



PATIENT INSTRUCTIONS

Dynasplint® Carpal Tunnel System

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IMPORTANT: Read instructions thoroughly before wearing the Dynasplint® Carpal Tunnel 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.

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Stretch Beyond Your Expectations.®

FITTING INSTRUCTIONS

IMPORTANT: Wash hands with soap and water to remove all natural oils from skin to ensure effective contact (no slipping) with the carpal pads of the Dynasplint® Carpal Tunnel System (CTD).

APPLYING THE DYNASPLINT® CARPAL TUNNEL SYSTEM:

STEP 1: Prepare the CTD for use:

- Ensure blue pads are touching each other. If not touching, use the Allen Wrench to adjust by turning counterclockwise.
- Have the carpal pad lever in the “open” position (same side as black knob).
- Place the two buttons on tower (near serial number) in the top position.
- Begin with no tension on unit by turning black knob counterclockwise.

STEP 2: With the palm facing up, place the hand into the CTD so the blue pads are on the palm of the hand with the black knob facing inward (side of pinky). The proximal edge of the blue pads (nearest to the body) should be in line with the wrist-crease closest to the hand. See Figure 1.

FIGURE 1.

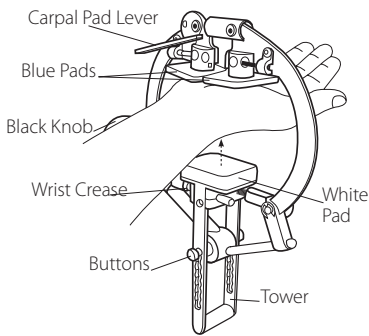
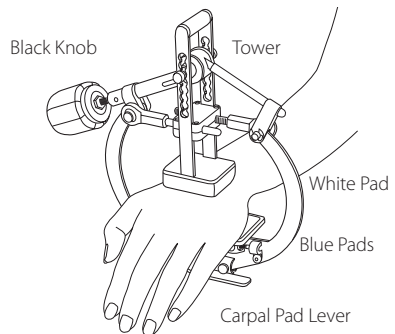


FIGURE 2.



STEP 3: Depress the 2 buttons on the tower simultaneously and then apply a downward pressure on a firm surface to slide the white pad up to the back of the hand until there is firm contact. Then push downward with the thumb on the cam (between the 2 buttons) to allow the buttons to lock into position. Place a BLACK mark next to the “new” button position on the tower for future reference.

STEP 4: If the CTD is on the left hand turn the black knob away from your body (clockwise) until you feel a firm but comfortable pressure. If the CTD is on the right hand, turn the black knob towards your body (clockwise) until you feel a firm but comfortable pressure.

STEP 5: Close the lever to spread the blue pads.

STEP 6: Adjust blue pads with Allen Wrench until the width between the blue pads is approximately the width of your thumb.

REMOVING THE DYNASPLINT® CARPAL TUNNEL SYSTEM:

STEP 1: Open the lever to bring blue pads back together.

STEP 2: Reduce the tension by turning the black knob counterclockwise.

STEP 3: Press the two buttons on the tower simultaneously and let the white pad slide down until the two buttons are at the fully open position.

STEP 4: Remove hand from the CTD.

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 _____ .

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 a 60 minute application per day. Time spent wearing the splint is the most important component in regaining range of motion.

Increase tension by 0.5 – 1 increment if less than one hour of post-wear discomfort occurs after use.

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 proper stretch will be applied.*

Remember to wear the Dynasplint® System while inactive.

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 if no more than one hour post-wear discomfort.
4. Decrease tension if unable to wear.

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Dynasplint Systems, Inc. products are covered by one or more of the following U.S.A. patents: 5,558,624; 5,645,521; 6,413,231; 6,506,172; 6,740,051; 6,908,475; 6,942,629; 6,942,631; 4,485,808; 4,508,111; 4,538,600; 4,944,290; 4,947,835; and 5,070,868. Other patents issued and/or pending in the U.S.A. and internationally.

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.