

PATIENT INSTRUCTIONS

Dynasplint® Knee Extension System for Below the Knee Amputation

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I acknowledge receipt of these patient instructions, which I have read and fully understand.

Signature

Print Name

Date

IMPORTANT: Read instructions thoroughly before wearing the Dynasplint® Knee Extension System for Below the Knee Amputation. Be sure that the splint fits comfortably and properly. If you feel pain, numbness, swelling, or skin irritation remove the splint immediately and contact your Dynasplint® Systems sales consultant. If joint stiffness persists longer than one hour after wearing the unit, reduce the tension by 0.5 increments or 1/2 turn. Contact your Dynasplint® Systems sales consultant if you have any questions.

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Stretch Beyond Your Expectations.®

FITTING INSTRUCTIONS

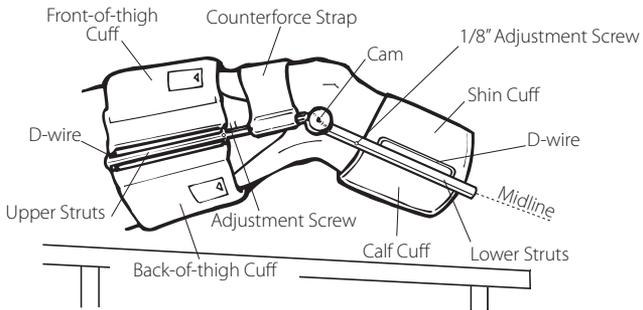
APPLYING THE DYNASPLINT® KNEE EXTENSION SYSTEM:

If possible, you should sit at the edge of a chair or bed.

STEP 1: While seated, open front-of-thigh, shin, and counterforce straps.

STEP 2: Lay the leg inside back-of-thigh and calf cuffs. The larger tubes with the window and scales should lie along the lower residual limb. To check placement, see Figure 1.

FIGURE 1.



STEP 3: Align the cams with the knee joint. See Figure 2.

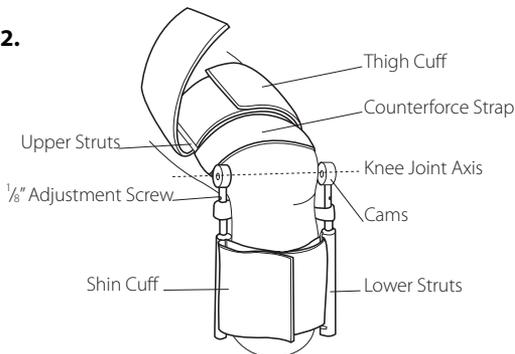
STEP 4: Attach the Dynasplint® System to the leg by feeding the counterforce straps around the struts on the opposite side. Pull back and fasten the straps snugly.

STEP 5: Feed the front-of-thigh cuff through the D-wire on the opposite side; fasten the Velcro® sides loosely together.

STEP 6: Repeat Step 5 for the shin cuff.

STEP 7: To readjust and tighten the counterforce straps, pull up with both hands on the cams. Free one hand, and pull one strap snug. Repeat the procedure with the other strap.

FIGURE 2.



STEP 8: Check cuffs for tightness. You should be able to slide a finger between your leg and the Dynasplint® System.

STEP 9: Check alignment. See Figures 1 & 2. The tubes should line up along the center of the side of the leg. The cams should be aligned at the center of the sides of the knee. Do not tamper with back cuffs.

STEP 10: You should be inactive and relaxed while wearing the Dynasplint® System. The splinted leg should not hang downward. The most comfortable position is to either lie on your unaffected side with a pillow between your legs or to elevate the splinted leg in a supported position under the knee and lower residual limb.

REMOVING THE DYNASPLINT® KNEE EXTENSION SYSTEM:

STEP 1: Completely open the counterforce strap and then the front-of-thigh and shin cuffs.

STEP 2: Remove leg from splint.

Continue to follow your physician's or therapist's instructions regarding your home therapy program while wearing the Dynasplint® System. Record your comments daily on the evaluation sheet (back page of booklet) for review with your Dynasplint® Systems sales consultant.

CLINICIAN'S PRESCRIBED TREATMENT SCHEDULE

These are guidelines only. Remove the Dynasplint® System if you experience pain at any time and contact your Dynasplint® Systems sales consultant.

Tension to be initially set at _____ increments.

Patient will wear the Dynasplint® System for _____ hours the first day.

If no more than one hour post-wear discomfort occurs, the patient may increase wear time over a 2-3 day time period, building up to overnight application of 6-8 hours. Time spent wearing the splint is the most important component in regaining range of motion.

Increase tension by 0.5 increments (approximately 1/2 turn) on both sides of the splint if less than one hour of post-wear discomfort occurs.

Decrease tension if unable to wear for extended period of time.

Maximum tension: _____

The basic protocol outline is to provide maximum benefit from the Dynasplint® System. *Increasing tension faster does not insure proper stretch will be applied.*

Remember to wear the Dynasplint® System while inactive, preferably while sleeping. If unable to sleep in the splint, maximize wear time during the day.

Your follow-up visit is _____.

Please bring the Dynasplint® System and the completed evaluation sheet.

Sales Consultant: _____ Voicemail Number: _____

