specific knee brace?					
39. When using gel packs, rank in order the temperature range you use (1 highest, 2 medium, 3 lowest rank): Cold Warm Alternating cold and warm packs					
40. Number of minutes knee brace worn <i>without</i> gel packs: 10 20 30 40 50 60					
41. Number of minutes knee brace worn <i>with</i> gel packs (hot or cold) 5 10 15 20 25 30					
42. Any additional comments? Please share					
43. Would you be willing to share some of your testimonial in writing; and or a short video recording?					

Thank you very much for your personal feedback!



Prototype Wear and Use Guide

Thank you and welcome to the "Flowstate 100" Test Team! As you become familiar with your sample/prototype here are some steps to help make wearing it and using it simple and easy.

Step 1: Open the brace and Undo the 2 Velcro straps. Your compression brace is open in the front, for comfort and Multi-uses; it's not a sleeve, it will fasten with two open flaps in front of your knee cap. This version has 3 lined insulated external pockets, with the gel packs placed in their "assigned seats". Two 3X5 gel packs on the sides of your knee; One 5X7 behind your knee.

Step 2: The Top and back of the brace has the open/non-slip grip strip. The bottom has your white "tag" size label (small, medium or large).

- Step 3: The Round Cut out fabric circle goes behind your knee.
- Step 4: Fasten the Velcro Flaps, and pull the elastic straps to secure the straps.

Step 5: Interchange the gel packs as you desire. The branded Flowstate Logo gel packs are both hot or cold and say so written on the front.

Additional Information

- · The U-Line gel packs you received previously are cold packs only.
- The circular 4 inch logo brand ice packs are cold only and are used for your knee cap; or bumps and bruises.
- Put it on and use it when you work out, are active and stay on your feet. Definitely critique and comment on what works or what could improve the function and wear.

Lessssss Goooooo! Definitely provide any feedback and comments on your time frame and availability.

Thank you for your time and effort, Megan