IMPORTANT: Read instructions thoroughly before wearing the Dynasplint® Hallux Valgus System. 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 thirty minutes after wearing the unit, reduce the tension by 0.5 increments, approximately \( \frac{1}{2} \) turn. Contact your Dynasplint® Systems sales consultant if you have any questions.

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

Signature

Print Name

Date

DYNASPLINT® and Dynasplint® Systems are registered trademarks of Dynasplint Systems, Inc. Patent Pending.
Rev. 06/2017

Stretch Beyond Your Expectations.
FITTING INSTRUCTIONS

APPLYING THE DYNASPLINT® HALLUX VALGUS SYSTEM:
If possible, you should sit at the edge of a hard chair or bed.

**STEP 1:** Completely open the counterforce and positioning straps.

**STEP 2:** While the straps are open, slide the unit onto the foot so that the big toe rests fully next to the white thermo-plast toe piece. Strap the big toe using the blue strap. The joint axis should be aligned with the big toe. See Figure 1.

**STEP 3:** Secure counterforce and positioning straps.

**STEP 4:** Check the alignment. See Figure 2. The strut is placed on the inside of the foot, and the cam should be aligned across the big toe joint.

**STEP 5:** Check straps for tightness. You should be able to slide one finger under the counterforce and positioning straps. Position straps on the marks.

**STEP 6:** You should be inactive and relaxed while wearing the Dynasplint® System. The splinted foot should not hang downward. It is important that some kind of support be placed underneath the calf (such as a pillow) to prevent the strut from protruding down and consequently pushing the unit forward. In other words, the alignment will be thrown off so that the toe comes off of the thermoplastic piece.

---

**FIGURE 1.**

Counterforce Strap
Positioning Strap
Strut

**FIGURE 2.**

Cam
Alignment
REMOVING THE DYNASPLINT® HALLUX VALGUS SYSTEM:

STEP 1:  Completely open the counterforce, positioning, and toe straps.

STEP 2:  Remove foot 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 FOR NON-SURGICAL PATIENTS

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 _________ the first day.

If no more than 30 minutes post-wear discomfort occurs, the patient may increase wear time over a 2-3 day time period, building up to an application of 1 hour, 3 times per day. Time spent wearing the splint is the most important component in regaining range of motion.

Increase tension by 0.5 increments on the splint if less than 30 minutes of post-wear discomfort occurs.

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

Maximum tension: 4.

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 and 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: ________________
DYNASPLINT® HALLUX VALGUS SYSTEM
RECOMMENDED DAILY WEARING SCHEDULE – POST-SURGICAL

Patient Name:_______________________________________Diagnosis:__________________________________
Start Date:________________________  Range of Motion:  (R) ___________ degrees    (L) ___________ degrees

GOALS:
Restore functioning range of motion (while decreasing joint stiffness) to the joint without compromising the
stability and quality of the connective tissue and joint. This is achieved via low-load, prolonged-duration
stretch; a better way to achieve maximum end range of motion in a timely manner.

INSTRUCTIONS:
1. Follow the time frame below.

NOTES:
Time is more important than tension. Contact your Dynasplint® Systems sales consultant if you are having more
than 30 mins post-wear discomfort. Normal post-wear discomfort may average 5-30 mins after each session.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>FORCE</th>
<th>DATE</th>
<th>TIME</th>
<th>FORCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
</tr>
<tr>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
</tr>
<tr>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
</tr>
<tr>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
</tr>
<tr>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
</tr>
<tr>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
</tr>
<tr>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
</tr>
<tr>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
</tr>
<tr>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
</tr>
<tr>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
</tr>
<tr>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
</tr>
<tr>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
</tr>
<tr>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
<td></td>
<td>__ min (3x/day)</td>
<td>__ settings</td>
</tr>
</tbody>
</table>

NOTES
___________________________________________________________________________________
_________________________________________________________________________________________

Physician/Therapist Follow-Up Evaluation:

Date:__________  ROM:__________ degrees  Date:__________  ROM:__________ degrees
Date:__________  ROM:__________ degrees  Date:__________  ROM:__________ degrees
Date:__________  ROM:__________ degrees  Date:__________  ROM:__________ degrees