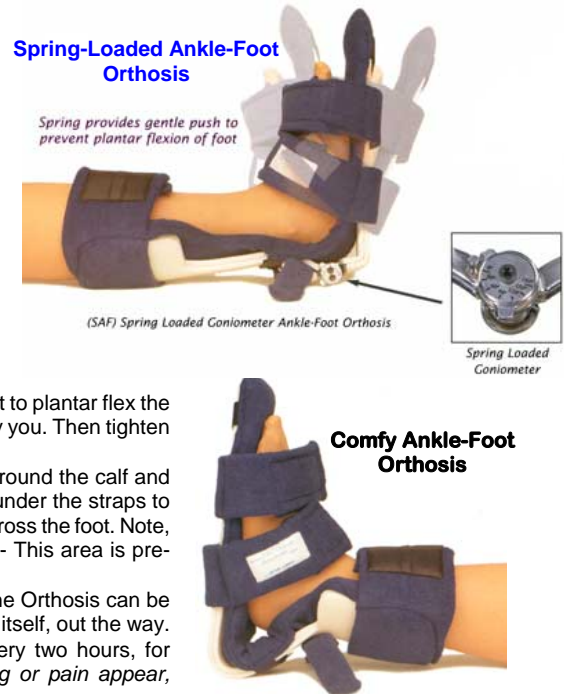


Instructions and Care Plan for the Comfy™ Ankle-Foot & Spring-Loaded Ankle-Foot Orthoses



1. Write patients last name on both covers using permanent marker or indelible ink. Open Velcro straps.
2. After passive range of motion of the ankle and foot, to allow maximum extension, place Orthosis as shown.
3. The **Comfy™ Ankle-foot Orthosis (AF-1)** can be adjusted to different degrees of extension or flexion of the ankle and foot as desired and the lateral "wings" can be adjusted to the patient's calves. Merely press the Orthosis against a firm edge (e.g. table 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 insert is in the cover. The **Comfy™** Orthosis is easily adjusted and re-adjusted to any desired angle and maintains its shape. Several adjustments can be performed rapidly to obtain the desired optimal angulation.
4. The **Comfy™ Spring-Loaded Goniometer Ankle-foot Orthosis (SAF)** is adjusted as above with the addition of the spring pushing the ankle towards extension. Loosen the screw of the Goniometer with the Allen wrench and set the 2 tabs for the range of flexion and extension desired. The degree of flexion set will allow the patient to plantar flex the foot and the spring load will push the foot to the maximum degree of extension set by you. Then tighten the screw.
5. Once the desired angulation for the foot and ankle is achieved, wrap the strap around the calf and secure with Velcro. It is suggested that the therapist maintain a two-finger space under the straps to prevent excessive pressure areas on the patient's skin. Then close the two straps across the foot. Note, it is usually advisable to make sure the patient's heel does not touch the Orthosis - This area is pre-formed (but can be changed) to prevent contact with the heel.
6. If the AF-1 Orthosis is too long for the patient, the white foam of the toe end of the Orthosis can be cut-off with a scissors. The extra length of the terry-cloth cover can be folded under itself, out the way.
7. Check **Comfy™** splint every 15 minutes initially then increase intervals to every two hours, for pressure areas, edema, or skin irritation. *If signs of redness, increased swelling or pain appear, discontinue use and notify physician.*



To Change Terry Cloth Cover: Merely unzip cover and remove. Launder in warm sudsy water. Air dry or tumble dry at medium setting. Do not wash or dry at high temperatures.

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

The Comfy™ Ankle or Foot Orthosis requires a physician prescription and should be applied and supervised by a trained healthcare professional.

CARE PLAN

INTRODUCTION: The **Comfy™** 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 knee flexion pattern, arthritic changes and any deformity related to neuromuscular impairment.

RESULTS: The **Comfy™** Orthosis will help increase/maintain knee 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™** knee 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.

If signs of redness, swelling or pain appear - discontinue use, and notify physician.

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. 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 frames becomes exposed, cease using the device.

Assessment Form Comfy™ Lower 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
Foot drop-Plantar flex			
Knee Contracture			
Hip Add/Abduction			
Post-op Hip Surgery			
Ankle Contracture			
Internal \ External Rotation			
Decrease Muscle Strength			
Decrease ADL Function			
Joint Pain			
Pressure Sores			
Hygiene Deficits			

Treatment Goals
Prevent Fixed Contractures
Support Hip, Knee Ankle, Foot
Manage Arthritic Joint Deformities
Decrease pain
Increase L.E. Function
Control Hip Internal \ External Rotation
Improve Muscle Strength
Improve A.D.L. Function
Increase Range of Motion
Decrease Pressure Areas
Increase Hygiene

Treatment Plan:

- | | | |
|--|--------------------------------------|--|
| _____ Knee Orthosis (K101) | _____ Goniometer Knee (GK101) | _____ Push Button Goni. Knee (PBGK101) |
| _____ Spring Loaded Goni. Knee (SGK101) | _____ Dynamic Torque Knee (Torq1-K) | _____ Dynamic Torque2 Knee (Torq2-K) |
| _____ 2 Upright Torque Knee (DUTorqK101) | _____ Ankle Foot Orthosis (CBOOT) | _____ Spring Loaded AFO (SAF101) |
| _____ Hip Knee Abductor (ABD1) | _____ Air Hip Knee Abductor (AirHip) | _____ Ambulating Boot (AMBBOOT) |

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: _____