

Serial Casting vs. Dynamic Splinting

SERIAL CASTING

Increased tone and spasticity, or contracture can return when casting procedure has ended with possible loss of functional gains.¹

Many contraindications and inappropriate for many people—diabetics, broken or healing skin, hot and swollen joints, vascular disease, sensory loss and excessive sweating.^{3,4}

Usually worn 24 hours per day until casting procedure ends, deterring patients from performing activities of daily living (ADLs).¹

Complications can include nerve impingement and skin breakdown—possibly leading to hospitalization, wound care, skin grafts and/or amputation.⁴

Can be labor intensive and time consuming. Requires high degree of skill with material readily available. Can be expensive due to repetitive efforts over many years.⁴

DYNAMIC SPLINTING

Dynasplint® System's LLPS technology promotes permanent soft tissue range of motion gains, functional improvement and tone management with regular use.^{1,2}

Very few contraindications—safe and appropriate for most neurological diagnoses, as well as burns, hemophilia and diabetes (not appropriate for DVT or unstable fractures).

Individualized wearing schedules based upon patient needs and tolerance. Worn up to a maximum of 6-8 continuous hours per day or night, allowing for periods of physical therapy, functional activity and rest.¹

All Dynasplint® Systems are easily removable—lined with lambs wool and foam to protect skin integrity, and to prevent skin breakdown or nerve impingement.

Easy application. Practical and cost effective. One fitting by a Dynasplint® Systems sales consultant with occasional follow-up visits for minor adjustments when necessary.

1. Lundequam P, Willis FB: Dynamic Splinting Home Therapy for Toe Walking: A Case Report. *Cases Journal*, November 2009.

2. MacKay-Lyons M: Low-Load, Prolonged Stretch in Treatment of Elbow Flexion Contractures Secondary to Head Trauma: A Case Report. *Physical Therapy*, Vol 69, No 4: 292-296, April 1989.

3. Botte MJ, et al: Spasticity and Contracture, Physiologic Aspects of Formation Clinical Orthopaedics and Related Research, No. 233: 7-18, August 1988.

4. Lebnkubl LD, et al: Multimodality Treatment of Joint Contractures in Patients with Severe Brain Injury: Cost, Effectiveness, and Integration of Therapies in the Application of Serial/Inhibitive Casts. *Journal of Head Trauma Rehabilitation*, pp 23-42, December 1990.

Gracies JM: Pathophysiology of Impairment in Patients with Spasticity and Use of Stretch as a Treatment of Spastic Hypertonía. *Physical Medicine and Rehabilitation Clinics of North America*, Vol 12, No 4: 747-768, November 2001.

Hepburn GR: Case Studies: Contracture and Stiff Joint Management with Dynasplint. *The Journal of Orthopaedic and Sports Physical Therapy*, Vol 8, No 10: 498-504, April 1987.

McPherson JJ, Becker AH: Dynamic Splint to Reduce the Passive Component of Hypertonía. *Archives of Physical Medicine and Rehabilitation*, Vol 66: 249-252, April 1985.

www.dynasplint.com



DYNASPLINT® and Dynasplint® Systems are a registered trademark of Dynasplint Systems, Inc.



COMMUNITY HEALTH ACCREDITATION PROGRAM

Rev 11/2011

HOW TO ORDER DYNASPLINT® SYSTEMS:

STEP 1. Call your local sales consultant

STEP 2. Fax the following information:

Patient information | Insurance information (include copy of insurance card)
Rx and/or Certificate of Medical Necessity (CMN) | Most recent chart notes

YOUR LOCAL SALES CONSULTANT IS:

phone

fax

email