

Dynasplint Systems, Inc.

Making A Difference In Peoples' Lives



Wrist Extension
w/Anti-Spasticity
Ball Hand Attachment



pediatric

Dynasplint Systems, Inc. is the only company to develop a complete line of dynamic splints indicated for range of motion therapy for pediatric and infant patients. Pediatric and Infant Dynasplint® Systems can be used in the treatment of childhood diseases and injury, such as, cerebral palsy, traumatic brain injury, fractures and dislocations. Early application of Pediatric and Infant Dynasplint® Systems restores range of motion that is critical in basic developmental activities such as reaching, crawling, and walking.

Low-load, prolonged-duration stretch (LLPS) has been used successfully for more than 50 years to treat joint stiffness and limited range of motion caused by shortened connective tissue. The spring-loaded Dynasplint® Systems constantly seek the patient's available end range of motion and continue to gently stretch the joint. Dynasplint® Systems' technology applies LLPS to permanently lengthen soft tissue using the principle of TERT (Total End Range Time).¹

Dynasplint® Systems are fully adjustable and comfortable, achieving high patient compliance that ultimately leads to high efficacy. They can be used alone or as an adjunct to physical and occupational therapy. Early application can dramatically reduce time and cost associated with range of motion rehabilitation—in many cases by more than 50 percent.²

HOW TO ORDER DYNASPLINT® SYSTEMS:

STEP 1. Call our toll-free number* and ask for 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

*see reverse side



NEUROLOGICAL DIVISION

Stretch Beyond Your Expectations.®

"My daughter was fit with bilateral elbow extension Dynasplint® Systems and they are awesome! They are very comfortable and easy to put on; she does not seem to mind them at all. I have definitely seen a big improvement in her arms."

-Stephanie, mother of patient; Wylie, TX

WRIST



Infant & Pediatric Wrist Extension
(also available in flexion)

WRIST



Infant & Pediatric Hand Attachments

ELBOW



Infant & Pediatric Elbow Extension
(also available in flexion)

FEATURES AND BENEFITS

Dynasplint® Systems are a spring-loaded, dynamic splint that provides a low-load, prolonged-duration stretch for ROM therapy and tone management.

As an adjunct to a child's physical therapy and/or occupational therapy programs, Dynasplint® Systems can deliver an additional 6-8 hours of continuous stretching, at home while the child is resting.

Dynasplint® Systems are available in infant, pediatric and youth sizes and are fully adjustable for length and girth, eliminating the need for multiple splints due to growth and range of motion changes.

Dynasplint® Systems can be used in place of serial casting or after serial casting to maintain and further the gains made by the casting program. Dynasplint® Systems constantly stretch the child at his/her end range of motion, safely moving with the child during episodes of increased tone or spasticity; then the system gently and steadily stretches the joint back to the end range to continue a low-load, prolonged-duration stretch (LLPS). Static splints and casts do not move with the child and can lead to skin breakdown and vascular compromise.

Unlike most cylindrical casts, Dynasplint® Systems are removable, typically worn only 6-8 hours in bed at night while the child sleeps. Therefore, the child is able to use his/her extremity during the day for functional or therapeutic activities.

Dynasplint® Systems can be used before Botox® injections to facilitate better position for locating the injection sites.

Dynasplint® Systems can effectively be used to maintain and improve the gains achieved with Botox®, Baclofen, and phenol motor point injections. Clinically, many physicians and therapists agree that Dynasplint® and Botox® are a "winning combination" by furthering the ROM gains, managing the tone, and in some cases, decreasing the frequency of injections, thereby decreasing the possibility of resistant antibodies forming.

Dynasplint® Systems can be used before a tendon release or a tendon lengthening to allow for better surgical outcomes.

Dynasplint® Systems can be used status post tendon release or lengthening to gently maintain and improve the gains achieved by these surgical procedures.

COMMON DIAGNOSES

Brain Injury
Spinal Cord Injuries
Cerebral Palsy (CP)
Erbs Palsy
Muscular Dystrophy (MD)
Anoxic Brain Injury
Idiopathic Toe Walkers
Spina Bifida
Other Neurological Conditions

KNEE



Infant, Pediatric & Youth Knee Extension
(also available in flexion)

ANKLE



Infant, Pediatric & Youth Ankle Dorsiflexion
(also available in plantar flexion)

ANKLE



SMO and Progressive AFO mounted inside

- 1 Flowers KR, LaStayo P: Effect of Total End Range Time on Improving Passive Range of Motion. Journal of Hand Therapy, pp 150-157, July-September 1994.
 - 2 Hepburn GR, et al: Multi-Center Clinical Investigation on the Effect of Incorporating Dynasplint Treatment into Standard Physical Therapy Practice for Restoring Range of Motion of Elbows and Knees, presented at the New York State APTA Chapter Meeting, New York, NY, April 26, 1985.
- Lundequam P, Willis FB:** Dynamic Splinting as Home Therapy for Toe Walking: a Case Report. Case Journal (In-press; October 2009).
- Lai JM, Francisco GE, Willis FB:** Dynamic Splinting on Range of Motion and Spasticity after Treatment with Botulinum Toxin-A: A Randomized, Controlled Pilot Study. Advances in Therapy, 26(2): 241-8, February 2009.
- Menzes M, Fullerton B, Molanphy P, Willis FB:** Dynamic Splinting for Pediatric Tone Management of Upper Limb with Contracture Reduction: A Case Report. Accepted for presentation to the Shriners' Grand Rounds Conference, May 2008 and the Mountain/Central American Occupational Therapy Association Conference, November 2008.
- Lai J, Jones M, Willis FB:** Effect of Dynamic Splinting on Excessive Plantar Flexion Tone/Contracture: A Controlled, Cross-over Study. Proceedings of the 16th European Congress of Physical and Rehabilitation Medicine. Minerva Medica pubs, Italy, 106-9, August 2008.

Overall, the *Dynasplint® Systems Management Program* for the neurologically involved child can greatly reduce the cost of rehabilitation by eliminating the need for multiple splints due to growth and range changes, and by lessening the possibility of surgical intervention. As a *take home therapist*, Dynasplint® Systems can deliver a daily individualized program of ROM therapy and tone management at home. It is usually recommended that the patient use the Dynasplint® Systems for 6-8 hours of continuous stretching while at rest.

Corporate Headquarters:
800.638.6771 toll-free
800.380.3784 fax
www.dynasplint.com

Neurological Division:
877.738.0511 toll-free
888.738.1732 fax



NEUROLOGICAL DIVISION

Stretch Beyond Your Expectations®



PHYSICIAN WRITTEN ORDER & CERTIFICATE OF MEDICAL NECESSITY

Corporate Headquarters: 770 Ritchie Highway, Suite W-21 Severna Park, MD 21146-3923
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Dynasplint® Systems aid in restoring physical function to patients with joint stiffness and limited range of motion. The key to its effectiveness is the low-load, prolonged-duration stretch (LLPS) that delivers a correct biological stimulus to create a permanent length change in shortened connective tissue. Dynasplint® Systems have been clinically proven to reduce time and cost associated with range of motion rehabilitation – in many cases by more than 50 percent.

PATIENT INFORMATION	First Name _____ Last Name _____ Date of Birth _____
	Start Date of Order (MM/DD/YY) _____

DYNASPLINT® SYSTEM(S) PRESCRIBED	SELECT JOINT(S)	SELECT DIRECTION(S)	SELECT TYPE(S)	SELECT SIDE(S)	
	<input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Supination/Pronation (Forearm) <input type="checkbox"/> Wrist <input type="checkbox"/> Carpal Tunnel <input type="checkbox"/> MCP-Hand	<input type="checkbox"/> PIP-Finger <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> MTP- Toe <input type="checkbox"/> MTP- Toe w/ Shoe <input type="checkbox"/> Trismus	<input type="checkbox"/> Flexion <input type="checkbox"/> Extension <input type="checkbox"/> Dorsiflexion <input type="checkbox"/> Plantar Flexion <input type="checkbox"/> Supination <input type="checkbox"/> Pronation	<input type="checkbox"/> Internal Rotation <input type="checkbox"/> External Rotation <input type="checkbox"/> Infant <input type="checkbox"/> Pediatric <input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> Neurological <input type="checkbox"/> External Fixator <input type="checkbox"/> BKA	<input type="checkbox"/> Right Limb <input type="checkbox"/> Left Limb <input type="checkbox"/> Bilateral

ATTACHMENTS OR ACCESSORY ITEM(S)	ACCESSORY ITEMS <input type="checkbox"/> Resting Hand/Wrist Orthosis <input type="checkbox"/> MPO 2000® Active Control Boot <input type="checkbox"/> Hip Abduction Pillow <input type="checkbox"/> Darco® Shoe (for use with Ankle Dynasplint® System) <input type="checkbox"/> Other: _____	WRIST DYNASPLINT® SYSTEM HANDPIECE ATTACHMENTS <input type="checkbox"/> Hand Pan "C" Cup Attachment <input type="checkbox"/> Padded Palmar Hand Attachment <input type="checkbox"/> Universal Flat Piece Hand Attachment <input type="checkbox"/> Mitt Splint Hand Attachment <input type="checkbox"/> Anti-Spasticity Ball Hand Attachment
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DIAGNOSIS	Diagnosis [Please provide patient chart notes related to this diagnosis.] _____
	Date of Onset/Surgery/Injury _____ ICD-9 Code _____

CURRENT ROM	<input type="checkbox"/> ROM _____
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LENGTH OF NEED	<input type="checkbox"/> 1 Month <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> Lifetime <input type="checkbox"/> Other: _____
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PHYSICIAN INFORMATION & SIGNATURE	Physician's Name [Please Print] _____ Phone Number _____
	NPI/UPIN Number _____ Fax Number _____
	Street Address _____ City _____ State _____ Zip Code _____
	NO SUBSTITUTIONS ALLOWED – In my opinion, in accordance with accepted medical practice standards, the above named patient requires the exact Dynasplint® System(s) as dispensed by Dynasplint Systems, Inc., for the diagnosis indicated.
	Physician's Signature _____ Date _____

FAX TO	This form is needed to bill the patient's insurance. Please complete and return.	SALES CONSULTANT _____	PHONE _____	e-FAX _____
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