Instructions and Care Plan for
COMFYPRENE™
Adult & Pediatric Elbow Orthosis

1. Open Velcro® Straps.
2. After Passive Range of Motion of the elbow, to allow maximum elbow extension, place Orthosis along the inside flexor surface of the elbow.
3. The Comfyprene™ Adult & Pediatric Elbow Orthosis can be adjusted to different degrees of extension or flexion of the elbow as desired. The lateral “wings” or cuffs can be adjusted to the Patient’s arm and forearm. Merely press the Orthosis against a firm edge (e.g. table, counter-top or chair edge) while firmly holding and leaning on both ends. The Comfyprene™ Adult & Pediatric Elbow Orthosis can be easily adjusted to any desired angle and maintains its shape. Several adjustments can be performed rapidly to obtain the desired optimal angulation.
4. Once the desired angulation for the elbow is achieved, wrap the strap around the arm and forearm and secure with Velcro®. Note that the center strap has an opening for the elbow. It is suggested that the therapist maintain two-finger space under the straps to prevent excessive pressure areas on the Patient's skin.
5. Check Comfyprene™ Adult & Pediatric Elbow Orthosis 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.

The Comfyprene™ Adult & Pediatric Elbow Orthosis requires a physician prescription and should be applied and supervised by a trained healthcare professional.

CAREPLAN

INTRODUCTION: The Comfyprene™ Adult & Pediatric 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 care plan and custom fitting instructions by a trained health care professional.

INDICATIONS: The Comfyprene™ Adult & Pediatric Elbow Orthosis is to be used with patients who are present with Elbow Flexion Pattern, Arthritic changes or any deformity related to neuromuscular impairment.

RESULTS: The Comfyprene™ Adult & Pediatric Elbow Orthosis will help increase elbow extension. It also prevents further deformity, maximizes ROM and makes maintenance of good hygiene of the involved extremity easier.

CONTRA-INDICATIONS: The Comfyprene™ Adult & Pediatric Elbow Orthosis should not be used if the patient has any circulatory problems, pressure areas or skin irritations.

FITTING INSTRUCTIONS: The Comfyprene™ Adult & Pediatric 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 the Comfyprene™ Adult & Pediatric Elbow 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). The Orthosis should be checked more frequently with Patients who have sensory deficits.

ORTHOSIS MAINTENANCE: The Comfyprene™ Adult & Pediatric Elbow Orthosis can be cleaned by wiping by wiping both sides with solution of warm water and detergent or with disinfectant. If any of the metal frames becomes exposed, cease using the device.
Assessment Form
Comfyprrene™ Upper Extremity Orthosis

Patient Name: _______________________ HICN # _______ Room # _______
Facility: ________________________________________________________
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 ROM: ☐ WNL ☐ Mildly Restricted ☐ Severely Restricted
U.E. Passive ROM: ☐ WNL ☐ Mildly Restricted ☐ Severely Restricted

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<td>Prevent Fixed Contractures</td>
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<td>Decrease Pain</td>
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<td>Elbow Contracture</td>
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<td>Ulnar / Radial Dev.</td>
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<td>Decr. ADL Function</td>
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<td>Increase Hygiene</td>
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Treatment Plan:

☐ Hand Wrist Finger (H-101-CP) ☐ Infant Hand (HIS-101-CP)
☐ Hand Thumb (HT-101-CP) ☐ Elbow (E-101-CP)
☐ Hand Cock-Up (HC-101-CP) ☐ Elbow Goniometer (EG-101-CP)
☐ Separate Finger Hand (HSF-101-CP) ☐ Elbow Spring Goniometer (ESG-101-CP)

Observe from 15 to 30 min. intervals. Then graduate to 1-2 hr. intervals. Remove and check for pressure areas.

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: _______________
Address: _______________________ Contact No. _______________________ UPIN # _______________________