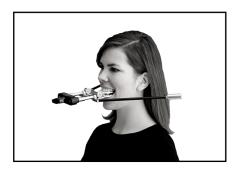
FITTING INSTRUCTIONS:

Jaw Dynasplint® System



Tension to be initially set at _____ increments.

To wear seated you will attach both counterbalance arms.

Pinch the mouthpiece closed. Open mouth and insert the plastic mouthpiece as far as possible comfortably.

To wear laying on back- Do not use the counterbalance arms and follow the above instructions to don the splint.

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.

Please note: Prolonged Duration stretching is more beneficial. This means that the longer each day you can wear the Dynasplint® System without exceeding 8 hours per day, the better the recovery of your ROM. However, even as little as one hour total throughout the day can be beneficial. The total time each day you wear the Dynasplint® System is dependent on many factors including: How much time you have to give to this treatment each day (evening and night); the doctor and therapist's instructions, what your Dynasplint Sales Consultant advises and the overall condition of your body part needing this treatment. Please speak to your Dynasplint Sales Consultant for the best wearing schedule to fit your needs.

Patient will wear the Dynasplint® System for	or minutes the first day.
•	extended period of time.
The basic protocol outline is to provide material tension faster does not ensure a proper stre	aximum benefit from the Dynasplint® System. <i>Increasing</i> etch will be applied.
Your follow-up visit is:completed evaluation sheet to your visit.	Please bring the Dynasplint® System and the
I ACKNOWLEDGE RECEIPT OF THESE FULLY AND UNDERSTAND.	E PATIENT INSTRUCTIONS, WHICH I HAVE READ
SIGNATURE:	PRINT NAME:
DATE:	

PATIEN	T DYNASPLINT [®] PR	OGRAM
PATIENT NAME:		
DATE OF BIRTH:		
Ordering Physician		
PT, OT, or Clinic Name		
and duration of how long you would like to add about 2. Please bring this form active/passive ROM, initial 3. Make sure to call or text and 60 during your recove Note: There may be slight	progress in the boxes below with you are wearing the Dynasplint®; at how you are feeling. to your clinician follow-ups so the	and any comments ney can note you n day 7, 14, 21, 28 stions or concerns ynasplint®. Please
[To be filled out by Dynas	plint Sales Consultant]:	
UNIT TYPE:	TIME & FREQUENCY OF USE:	
TENSION SET AT FITTING:	CLINICIAN MEASURED AROM:	PROM:
DAY 1	DAY 2	

DAY 4

DAY 6

DATE:

FOLLOW-UP #1:

CLINICIAN MEASURED AROM: _____
CLINICIAN MEASURED PROM: ____
CLINICIAN INITIALS: ___

DAY 3

DAY 5

DAY 7
Time to turn up the tension?

Day 7: You are off to a great start!

Call or text your Dynasplint Sales Consultant to update.

DAY 8	DAY 9	
DAY 10	DAY 11	
DAY 12	DAY 13	
DAY 14 Time to turn up the tension?	FOLLOW-UP #2: CLINICIAN MEASURED AROM: CLINICIAN MEASURED PROM: CLINICIAN INITIALS: DATE:	
Day 14: Call or text your Dynasplint Sales Consultant to update.		

DAY 15	DAY 16
DAY 17	DAY 18
DAY 19	DAY 20
DAY 21 Time to turn up the tension?	FOLLOW-UP #3: CLINICIAN MEASURED AROM: CLINICIAN MEASURED PROM:
Day 21: Call or text your Dynasplint Sales Consultant to update.	CLINICIAN INITIALS:

DAY 22	DAY 23
DAY 24	DAY 25
DAY 26	DAY 27
DAY 28 Time to turn up the tension?	FOLLOW-UP #4: CLINICIAN MEASURED AROM: CLINICIAN MEASURED PROM:
Day 28: Call or text your Dynasplint Sales Consultant to update.	CLINICIAN INITIALS:

DAY	29-40						
5.0							
DAY	′ 41-50						
DAY	51-60						
		Call or text your	Dynasplint Sa	ales Consultan	t to update.		
						I	

ADDITIONAL INFO:		
Total length of time using the Dynasplint®:		
ROM at the time of discontinued use:		
ROM net gain:		
Were you satisfied with our service and product? (Please circle one)		
YES NO		
Did you reach or exceed your recovery goals? (Please circle one)		
YES NO		
Are you currently in Physical/Occupational Therapy? (Please circle one)		
YES NO		

Don't forget to call or text your Dynasplint Sales Consultant before returning your Dynasplint®. Thank you!