

FITTING INSTRUCTIONS: Shoulder Dynasplint® System

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 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 reached 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 had, undo the three wrist straps and slide your hand and forearm out of the unit.

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.

Tension to be initially set at _____ increments.

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. Time spent wearing the splint is the most important component of regaining range of motion.
- Decrease tension If unable to wear for extended period of time.
- Remember to wear the Dynasplint® System while inactive, preferably resting.

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.*

Your follow-up visit is: _____. Please bring the Dynasplint® System and the completed evaluation sheet to your visit.

I ACKNOWLEDGE RECEIPT OF THESE PATIENT INSTRUCTIONS, WHICH I HAVE READ FULLY AND UNDERSTAND.

SIGNATURE: _____ PRINT NAME: _____

DATE: _____



PATIENT DYNASPLINT® PROGRAM

PATIENT NAME: _____

DATE OF BIRTH: _____

Ordering Physician _____

PT, OT, or Clinic Name _____

INSTRUCTIONS ON HOW TO USE THIS FORM:

1. Please track your **daily** progress in the boxes below with the the frequency and duration of how long you are wearing the Dynasplint®; and any comments you would like to add about how you are feeling.
2. Please bring this form to your clinician follow-ups so they can note your active/passive ROM, initial and date.
3. Make sure to call or text your Dynasplint Sales Consultant on day 7, 14, 21, 28 and 60 during your recovery; or anytime you have any questions or concerns!
Note: There may be slight discomfort when taking off the Dynasplint®. Please contact your consultant if discomfort persists for more than 30 minutes.

[To be filled out by Dynasplint Sales Consultant]:

UNIT TYPE: _____ TIME & FREQUENCY OF USE: _____

TENSION SET AT FITTING: _____ CLINICIAN MEASURED AROM: _____ PROM: _____

DAY 1	DAY 2
DAY 3	DAY 4
DAY 5	DAY 6
DAY 7 Time to turn up the tension?	FOLLOW-UP #1: CLINICIAN MEASURED AROM: _____ CLINICIAN MEASURED PROM: _____ CLINICIAN INITIALS: _____ DATE: _____
Day 7: You are off to a great start! Call or text your Dynasplint Sales Consultant to update.	

