Instructions and Care Plan for the

Comfy Adult & Pediatric Knee Orthoses

(K-101,2 & PK-101,2)

1. Write patients last name on cover(s) using permanent marker or indelible ink.
2. Open Velcro straps. Notice one of the straps is a little longer than the others. This end should be used for the upper arm.

3. After passive range of motion of the Knee, to allow for maximum Knee extension, place Orthosis along the inside flexor surface of the Knee.

4. The **Comfy-Knee™** splint can be adjusted to different degrees of extension or flexion of the knee as desired and the lateral "wings" can be adjusted to the patient's thighs and calves. 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 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.

5. Once the desired angulation for the knee is achieved, wrap the straps around the thigh and calf and secure with Velcro. Note the middle, split strap has an opening for the knee. It is suggested that the therapist maintain a two-finger space under the straps to prevent excessive pressure areas on the patient's skin.

6. 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™ Knee 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 frame becomes exposed, cease using the device.

Lenjoy Medical Engineering, Inc. 310- 353-2481 Gardena CA, 90249
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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)
_____ Spring Loaded Goni. Knee (SGK101)
_____ 2 Upright Torque Knee (DUTorqK101)
_____ Hip Knee Abductor (ABD1)
_____ Goniometer Knee (GK101)
_____ Dynamic Torque Knee (Torq1-K)
_____ Ankle Foot Orthosis (CBOOT)
_____ Air Hip Knee Abductor (AirHip)
_____ Push Button Goni. Knee (PBGK101)
_____ Dynamic Torque2 Knee (Torq2-K)
_____ Spring Loaded AFO (SAF101)
_____ 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:_____

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