



Instructions and Care Plan for
COMFYPRENE™
Adult & Pediatric Knee Orthosis

1. Open Velcro® Straps.
2. After Passive Range of Motion of the knee, to allow maximum knee extension, place Orthosis along the inside flexor surface of the knee.
3. The **Comfyprene™ Adult & Pediatric Knee Orthosis** can be adjusted to different degrees of extension or flexion of the knee as desired. The lateral “wings” or cuffs can be adjusted to the Patient’s thighs and calves. Merely press the Orthosis against a firm edge (e.g. table, counter-top or chair edge) while firmly holding and leaning on both ends. The **Comfyprene™ Adult & Pediatric Knee Orthosis** can be easily adjusted to any desired angle and maintains its shape. Several adjustments can be performed rapidly to obtain the desired optimal angulation.
4. Once the desired angulation for the knee is achieved, wrap the strap around the thigh and calf and secure with Velcro®. Note that the center strap has an opening for the knee. It is suggested that the therapist maintain two-finger space under the straps to prevent excessive pressure areas on the Patient’s skin.
5. Check **Comfyprene™ Adult & Pediatric Knee 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™ Adult & Pediatric Knee Orthosis requires a physician prescription and should be applied and supervised by a trained healthcare professional.**

CAREPLAN

INTRODUCTION: The **Comfyprene™ Adult & Pediatric Knee 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™ Adult & Pediatric Knee Orthosis** is to be used with a patient who is present with Knee Flexion Pattern, Arthritic changes or any deformity related to neuromuscular impairment.

RESULTS: The **Comfyprene™ Adult & Pediatric Knee Orthosis** will help increase knee extension. It also prevents further deformity, maximizes ROM and makes maintenance of good hygiene of the involved extremity easier.

CONTRA-INDICATIONS: The **Comfyprene™ Adult & Pediatric Knee Orthosis** should not be used if the patient has any circulatory problems, pressure areas or skin irritations.

FITTING INSTRUCTIONS: The **Comfyprene™ Adult & Pediatric 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 the **Comfyprene™ Adult & Pediatric Knee 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™ Adult & Pediatric Knee 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

Patents 5,733,249 6,261,253B1 ©2000 Comfyprene™ Adult & Pediatric Knee Orthosis

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Assesment Form
Comfyprene™ Lower 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

L.E. Sensation: Intact Moderately Impaired Severely Impaired

L.E. Active ROM: WNL Mildly Restricted Severely Restricted

L.E. Passive ROM: WNL Mildly Restricted Severely Restricted

Diagnosis	Rt	Lt	Comments
Foot Drop Flantar Flex			
Knee Contracture			
Hip Add/Abduction			
Post-op Surgery			
Ankle Contracture			
Internal & External Rotation			
Decr. Muscle Strength			
Decr. ADL Function			
Joint Pain			
Pressure Sores			
Hygiene Deficits			

Treatment Goals
Prevent Fixed Contractures
Support Knee, Hip and Ankle Foot
Manage Arthritic Joint Deformities
Decrease Pain
Increase L.E. Function
Control Hip Internal/External Rotation
Improve Muscle Strength
Improve ADL Function
Increase Range of Motion
Decrease Pressure of Motion
Increase Hygiene

Treatment Plan:

- Knee Orthosis (K-101-CP)
- Knee Goniometer (KG-101-CP)
- Knee Spring Goniometer (KSG-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 # _____