

LLPS (Low-Load, Prolonged-Duration Stretch) technology has been proven to successfully treat joint stiffness and limited range of motion

Over a quarter of a million patients have been successfully treated with Dynasplint® Systems

Dynasplint® Systems have been clinically proven to reduce time and cost associated with range of motion rehabilitation—in many cases by more than 50 percent¹

A wide selection of Dynasplint® Systems is available for adult, pediatric, infant and neurological patients (see back for a full listing)

Conveniently labeled and easy to use

Biomechanically correct

Simple, adjustable and reproducible bilateral tensioning system

Comfortable to wear

DYNASPLINT®
SYSTEMS, INC.

Stretch Beyond Your Expectations.™

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

Dynasplint Systems, Inc., the pioneer and market leader in dynamic splinting since 1981, aids in restoring physical function and more importantly, quality of life, to patients with joint stiffness and limited range of motion caused by injury, trauma, surgery or disease.

Today, more than a quarter of a million patients have realized the benefits of Dynasplint® Systems. The key to its effectiveness is the low-load, prolonged-duration stretch (LLPS) technology 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.¹

Dynasplint® Systems are simple, yet reliable in design and function. Developed for home use, they are an ideal adjunct to doctors' and therapists' standard protocols.

As a direct result of our years of industry experience, our professional sales consultants provide comprehensive support to health care providers. This support includes product fitting and instruction, follow-up care, splint adjustment and protocol development. Dynasplint Systems, Inc. also assists with administrative responsibilities including insurance verification and direct billing.

Experience, Reliability, Knowledge, Service, Support—Results. *Stretch Beyond Your Expectations.™*

Corporate Headquarters:
800.638.6771 toll free
800.380.3784 fax

Western Division:
800.262.8828 toll free
800.262.6144 fax

Canada:
800.668.9139 toll free
905.940.4724 fax

www.dynasplint.com

AVAILABLE DYNASPLINT® SYSTEMS:



ELBOW

FOREARM

Elbow Extension

Elbow Flexion

Neurological Elbow Extension w/ Resting Hand/Wrist Accessory

Forearm Supination

Forearm Pronation



WRIST

Wrist Extension

Wrist Flexion

Neurological Wrist Extension w/ Specialized Hand Attachment

Specialized Hand Attachments

“The increase in PROM of a stiff joint is directly proportional to the length of time the joint is held at its end range, or TERT [Total End Range Time].”

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.



SHOULDER

PEDIATRIC

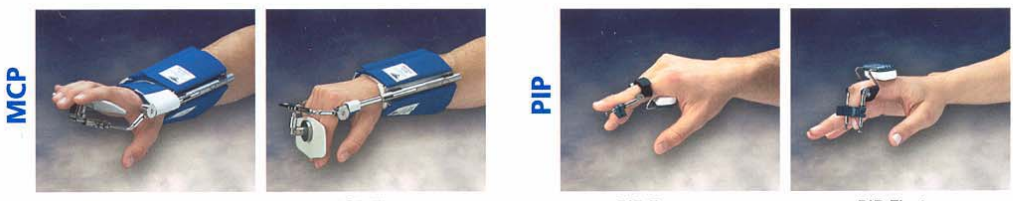
Shoulder External Rotation

Shoulder Elevation

Infant and Pediatric Ankle Dorsiflexion

Infant and Pediatric Knee/Elbow Extension

Pediatric Wrist Extension



MCP

PIP

MCP Extension

MCP Flexion

PIP Extension

PIP Flexion

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.

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.

McClure PW, Blackburn LG, Dusold C: The Use of Splints in the Treatment of Joint Stiffness: Biologic Rationale and an Algorithm for Making Clinical Decisions. Physical Therapy, Vol 74, No 12: 1101-1107, December 1994.



ANKLE

Ankle Dorsiflexion

Ankle Dorsiflexion w/Optional Darco® Shoe

Ankle Plantar Flexion

Neurological Ankle Dorsiflexion

Neurological Ankle Dorsiflexion w/Optional Boot*

Optional Foot Plates

*MPO Active 2000® Inversion/Eversion Control Boot



KNEE

MTP

Knee Extension

Knee Flexion

Neurological Knee Extension

MTP Extension w/Optional Shoe

MTP Flexion

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PHYSICIAN WRITTEN ORDER & CERTIFICATE OF MEDICAL NECESSITY

Corporate Headquarters: 770 Ritchie Highway, Suite W-21 Severna Park, MD 21146-3923
 Phone: 800.638.6771 / 410.544.9530 www.dynasplint.com

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) <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	SELECT DIRECTION(S) <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"/> Adult	SELECT TYPE(S) <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	SELECT SIDE(S) <input type="checkbox"/> Right Limb <input type="checkbox"/> Left Limb <input type="checkbox"/> Bilateral			
ATTACHMENTS OR ACCESSORY ITEM(S)	<table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> 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: _____ </td> <td style="width: 50%; border: none; vertical-align: top;"> 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 </td> </tr> </table>				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 _____						
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: _____						
PHYSICIAN INFORMATION & SIGNATURE	Physician's Name [Please Print] _____ Phone Number _____ NPI/UPIN Number _____ Fax Number _____ Street Address _____ City _____ State _____ Zip Code _____ <p>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.</p> Physician's Signature _____ Date _____						
FAX TO	This form is needed to bill the patient's insurance. Please complete and return. <table style="width:100%; border: none; margin-top: 10px;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">SALES CONSULTANT</td> <td style="width: 33%; border-bottom: 1px solid black;">PHONE</td> <td style="width: 33%; border-bottom: 1px solid black;">e-FAX</td> </tr> </table>				SALES CONSULTANT	PHONE	e-FAX
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