

Instructions & Care Plan for the **Comfy™ Goniometer-Elbow Orthosis (GE-101,2)**

1. Write patients last name on cover(s) using permanent marker or indelible ink. 2. Open Velcro straps. Notice one of the straps is a little longer than the others. This end should be used for the upper arm.

3. After passive range of motion of the elbow, to allow for maximum elbow extension, place Orthosis along the inside flexor surface of the elbow.

4. The **Comfy™ Goniometer-Elbow** splint can be adjusted to limit the range of flexion or extension of the elbow as desired. Unzip the cover to expose the Goniometer mechanism. Loosen both screws with Allen wrench provided (Screws loosen by turning counterclockwise). One Tab limits flexion and one Tab limits the degree of extension. Extend the Orthosis so that the elbow joint is straight (i.e. 0°). Position one Tab at the 0° mark so that the Pin will limit further extension. Now position the second tab so as to limit the maximum degree of flexion allowed. It is preferred to find the angle of flexion desired by flexing the elbow joint to the position desired at maximum flexion. The approximate number of degrees can be read off the goniometer. *Note:* The point of contact between pin and the tab, most accurately reflects the degree of angulation (not the center of the Tab). Each notch represents 30°. When readjusting the range of motion permitted, it is preferred to keep one tab fixed in position (Usually the tab at the 0° mark). Progress in therapy is read off as changes in position of the edge of the tab along the goniometer marks.



5. The two splint cuffs can be adjusted to the diameter of the patient's arm and forearm. 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 insert is in the cover. The **Comfy™ Goniometer-Elbow** Orthosis is easily adjusted and re-adjusted to any desired angle and maintains its shape. Several adjustments can be performed rapidly to obtain the desired optimal angulation.

6. Once the desired angulation for the elbow is achieved, re-close the zipper, wrap the straps around the arm and forearm and secure with Velcro. Note the middle, split strap has an opening for the elbow. 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™ Goniometer-Elbow** splint every 15 minutes initially, then increase intervals to every two hours, for pressure areas, edema, or skin irritation. *If signs of redness, increased swelling or pain appear, discontinue use and notify physician.*
To Change Terry Cloth Cover: Merely unzip cover and remove. Launder in warm sudsy water. Air dry or tumble dry at medium setting. Do not wash or dry at high temperatures. *If any of the metal frames becomes exposed, cease using the device.*

Comfy™ Goniometer Elbow 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.

Care Plan

INTRODUCTION: The **Comfy™** Elbow 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 Orthosis is to be used with patients who present with elbow flexion pattern, arthritic changes and any deformity related to neuromuscular impairment.

RESULTS: The **Comfy™** Elbow Orthosis will help increase/maintain elbow 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™** Orthosis should not be used if the patient has any circulatory problems, pressure areas or skin irritations.

FITTING INSTRUCTIONS: The **Comfy™** Elbow 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 the **Comfy™** Orthosis is designed to be removed 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.



Comfy™ Assessment Form Lower 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 _____

| Diagnosis | Rt | Lt | Severity/Comments |
|------------------------------|----|----|-------------------|
| Foot drop-Plantar flex | | | |
| Knee Contracture | | | |
| Hip Add/Abduction | | | |
| Post-op Hip Surgery | | | |
| Ankle Contracture | | | |
| Internal \ External Rotation | | | |
| Decrease Muscle Strength | | | |
| Decrease ADL Function | | | |
| Joint Pain | | | |
| Pressure Sores | | | |
| Hygiene Deficits | | | |

| Treatment Goals |
|--|
| Prevent Fixed Contractures |
| Support Hip, Knee Ankle, Foot |
| Manage Arthritic Joint Deformities |
| Decrease pain |
| Increase L.E. Function |
| Control Hip Internal \ External Rotation |
| Improve Muscle Strength |
| Improve A.D.L. Function |
| Increase Range of Motion |
| Decrease Pressure Areas |
| Increase Hygiene |

Treatment Plan:

- | | | |
|--|--------------------------------------|--|
| _____ Knee Orthosis (K101) | _____ Goniometer Knee (GK101) | _____ Push Button Goni. Knee (PBGK101) |
| _____ Spring Loaded Goni. Knee (SGK101) | _____ Dynamic Torque Knee (Torq1-K) | _____ Dynamic Torque2 Knee (Torq2-K) |
| _____ 2 Upright Torque Knee (DUTorqK101) | _____ Ankle Foot Orthosis (CBOOT) | _____ Spring Loaded AFO (SAF101) |
| _____ Hip Knee Abductor (ABD1) | _____ Air Hip Knee Abductor (AirHip) | _____ Ambulating Boot (AMBOOT) |

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: _____