



# Instructions & Care Plan for the Comfy™ Elbow-Hand Combination Orthoses

(EH-FH or EH-HR)



1. Write patients last name on both covers using permanent marker or indelible ink. 2. Open Velcro straps.

3. Insert metal end of hand component into the grommet hole and metal sleeve at the end of the elbow Orthosis. Tighten the knob on the under-surface of the Orthosis.

4. Prior to use of Orthosis, perform Passive Range of Motion (PROM) to allow maximum finger, wrist and elbow extension.

5. Insert the foam covered end of the hand Orthosis in the clenched hand or onto the palmar (flexor) surface of the fingers. If fingers are adequately extended, use the hand roll provided to extend and support finger joints. The hand component can be used with or without the hand roll. The elastic strap on the hand roll goes over the patient's fingers.

6. Further flexion or extension of the fingers and wrist can be achieved by gradually pushing-in or pulling-out the Hand component (Hook). Adjust the degree of pronation/supination desired by loosening and tightening the knob on the under-surface of the Orthosis. An Allen wrench is provided that inserts in the center of the knob to tighten the knob optimally.

7. The Comfy™ Elbow-Hand Orthosis can be adjusted and readjusted to different degrees of extension or flexion of the elbow 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. Several adjustments and re-adjustments can be performed rapidly to obtain the desired optimal angulation. The sides of the Orthosis can be bent inward to conform to the patient's contours for a comfortable fit.

8. If a wrist support strap is required, the loop of the strap is slid over the hand (hook) component to the level of the wrist and then wrapped around the wrist. Once the desired elbow angulation and finger extension have been obtained, secure splint on arm and forearm with Velcro straps.

9. Initially check for pressure areas every 15 minutes. Then increase to longer time intervals i.e. every ½ hour, 1 hour, 1½ hours, 2 hours etc.. Check for skin abrasions, redness, blisters or edema. With patients who have sensory deficits, the Orthosis should be checked more frequently.

To Change Terry Cloth Cover: Merely unzip cover and remove. Launder in warm sudsy water. Air dry or tumble dry at medium setting. Do no wash or dry at high temperatures.

**The Comfy™ ELBOW-HAND Orthosis requires a physician prescription and should be applied and supervised by a trained healthcare professional. If any of the metal frame becomes exposed, cease using the device. If signs of redness, swelling or pain appear - discontinue use, and notify physician.**

## CARE PLAN

**INTRODUCTION:** The Comfy™ Elbow-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.

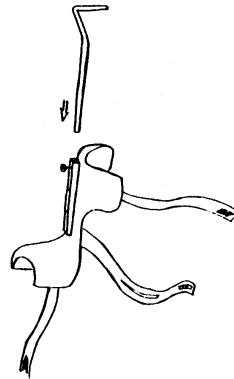
**INDICATIONS:** This Orthosis is to be used with patients who present with elbow flexion pattern, arthritic changes and any deformity related to neuromuscular impairment.

**RESULTS:** The Comfy™ Elbow-Hand Orthosis should help increase/maintain elbow 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™ Orthosis should not be used if the patient has any circulatory problems, pressure areas or skin irritations.

**FITTING INSTRUCTIONS:** The Comfy™ Elbow 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 the Comfy™ Orthosis is designed to be removed 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 bendable 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.





# Comfy™ Assessment Form 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 \_\_\_\_\_

Diagnosis	Rt	Lt	Severity/Comments
Wrist drop			
Wrist Contracture			
MP Contracture			
Finger jnt. Contracture			
Elbow Contracture			
Decr. muscle strength			
Decr. ADL function			
Joint Pain			
Ulnar/Radial Deviation			
Pressure Sores			
Hygiene deficits			

Treatment Goals
Prevent Fixed Contractures
Support Flaccid Hand, Wrist, or Elbow
Manage Arthritic Joint Deformities
Decrease pain
Control Ulnar or Radial Deviation
Improve Muscle Strength
Improve A.D.L. Function
Increase Range Of Motion
Decrease Pressure Areas
Increase Hygiene
Increase U.E. function

**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)     |
| _____ Slim Hand (CHSlim)                   | _____ Slim Wrist (CWSlim)                    | _____ Spring Loaded hand Orthosis (SH101)   |
| _____ Deviation Standard Hand (DH101)      | _____ Deviation Finger Extender (DF101)      | _____ Elbow Hand Combination (EH101)        |
| _____ Elbow Orthosis (E101)                | _____ Goniometer Elbow Orth. (GE101)         | _____ Push Button Goni. Elbow (PBGE101)     |
| _____ Spring Loaded Elbow (SGE101)         | _____ 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: \_\_\_\_\_