Instructions for the Comfy™
DEVIATION HAND ORTHOSIS (DH-101,102)

1. Write patients last name on splint cover. Open Velcro straps.

2. 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.

3. Adjust the wrist and fingers to the degree of flexion/extension desired. The Comfy™ Deviation 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.

4. If desired, ulnar and radial deviation of the wrist can be accommodated by adjusting the deviation joint on the inside of the splint by loosening the screw with the Allen wrench.

5. 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.

6. Once the desired angulation for the wrist and fingers is achieved, wrap the straps around the hand, wrist and forearm, and secure with Velcro. The strap across the fingers can be wrapped straight across the fingers or obliquely over the “wings” of the Orthosis. It is suggested that the therapist maintain a two finger space under the straps to prevent excessive pressure areas on the patient’s skin.

7. Check Comfy™ Deviation Hand 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.

8. 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.

CARE PLAN

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 healthcare professional.

INDICATIONS: This Splint 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.

MAINTENANCE OF ORTHOSIS: 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 disinfectant or with disinfectant.

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. If any of the metal frame becomes exposed, cease using the device.

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Assessment Form
Comfy™ Upper Extremity Orthoses

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 ______

U.E. Passive R.O.M.:  WNL _______  Mildly Restricted _______  Severely Restricted ______

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<tr>
<th>Diagnosis</th>
<th>Rt</th>
<th>Lt</th>
<th>Severity/Comments</th>
<th>Treatment Goals</th>
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<tr>
<td>Wrist drop</td>
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<td></td>
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<td>Prevent Fixed Contractures</td>
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<td>Wrist Contracture</td>
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<td></td>
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<td>Support Flaccid Hand, Wrist, or Elbow</td>
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<tr>
<td>MP Contracture</td>
<td></td>
<td></td>
<td></td>
<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></td>
<td>Control Ulnar or Radial Deviation</td>
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<tr>
<td>Deer. muscle strength</td>
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<td>Improve Muscle Strength</td>
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<td>Deer. 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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<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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<td>Hygiene deficits</td>
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<td></td>
<td>Increase U.E. function</td>
</tr>
</tbody>
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Treatment Plan:

- Wrist-Hand-Finger Orthosis (H101)
- Finger Extender Hand Orthosis (F101)
- Dorsal hand Orthosis (DORSH101)
- Slim Hand (CHSlim)
- Deviation Standard Hand (DH101)
- Elbow Orthosis (E101)
- Spring Loaded Elbow (SGE101)  

- Finger Separator (FS1)
- Long Pan Hand Orthosis (LPH101)
- Opposition Thumb Hand (OPH101)
- Slim Wrist (CWSlim)
- Deviation Finger Extender (DF101)
- Goniometer Elbow Orth. (GE101)
- Adjust Hinge Elbow Orthosis (Adj-E101)  

- Hand Thumb Orthosis (HT101)
- Long Opponens Hand Orthosis (LOPH101)
- Comfy Grip hand Orthosis (OPH101)
- Spring Loaded hand Orthosis (SH101)
- Elbow Hand Combination (EH101)
- Push Button Goni. Elbow (PBGE101)
- 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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