

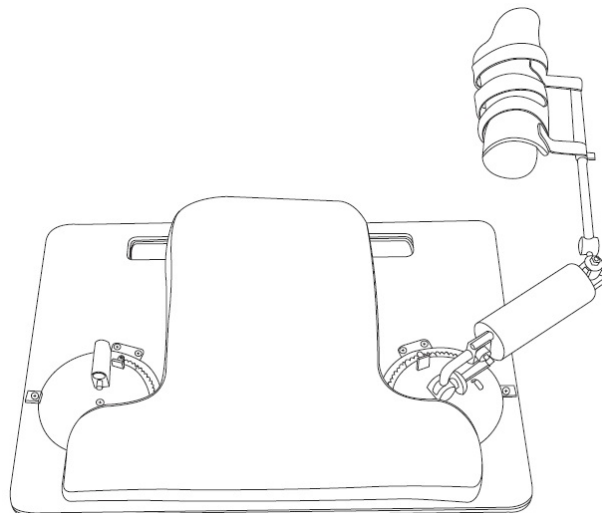


PATIENT INSTRUCTIONS: SHOULDER DYNASPLINT® SYSTEM

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IMPORTANT: Read instructions thoroughly before wearing the Shoulder 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 0.5 increments or ½ turn. Contact your Dynasplint® Systems sales consultant if you have any questions.

1. Holding the mechanical arm with your uninvolved hand in the “pointing to the sky” position, slip your hand and forearm through the wrist stabilizer. This is accomplished while lying face-up on the cushion with your head positioned far enough up on the cushion to allow your involved shoulder to be directly in line with the mechanical shoulder joint cam. Also, move sideways further from the mechanical shoulder joint to prevent your arm from being pushed against the larger cylinder.
2. Firmly affix the middle wrist strap followed by the other two straps.
3. Allow your involved arm to slowly drift back to the position directed by the Shoulder Dynasplint® System until it reaches the position of your end range of motion (the point at which your restriction begins).
4. Allow the shoulder to rest at this end-range position for as long as possible, up to the time prescribed by your practitioner. Momentary breathers from the end-range position can be achieved by bringing your arm back to a position of no stretch (i.e., pointing to the sky). Return to the end-range position as soon as you feel you are able. Usually 30 – 60 seconds away from the end-range position is sufficient to get a breather from the treatment.
5. To remove your arm from the Shoulder Dynasplint® System, return the mechanical arm to starting position of “pointing toward the sky.” With your uninvolved hand, undo the three wrist straps and slide your hand and forearm out of the unit.
6. Continue to follow your physician’s or therapist’s instructions regarding your home therapy program while wearing the Shoulder Dynasplint® System. Record your comments daily on the evaluation sheet (reverse side) for review with your Dynasplint® Systems sales consultant.



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

Signature

Print Name

Date

