PATIENT INSTRUCTIONS
Proximal Interphalangeal Joint Extension
Dynasplint® System

IMPORTANT: Read instructions thoroughly before wearing the Proximal Interphalangeal Joint Extension Dynasplint® 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 one hour after wearing the unit, reduce the tension by 0.5mm. 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

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Stretch Beyond Your Expectations®
FITTING INSTRUCTIONS

APPLYING THE PROXIMAL INTERPHALANGEAL EXTENSION DYNASPLINT® SYSTEM:

STEP 1: Open completely or loosen the counterforce strap.

STEP 2: With unaffected hand pinch splint together to release tension.

STEP 3: Slide finger into unit so that the cams are in line with the finger’s PIP joint. See Figure 1.

FIGURE 1.

STEP 4: Secure counterforce strap by fastening the Velcro® sides together.

STEP 5: Release pinched position of splint.

STEP 6: While the Dynasplint® System is in place, the hand should not hang down. You should be inactive and relaxed while wearing the Dynasplint® System. The most comfortable position while sleeping is with the hand and arm supported on a pillow; while sitting, with the hand supported so that it is level with the heart.
REMOVING THE PROXIMAL INTERPHALANGEAL EXTENSION DYNASPLINT® SYSTEM:

STEP 1: Open completely or loosen the counterforce strap.

STEP 2: Pinch splint together.

STEP 3: Remove finger 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 _________ mm.

Patient will wear the Dynasplint® System for _________ minutes the first day.

If no more than one hour post-wear discomfort occurs, the patient may increase wear time according to the recommended daily wearing schedule, building up to an overnight application. Time spent wearing the splint is the most important component in regaining range of motion.

Increase tension by 0.5mm 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 ensure a proper stretch will be applied.

Remember to wear the Dynasplint® System while inactive, preferably with the arm elevated. If unable to sleep in 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: ________________
## DYNASPLINT® SYSTEMS PATIENT EVALUATION SHEET

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours of Wear</th>
<th>Tension Setting</th>
<th>Daily Goal</th>
<th>Duration of Post-Wear Stiffness</th>
<th>Comments</th>
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Continue to report your progress on a separate sheet of paper.

### 4 POINT SUMMARY

1. NO PAIN while wearing the Dynasplint® System.
2. Time is the most important component.
3. Increase tension after 6-8 hours of wear if no more than one hour post-wear discomfort.
4. Decrease tension if unable to wear.

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