

## PATIENT INSTRUCTIONS

### Wrist Flexion Dynasplint® System Type II

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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 Wrist Flexion 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,

approximately  $\frac{1}{2}$  turn. Contact your Dynasplint®

Systems sales consultant if you have any questions.

**NOTE:** Protect Thermoplastic from heat sources.

Do not store in direct sunlight or in temperatures

exceeding 110° F (e.g., inside a car in the summer) as

the pieces could deform.

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*Stretch Beyond Your Expectations.®*

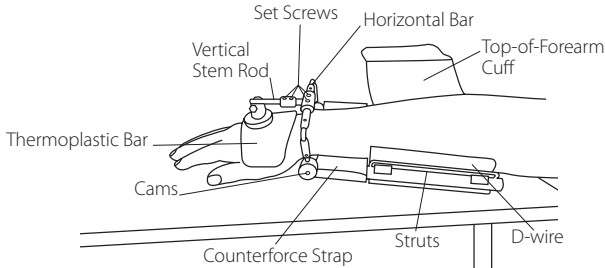
## FITTING INSTRUCTIONS

### APPLYING THE WRIST FLEXION DYNASPLINT® SYSTEM:

**STEP 1:** Open completely or loosen top-of-forearm cuff and strap.

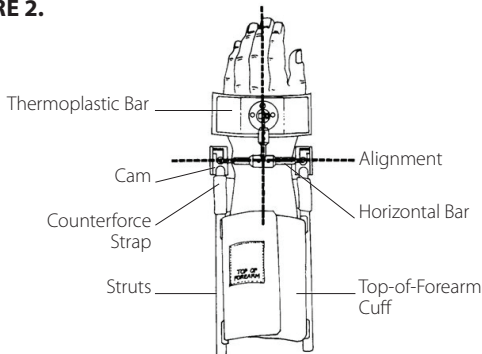
**STEP 2:** While seated at a table, slide wrist on top of counterforce strap. See Figure 1. Pull up the thermoplastic bar and place hand under it, ensure that the thermoplastic bar is right below MCP.

**FIGURE 1.**



**STEP 3:** Align the struts with the midlines of the sides of the arm. See Figure 2.

**FIGURE 2.**



**STEP 4:** Align the cams with your wrist joint. See Figure 2.

**STEP 5:** With your unaffected hand, attach the Dynasplint® System to the arm by feeding the top cuff through the D-wire on the opposite side. Pull back snugly; fasten the Velcro® sides together.

**STEP 6:** Check cuffs for tightness. You should be able to slide a finger between arm and the cuff.

**STEP 7:** Check alignment. See Figure 2. The struts (tubes) should line up with centers of the sides of the arm, and the cams should be at the center of the sides of the wrist.

**STEP 8:** Do not tamper with bottom-of-forearm cuff or counterforce strap.

**STEP 9:** While the Dynasplint® System is in place, the wrist should not hang down. You should be inactive and relaxed while wearing the Dynasplint® System. The most comfortable position while sleeping is with the arm supported on a pillow; while sitting, with the arm supported so that it is level with the heart.

## **REMOVING THE WRIST FLEXION DYNASPLINT® SYSTEM:**

**STEP 1:** Completely open the top-of-forearm cuff and strap.

**STEP 2:** Remove arm 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 according to the recommended daily wearing schedule, building up to an over-night 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 – 1 increment 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 while sleeping. 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

Date	Hours of Wear	Tension Setting	Daily Goal	Duration of Post-Wear Stiffness	Comments

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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The product described in the enclosed literature is intended for the specific purpose as per the instructions attached. Any use of this product outside of its intended purpose on any body part or in a manner outside the protocol established by Dynasplint Systems, Inc., is a use of the product for which it, its divisions and employees cannot be held responsible. All implied warranties of fitness for use for any other purpose (or purposes) are expressly disclaimed.