

PATIENT INSTRUCTIONS

Dynasplint® Proximal Interphalangeal Joint Flexion System

Corporate Headquarters:
800.638.6771 toll-free
800.380.3784 fax

Canada:
800.668.9139 toll-free
905.851.3494 fax

Europe:
00131.455 230 418 phone
00131.455 231 303 fax

www.dynasplint.com

IMPORTANT: Read instructions thoroughly before wearing the Dynasplint® Proximal Interphalangeal Joint Flexion System. Be sure that the splint fits comfortably and properly. If you feel pain, numbness, swelling, or skin irritation remove the splint immediately and contact your Dynasplint® Systems sales consultant. If joint stiffness persists longer than one hour after wearing the unit, reduce the tension by 0.5 mm increment. Contact your Dynasplint® Systems sales consultant if you have any questions.

DYNASPLINT® and Dynasplint® Systems are registered trademarks of Dynasplint Systems, Inc.



Stretch Beyond Your Expectations.®

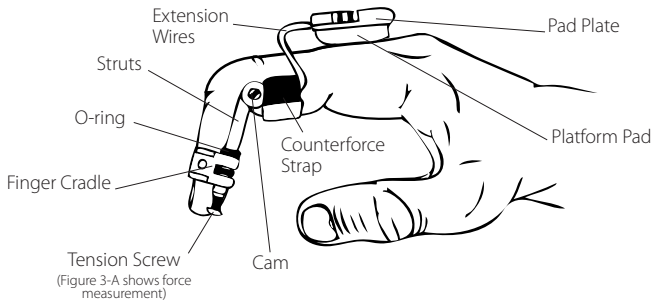


FITTING INSTRUCTIONS

APPLYING THE DYNASPLINT® PROXIMAL INTERPHALANGEAL FLEXION SYSTEM:

STEP 1: Open completely or loosen counterforce strap. Slip finger into unit so that the cams are in line with finger's PIP joint. See Figure 1.

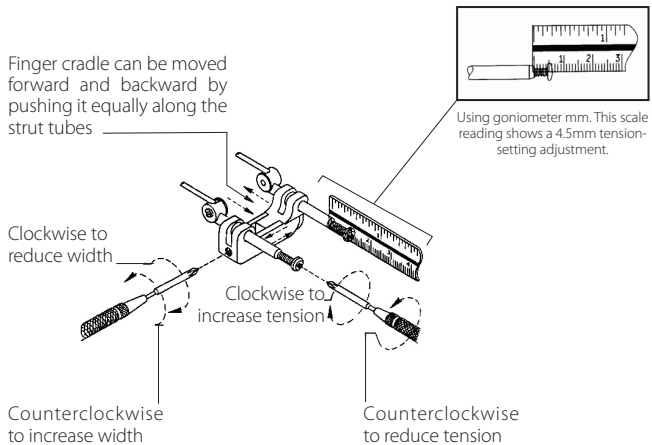
FIGURE 1.



STEP 2: Adjust the finger cradle to achieve a comfortable width for both the cradle and the cams. If the finger is swollen at the PIP joint, widening the finger cradle will open the space between the cams and your PIP joint. See Figure 2.

FIGURE 2.

Finger Cradle Width Adjustment



STEP 3: Adjust the counterforce strap to maintain placement of the cams in line with your PIP joint axis of rotation. See Figure 1.

REMOVING THE DYNASPLINT® PROXIMAL INTERPHALANGEAL FLEXION SYSTEM:

STEP 1: Open completely or loosen the counterforce strap.

STEP 2: Remove finger from splint.

Continue to follow your physician's or therapist's instructions regarding your home therapy program while wearing the Dynasplint® System. Record your comments daily on the evaluation sheet (back page of booklet) for review with your Dynasplint® Systems sales consultant.

CLINICIAN'S PRESCRIBED TREATMENT SCHEDULE

These are guidelines only. Remove the Dynasplint® System if you experience pain at any time and contact your Dynasplint® Systems sales consultant.

Tension to be initially set at _____ mm or screw threads.

Patient will wear the Dynasplint® System for _____ minutes the first day.

If no more than 20-30 minutes of post-wear discomfort occurs, the patient may increase wear time according to the recommended daily wearing schedule, building up to an overnight application. Time spent wearing the splint is the most important component in regaining range of motion.

Increase tension by 0.5mm increment on both sides of the splint if less than 20-30 minutes of post-wear discomfort occurs.

Decrease tension if unable to wear for extended period of time.

Maximum tension: _____.

The basic protocol outline is to provide maximum benefit from the Dynasplint® System. *Increasing tension faster does not ensure proper stretch will be applied.*

Remember to wear the Dynasplint® System while inactive.

Your follow-up visit is _____.

Please bring the Dynasplint® System and the completed evaluation sheet.

Sales Consultant: _____ Voicemail Number: _____

