



PATIENT INSTRUCTIONS Dynasplint® Hallux Varus System

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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 Dynasplint® Hallux Varus 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 thirty minutes 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

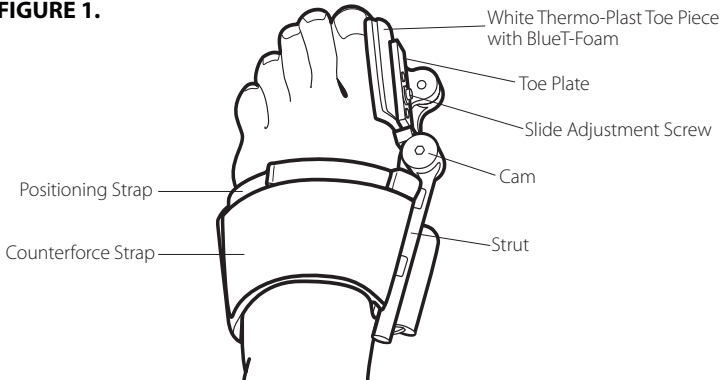
APPLYING THE DYNASPLINT® HALLUX VARUS SYSTEM:

If possible, you should sit at the edge of a hard chair or bed.

STEP 1: Completely open the counterforce and positioning straps.

STEP 2: While the straps are open, slide the unit onto the foot so that the big toe rests fully next to the toe thermoplastic. The joint axis should be aligned with the big toe. See Figure 1.

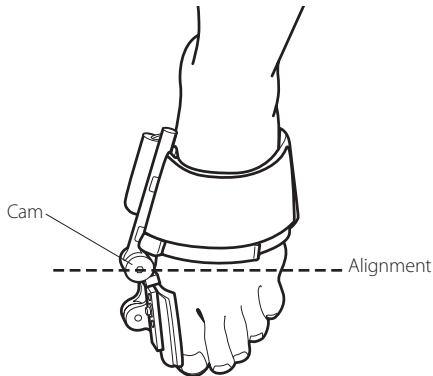
FIGURE 1.



STEP 3: Secure counterforce and positioning straps.

STEP 4: Check the alignment. See Figure 2. The strut is placed on the inside of the foot, and the cam should be aligned across the big toe joint.

FIGURE 2.



STEP 5: Check straps for tightness. You should be able to slide one finger under the counterforce and positioning straps. Position straps on the marks.

STEP 6: You should be inactive and relaxed while wearing the Dynasplint® System. The splinted foot should not hang downward. It is important that some kind of support be placed underneath the calf (such as a pillow) to prevent the strut from protruding down and consequently pushing the unit forward. In other words, the alignment will be thrown off so that the toe comes off of the thermoplastic piece.

REMOVING THE DYNASPLINT® HALLUX VARUS SYSTEM:

STEP 1: Completely open the counterforce and positioning straps.

STEP 2: Remove foot 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 FOR NON-SURGICAL PATIENTS

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 _____ the first day.

If no more than 30 minutes post-wear discomfort occurs, the patient may increase wear time over a 2-3 day time period, building up to an application of 1 hour, 3 times per day. Time spent wearing the splint is the most important component in regaining range of motion.

Increase tension by 0.5 increments on the splint if less than 30 minutes of post-wear discomfort occurs.

Decrease tension if unable to wear for extended period of time.

Maximum tension: ____ 4 ____ .

The basic protocol outline is to provide maximum benefit from the Dynasplint® System. *Increasing tension faster does not insure proper stretch will be applied.*

Remember to wear the Dynasplint® System while inactive and 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: _____

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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.

DYNASPLINT® HALLUX VARUS SYSTEM RECOMMENDED DAILY WEARING SCHEDULE – POST-SURGICAL

Patient Name: _____ Diagnosis: _____

Start Date: _____ Range of Motion: (R) _____ degrees (L) _____ degrees

GOALS:

Restore functioning range of motion (while decreasing joint stiffness) to the joint without compromising the stability and quality of the connective tissue and joint. This is achieved via low-load, prolonged-duration stretch; a better way to achieve maximum end range of motion in a timely manner.

INSTRUCTIONS:

1. Follow the time frame below.

NOTES:

Time is more important than tension. Contact your Dynasplint® Systems sales consultant if you are having more than 30 mins post-wear discomfort. Normal post-wear discomfort may average 5-30 mins after each session.

DATE	TIME	FORCE	DATE	TIME	FORCE
_____	___ min (3x/day)	__ settings	_____	___ min (3x/day)	__ settings
_____	___ min (3x/day)	__ settings	_____	___ min (3x/day)	__ settings
_____	___ min (3x/day)	__ settings	_____	___ min (3x/day)	__ settings
_____	___ min (3x/day)	__ settings	_____	___ min (3x/day)	__ settings
_____	___ min (3x/day)	__ settings	_____	___ min (3x/day)	__ settings
_____	___ min (3x/day)	__ settings	_____	___ min (3x/day)	__ settings
_____	___ min (3x/day)	__ settings	_____	___ min (3x/day)	__ settings
_____	___ min (3x/day)	__ settings	_____	___ min (3x/day)	__ settings
_____	___ min (3x/day)	__ settings	_____	___ min (3x/day)	__ settings
_____	___ min (3x/day)	__ settings	_____	___ min (3x/day)	__ settings
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_____	___ min (3x/day)	__ settings	_____	___ min (3x/day)	__ settings
_____	___ min (3x/day)	__ settings	_____	___ min (3x/day)	__ settings

NOTES _____

Physician/Therapist Follow-Up Evaluation:

Date: _____ ROM: _____ degree	Date: _____ ROM: _____ degrees
Date: _____ ROM: _____ degree	Date: _____ ROM: _____ degrees
Date: _____ ROM: _____ degree	Date: _____ ROM: _____ degrees