

Athena™ - Arm Cups: Set Up Sheet

Patient: _____

Date: _____

Notes: _____

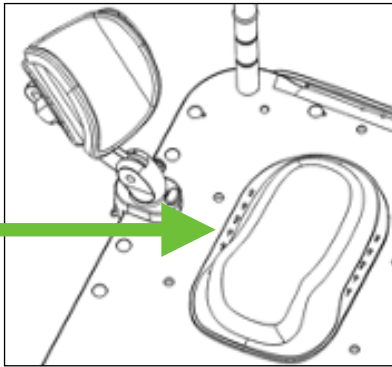
Indexed to the table at:

Head Support Used (circle one):

Athena Foam Support Silverman Head Support
A B C D E F

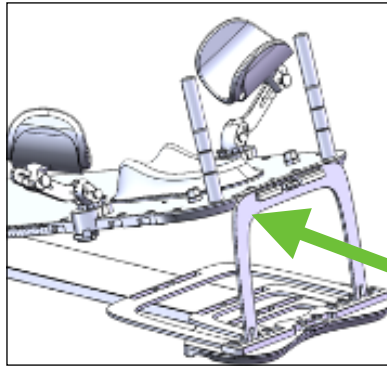
Mask Used:

Yes No



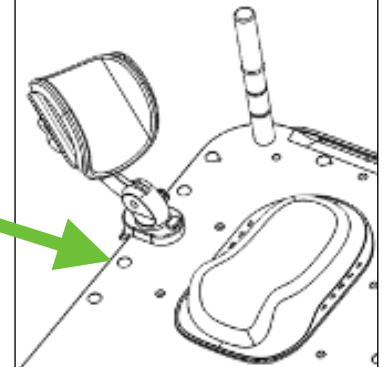
Head Support Position:

-2 -1 0 1



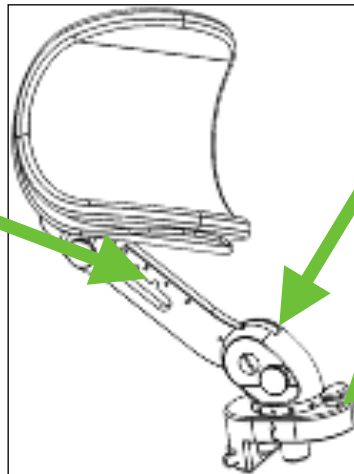
Elevation Angle:

0 5° 10° 15° 20°



Arm Support Position:

Left: L4 L5 L6 L7
Right: R4 R5 R6 R7



Arm Support U-Bracket Angle:

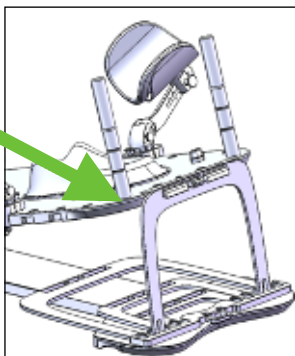
Left: A B C D
Right: A B C D

Arm Support Elevation Angle:

Left: A B C D
Right: A B C D

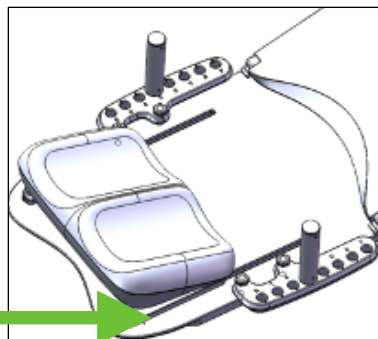
Arm Support Rotation Angle:

Left: -90 -60 -30 0 30 60 90
Right: -90 -60 -30 0 30 60 90

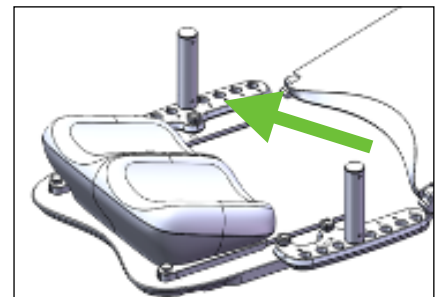


Hand Grip Position:

Left: L1 L2 L3
Right: R1 R2 R3



Bottom Stop Position:



Bottom Handle Position:

Left: L1 L2 L3 L4 L5 L6 L7 L8
Right: R1 R2 R3 R4 R5 R6 R7 R8