



Instructions and Care Plan for the Comfy™ Deviation Opposition Hand Orthosis (DOPH-101/102)

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™ Deviation Opposition 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™ Deviation Opposition Hand Orthosis** 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 Terrycloth 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. Wiping both sides with a solution of warm water and disinfectant or detergent can clean the insert.

CARE PLAN

INTRODUCTION: The **Comfy™ Deviation Opposition 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: This **Comfy™ Deviation Opposition 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™ Deviation Opposition 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™ Deviation Opposition Hand Orthosis** should not be used if the patient has any circulatory problems, pressure areas or skin irritations.

FITTING INSTRUCTIONS: The **Comfy™ Deviation Opposition 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.

MAINTENANCE OF ORTHOSIS: The Cover of this **Comfy™ Deviation Opposition Hand 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. Wiping both sides with a solution of warm water and detergent or with disinfectant can clean the bend-able white insert. If any of the metal frame becomes exposed, cease using the device.

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.



Assesment Form
Comfy™ Upper Extremity Orthosis

Patient Name: _____ HICN # _____ Room # _____

Facility: _____

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 ROM: WNL Mildly Restricted Severely Restricted

U.E. Passive ROM: WNL Mildly Restricted Severely Restricted

Diagnosis	Rt	Lt	Comments
Wrist Drop			
Wrist Contracture			
MP Contracture			
Finger Joint Cont.			
Elbow Contracture			
Ulnar / Radial Dev.			
Decr. Muscle Strength			
Decr. ADL Function			
Joint Pain			
Pressure Sores			
Hygiene Deficits			

Treatment Goals
Prevent Fixed Contractures
Support Flaccid Hand, Wrist and Elbow
Manage Arthritic Joint Deformities
Decrease Pain
Increase U.E. Function
Control Ulnar or Radial Deviation
Improve Muscle Strength
Improve ADL Function
Increase Range of Motion
Decrease Pressure of Motion
Increase Hygiene

Treatment Plan:

- | | | |
|----------------------------------|----------------------------------|------------------------------------|
| ___ 4S-DH101 (Deviation Hand) | ___ E101 (Elbow) | ___ OPH101 (Oppo. Hand) |
| ___ 4S-DHT101 (Dev Hand Thumb) | ___ EH101 (Elbow Hand) | ___ SGE101 (S/L Goni Elbow) |
| ___ 4S-H101 (Hand) | ___ F101 (Finger Extender) | ___ SGEH101 (S/L Goni EH) |
| ___ 4S-HT101 (Hand Thumb) | ___ GE101 (Goniometer Elbow) | ___ SGF101 (S/L Finger Ext.) |
| ___ 4S-LPH101 (Large Pan) | ___ GEH101 (Goni. Elbow Hand) | ___ SGH101 (S/L Goni Hand) |
| ___ 4S-OPH101 (Opposition Hand) | ___ GH101 (Goni. Hand) | ___ SGHT101 (S/L Goni Thumb) |
| ___ C-GRIP101 (Comfy Grip) | ___ H101 (Hand) | ___ SOPH101 (S/L Oppo Hand) |
| ___ DF101 (Dev. Finger Extender) | ___ HT101 (Hand Thumb) | ___ SOPHT101 (S/L Oppo Thumb) |
| ___ DH101 (Deviation Hand) | ___ LOPH101 (Long Opponens) | ___ SRF101 (Soft Roll Finger Ext.) |
| ___ DHT101 (Dev. Hand Thumb) | ___ LOPHT101 (Long Opponens) | ___ TORQE101 (Torque Elbow) |
| ___ DOPH101 (Dev. Oppo. Hand) | ___ LPH101 (Large Pan Hand) | ___ XLLPH101 (Extra Long Pan) |
| ___ DORSH101 (Dorsal Hand) | ___ LPHT101 (Large Pan Thumb) | |
| | ___ LPSGH101 (S/L Goni Long Pan) | |

Observe from 15 to 30 min. intervals. Then graduate to 1-2 hr. intervals. Remove and check for pressure areas.

*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: _____

Address: _____

Contact No. _____ UPIN # _____