Instructions and Care Plan for the Comfy™
DORSAL HAND ORTHOSIS (DORSH101)

1. Write patients last name on splint cover.
2. Open Velcro straps
3. After Passive Range of Motion (PROM) to allow maximum wrist and finger extension, place patient's fingers over the wider flexed end of the Orthosis. The thumb is positioned under the wing of the flexed end of the Orthosis and the forearm and wrist are placed on the concave surface.
4. Adjust the wrist and fingers to the degree of flexion/extension desired. The Comfy™ Hand Orthosis can be adjusted and readjusted to different degrees of extension or flexion of the wrist and finger joints as desired. Merely press the Orthosis against a firm edge (e.g. table, countertop or chair edge) while firmly holding and leaning on both ends. Do not remove insert from fabric cover, as all positioning can be done while the insert is in the cover. The wrist and hand portions can be adjusted independent of each other. Several adjustments can be performed rapidly to obtain the desired optimal angulation.
5. The "wings" lateral to the knuckles can be bent up to prevent ulnar deviation, or radial drift.
6. If the finger separator attachment is required, place the elastic loop of the attachment through the distal strap (i.e. the strap across the fingers). Then slide the elastic loop over the wider flexed end of the Orthosis.
7. Once the desired angulation for the wrist and fingers is achieved, wrap the straps around the hand, wrist and forearm, and secure with Velcro. It is suggested that the therapist maintain space for two fingers under the straps to prevent excessive pressure areas on the patient’s skin.
8. Check Comfy™ splint every two hours for pressure areas, edema, or skin irritation. If signs of redness, increased swelling or pain appear, discontinue use and notify physician.
9. The Terry cloth cover can be washed by hand or machine in lukewarm water. Do not use bleach or hot water. Air or tumble dry on cool or warm setting. The insert can be cleaned by wiping both sides with a solution of warm water and disinfectant or detergent.

M A INT E N A N CE O F O R T H O S I S : The Cover of this Comfy™ Orthosis is designed to be removable for laundering. The fabric cover can be washed by hand or by machine in lukewarm water. Do not use bleach or hot water. Air or tumble dry on cool or warm setting. The bend-able white insert can be cleaned by wiping both sides with a solution of warm water and detergent or with disinfectant. If any of the metal frame becomes exposed, cease using the device.

C A R E P L A N

INTRODUCTION: The Comfy™ Hand Orthosis is a patient specific product that can be easily fitted and labeled for single patient use upon order of a physician. It should be used only in connection with a care plan and custom fitting instructions by a trained health care professional.

INDICATIONS: The Comfy™ Hand Orthosis is to be used to position and support hands that present with Wrist, MP, PIP or DIP flexion pattern, ulnar deviation, wrist drop, ulnar deviation, arthritic changes or any deformity related to neuromuscular impairment.

RESULTS: The Comfy™ Hand Orthosis will help increase/maintain wrist, MP, PIP and Dip extension. It also prevents further deformity, maximizes ROM, and makes maintenance of good hygiene of the involved extremity easier. The Terry cloth cover helps absorb moisture and allows for air circulation, thereby helping prevent skin maceration.

CONTRA-INDICATIONS: The Comfy™ Hand Orthosis should not be used if the patient has any circulatory problems, pressure areas or skin irritations.

FITTING INSTRUCTIONS: The Comfy™ Hand Orthosis should be applied and fitted only by a trained professional. Fit and shape Orthosis according to patient’s requirements and as indicated in instructions. Check Orthosis fit and place two fingers under strap to ensure strap is not too tight.

WEARING TOLERANCE: Check Orthosis at least every two hours until removed, to see if there are any problems such as skin abrasions, redness, blisters, or increased edema (if straps are too tight). With patients who have sensory deficits, the Orthosis should be checked more frequently.

The Comfy™ Hand Orthosis requires a physician prescription and should be applied and supervised by a trained healthcare professional. If signs of redness, swelling or pain appear, discontinue use, and notify physician.

Lenjoy Medical Engineering, Inc. 310 353-2481 Patent 5,733,249 © 2006, Gardena, Ca Comfy Dorsal Hand Orthosis
Patient Name: ___________________________ HICN #: __________ Room #: ________
Facility: __________________________________________ Date: ______________
Address: __________________________________________________________________
Primary Diagnosis: _____________________ Secondary Dx: _____________________
Prognosis: Good _______ Fair _______ Poor
Mobility: Ambulatory ______ Wheelchair confined_______ Bed confined_______
Communication: Makes Needs Known ______ Unable to make needs known
U.E. Sensation: Intact ____ Moderately Impaired _____ Severely Impaired
U. E. Active R.O.M.: WNL _____ Mildly Restricted _____ Severely Restricted

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Rt</th>
<th>Lt</th>
<th>Severity/Comments</th>
<th>Treatment Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrist drop</td>
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<td>Prevent Fixed Contractures</td>
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<tr>
<td>Wrist Contracture</td>
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<td>Support Flaccid Hand, Wrist, or Elbow</td>
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<td>MP Contracture</td>
<td></td>
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<td>Manage Arthritic Joint Deformities</td>
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<td>Finger jnt. Contracture</td>
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<td></td>
<td>Decrease pain</td>
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<td>Elbow Contracture</td>
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<td></td>
<td>Control Ulnar or Radial Deviation</td>
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<tr>
<td>Decr. muscle strength</td>
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<td></td>
<td>Improve Muscle Strength</td>
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<td>Decr. ADL function</td>
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<td>Improve A.D.L. Function</td>
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<td>Joint Pain</td>
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<td>Increase Range Of Motion</td>
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<tr>
<td>Ulnar/Radial Deviation</td>
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<td>Decrease Pressure Areas</td>
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<td>Pressure Sores</td>
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<td>Increase Hygiene</td>
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<tr>
<td>Hygiene deficits</td>
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<td></td>
<td>Increase U.E. function</td>
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Treatment Plan:
Wrist-Hand-Finger Orthosis (H101)
Finger Separator (FS1)
Hand Thumb Orthosis (HT101)
Finger Extender Hand Orthosis (F101)
Long Pan Hand Orthosis (LPH101)
Long Opponens Hand Orthosis (LOPH101)
Dorsal hand Orthosis (DORSH101)
Opposition Thumb Hand (OPH101)
Comfy Grip hand Orthosis (OPH101)
Sagittal Hand (SAGH101)
Long Wrist (LWSlim)
Comfy grip thumb Orthosis (GTPH101)
Sagittal Finger Extender (DF101)
Elbow Hand Combination (EH101)
Elbow Orthosis (E101)
Goniometer Elbow Orth. (GE101)
Push Button Goni. Elbow (PBGE101)
Spring Loaded Elbow Orthosis (SH101)
Adjust Hinge Elbow Orthosis (Adj-E101)
Dynamic Torque Elbow Orth. (Torq1-E)

Observe from 15 min to 30 min intervals; Then Graduate to 1-2 hr Intervals; Remove and check for pressure areas every shift.
I certify active treatment of this patient. This equipment is part of my recommended treatment and is "reasonable and medically necessary". The above information is true and accurate, to the best of my knowledge.

Physician’s Signature ___________________________ Date: ______________
Phone: ___________________________ UPIN#: __________
Address: __________________________________________________________________

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