



Instructions and Care Plan for
COMFYPRENE™
Separate Finger Hand Orthosis w/ Finger Separator
(HSF-101-CP)

1. Open Velcro® Straps.
2. After Passive Range of Motion 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. The [Comfyprene™ Separate Finger 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, chair edges) while firmly holding and leaning on both ends. The wrist, hand and finger portions can be adjusted independent of each other. Several adjustments can be performed rapidly to obtain the desired optimal angulation.
4. The "wings" lateral to the knuckles can be bent up to prevent ulnar deviation or radial drift.
5. Once the desired angulation for the wrist and fingers is achieved, wrap the strap around the hand, wrist and forearm and secure with Velcro®. The strap across the fingers can be wrapped straight or obliquely over the Orthosis. It is suggested that the therapist maintain two-finger space under the straps to prevent excessive pressure areas on the Patient's skin.
6. Wiping both sides with solution of warm water and disinfectant or detergent can clean the [Comfyprene™ Separate Finger Hand Orthosis](#).
7. Check [Comfyprene™ Separate Finger Hand Orthosis](#) 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.

The [Comfyprene™ Separate Finger Hand Orthosis](#) requires a physician prescription and should be applied and supervised by a trained healthcare professional.

CAREPLAN

INTRODUCTION: The [Comfyprene™ Separate Finger 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 care plan and custom fitting instructions by a trained health care professional.

INDICATIONS: The [Comfyprene™ Separate Finger Hand Orthosis](#) is to be used to position and support hands that present with WRIST, MP, PIP or DIP flexion pattern, Ulnar Deviation, Arthritic changes or any deformity related to neuromuscular impairment.

RESULTS: The [Comfyprene™ Separate Finger 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.

CONTRA-INDICATIONS: The [Separate Finger Hand Orthosis](#) should not be used if the patient has any circulatory problems, pressure areas or skin irritations.

FITTING INSTRUCTIONS: The [Comfyprene™ Separate Finger 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 the [Comfyprene™ Separate Finger Hand 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). The Orthosis should be checked more frequently with Patients who have sensory deficits.

ORTHOSIS MAINTENANCE: The [Comfyprene™ Separate Finger Hand Orthosis](#) can be cleaned by wiping by wiping both sides with solution of warm water and detergent or with disinfectant. If any of the metal frames becomes exposed, cease using the device

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Assesment Form
Comfyprene™ 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:

- | | |
|--|---|
| <input type="checkbox"/> Hand Wrist Finger (H-101-CP) | <input type="checkbox"/> Infant Hand (HIS-101-CP) |
| <input type="checkbox"/> Hand Thumb (HT-101-CP) | <input type="checkbox"/> Elbow (E-101-CP) |
| <input type="checkbox"/> Hand Cock-Up (HC-101-CP) | <input type="checkbox"/> Elbow Goniometer (EG-101-CP) |
| <input type="checkbox"/> Separate Finger Hand (HSF-101-CP) | <input type="checkbox"/> Elbow Spring Goniometer (ESG-101-CP) |

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 # _____