



## PATIENT INSTRUCTIONS

### Toe Metatarsophalangeal Extension Dynasplint® System Type III

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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 Toe Metatarsophalangeal Extension 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  $1/2$  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.®*

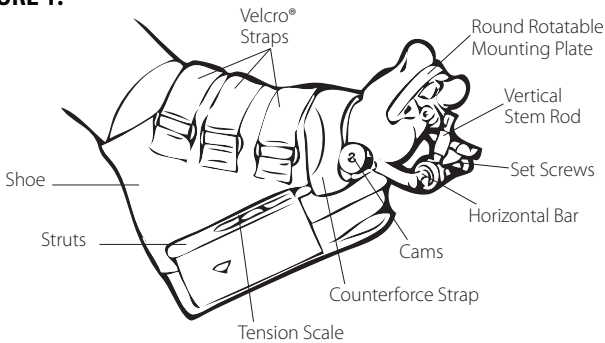
## FITTING INSTRUCTIONS

**APPLYING THE TOE METATARSOPHALANGEAL EXTENSION DYNASPLINT® SYSTEM:**  
If possible, you should sit at the edge of a hard chair or bed.

**STEP 1:** Completely open the top straps.

**STEP 2:** While the top straps are open, slide the unit onto the foot so that the big toe rests fully on the toe thermoplastic piece and under the counterforce strap. The joint axis should be aligned with the big toe. See Figure 1.

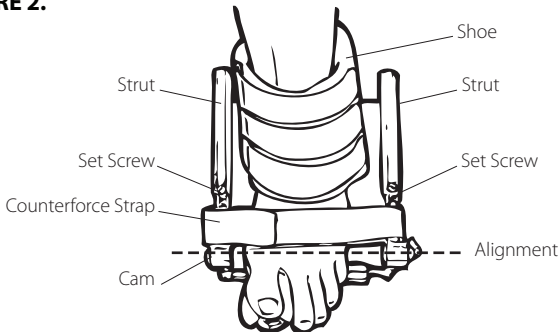
**FIGURE 1.**



**STEP 3:** Close the top straps.

**STEP 4:** Check the alignment. See Figure 2. The struts are placed on the left and right sides of the foot, and the cams should be aligned across the big toe.

**FIGURE 2.**



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

**STEP 6:** Check alignment. Shoe should be evenly contoured across the foot.

**STEP 7:** 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 struts 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 TOE METATARSOPHALANGEAL EXTENSION DYNASPLINT® SYSTEM:

**STEP 1:** Completely open the top Velcro® straps and counterforce strap.

**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 \_\_\_\_\_ hours 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 an application of four to six hours. Time spent wearing the splint is the most important component in regaining range of motion.

Increase tension by 0.5 increments on both sides of 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.

## TOE METATARSOPHALANGEAL EXTENSION DYNASPLINT® 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:

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
_____	10 min (3x/day)	1 settings	_____	10 min (3x/day)	4 settings
_____	20 min (3x/day)	1 settings	_____	20 min (3x/day)	4 settings
_____	30 min (3x/day)	1 settings	_____	30 min (3x/day)	4 settings
_____	40 min (3x/day)	1 settings	_____	40 min (3x/day)	4 settings
_____	50 min (3x/day)	1 settings	_____	50 min (3x/day)	4 settings
_____	60 min (3x/day)	1 settings	_____	60 min (3x/day)	4 settings
_____	*		_____	*	
_____	10 min (3x/day)	2 settings	_____	60 min (3x/day)	4 settings
_____	20 min (3x/day)	2 settings	_____	60 min (3x/day)	4 settings
_____	30 min (3x/day)	2 settings	_____	60 min (3x/day)	4 settings
_____	40 min (3x/day)	2 settings	_____	60 min (3x/day)	4 settings
_____	50 min (3x/day)	2 settings	_____	60 min (3x/day)	4 settings
_____	60 min (3x/day)	2 settings	_____	60 min (3x/day)	4 settings
_____	*		_____	*	
_____	10 min (3x/day)	3 settings	_____	60 min (3x/day)	4 settings
_____	20 min (3x/day)	3 settings	_____	60 min (3x/day)	4 settings
_____	30 min (3x/day)	3 settings	_____	60 min (3x/day)	4 settings
_____	40 min (3x/day)	3 settings	_____	60 min (3x/day)	4 settings
_____	50 min (3x/day)	3 settings	_____	60 min (3x/day)	4 settings
_____	60 min (3x/day)	3 settings	_____	60 min (3x/day)	4 settings
_____	*		_____	*	

\*Stay at 60+ min. for one week b/w each setting level.

**NOTES** If using two units - Toe up 2-3x per day; Toe down 1-2x per day.

Change tension setting every 2-3 weeks.

### Physician/Therapist Follow-Up Evaluation:

Date: \_\_\_\_\_ ROM: \_\_\_\_\_ degrees

Date: \_\_\_\_\_ ROM: \_\_\_\_\_ degrees

Date: \_\_\_\_\_ ROM: \_\_\_\_\_ degrees

Date: \_\_\_\_\_ ROM: \_\_\_\_\_ degrees

Date: \_\_\_\_\_ ROM: \_\_\_\_\_ degrees

Date: \_\_\_\_\_ ROM: \_\_\_\_\_ degrees