Instructions & Care Plan for the Comfy™ HAND-THUMB FINGER ORTHOSIS (HT101 & HT102)

1. Write patient's last name on splint cover. Open Velcro straps
2. The extra thumb tab (arrows) that will not be used is bent downward into the underside of the Orthosis so that it is out of the way. (The left sided one for the left hand and the right one for the right hand). The unused tab will now be out of the way.
3. After Passive Range of Motion (PROM) to allow maximum wrist, finger and thumb extension, place the forearm and wrist on the concave surface. Then place the patient's fingers over the wider flexed end of the Orthosis. The thumb tab (arrows) is bent to support the thumb in the degree of abduction desired. The lateral wings closer to the flexed end of the Orthosis are bent upwards (Dorsally) to limit lateral mobility of the fingers.
4. Adjust the wrist and fingers to the degree of flexion/extension desired. The Comfy™ Hand Thumb 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 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. The wrist and hand portions can be adjusted independent of each other. Several adjustments can be performed rapidly to obtain the desired optimal angulation.
5. If the finger separator attachment is required, place the elastic loop of the attachment through the distal strap (i.e. the strap across the fingers). Then slide the elastic loop over the wider flexed end of the Orthosis.
6. Once the desired angulation for the wrist and fingers is achieved, wrap the straps around the hand, wrist and forearm, and secure with Velcro. The strap across the fingers can be wrapped straight across the fingers or obliquely over the “wings” of the Orthosis. It is suggested that the therapist maintain a two finger space under the straps to prevent excessive pressure areas on the patient’s skin.
7. Check Comfy™ splint every two hours for pressure areas, edema, or skin irritation. If signs of redness, increased swelling or pain appear, discontinue use and notify physician.
8. The Terry cloth cover can be washed by hand or machine in lukewarm water. Do not use bleach or hot water. Air or tumble dry on cool or warm setting. The 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.

CARE PLAN

INTRODUCTION: The Comfy™ Hand Thumb 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 Splint is to be used to position and support hands that present with Wrist, MP, PIP or DIP flexion pattern, ulnar deviation, wrist drop, arthritic changes or any deformity related to neuromuscular impairment.

RESULTS: The Comfy™ Hand Thumb 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. The Terry cloth cover helps absorb moisture and allows for air circulation, thereby helping prevent skin maceration.

CONTRA-INDICATIONS: The Comfy™ Hand Thumb Orthosis should not be used if the patient has any circulatory problems, pressure areas or skin irritations.

FITTING INSTRUCTIONS: The Comfy™ Hand Thumb 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 this Comfy™ Orthosis is designed to be removable 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 bend-able 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.

The Comfy™ Hand Thumb Orthosis requires a physician prescription and should be applied and supervised by a trained healthcare professional.

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

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Comfy Hand Thumb Finger Orthosis
Assessment Form  
Comfy™ 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 ______

<table>
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<tr>
<th>Diagnosis</th>
<th>Rt</th>
<th>Lt</th>
<th>Severity/Comments</th>
<th>Treatment Goals</th>
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<tbody>
<tr>
<td>Wrist drop</td>
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<td></td>
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<td>Prevent Fixed Contractures</td>
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<tr>
<td>Wrist Contracture</td>
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<td></td>
<td>Support Flaccid Hand, Wrist, or Elbow</td>
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<td>MP Contracture</td>
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<td>Manage Arthritic Joint Deformities</td>
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<td>Finger jnt. Contracture</td>
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<td>Decrease pain</td>
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<td>Elbow Contracture</td>
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<td>Control Ulnar or Radial Deviation</td>
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<td>Deer. muscle strength</td>
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<td>Improve Muscle Strength</td>
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<td>Deer. ADL function</td>
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<td>Improve A.D.L. Function</td>
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<td>Joint Pain</td>
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<td>Increase Range Of Motion</td>
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<td>Ulnar/Radial Deviation</td>
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<td>Decrease Pressure Areas</td>
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<td>Hygiene deficits</td>
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<td></td>
<td>Increase U.E. function</td>
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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 (CHSsim)
- 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: __________________________________________________________________________