Instructions and Care Plan for
COMFPRENE™
Adult & Pediatric Hand-Wrist-Finger Orthosis

1. Open Velcro® Straps.
2. After Passive Range of Motion to allow maximum wrist and finger extension, place Patient's fingers over the wider flexed end of the Orthosis. The thumb is positioned under the wing of the flexed end of the Orthosis and the forearm and wrist are placed on the concave surface.
3. The ComfyPrene™ Adult & Pediatric Hand-Wrist-Finger Orthosis can be adjusted and readjusted to different degrees of Extension or Flexion of the wrist and finger joints as desired. Merely press the Orthosis against a firm edge (e.g. table, countertop, chair edges) while firmly holding and leaning on both ends. The wrist and hand portions can be adjusted independent of each other. Several adjustments can be performed rapidly to obtain the desired optimal angulation.
4. The “wings” lateral to the knuckles can be bent up to prevent ulnar deviation or radial drift.
5. Once the desired angulation for the wrist and fingers is achieved, wrap the strap around the hand, wrist and forearm and secure with Velcro®. The strap across the fingers can be wrapped straight or obliquely over the Orthosis. It is suggested that the therapist maintain two-finger space under the straps to prevent excessive pressure areas on the Patient's skin.
6. Wiping both sides with solution of warm water and disinfectant or detergent can clean the ComfyPrene™ Adult & Pediatric Hand-Wrist-Finger Orthosis.
7. Check ComfyPrene™ Adult & Pediatric Hand-Wrist-Finger 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 Hand-Wrist-Finger Orthosis requires a physician prescription and should be applied and supervised by a trained healthcare professional.

CAREPLAN

INTRODUCTION: The ComfyPrene™ Adult & Pediatric Hand-Wrist-Finger 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 Hand-Wrist-Finger Orthosis is to be used to position and support hands that present with WRIST, MP, PIP or DIP flexion pattern, Ulnar Deviation, Arthritic changes or any deformity related to neuromuscular impairment.

RESULTS: The ComfyPrene™ Adult & Pediatric Hand-Wrist-Finger Orthosis will help increase / maintain Wrist, MP, PIP and DIP 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 Hand-Wrist-Finger Orthosis should not be used if the patient has any circulatory problems, pressure areas or skin irritations.

FITTING INSTRUCTIONS: The ComfyPrene™ Adult & Pediatric Hand-Wrist-Finger 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 Hand-Wrist-Finger 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 Hand-Wrist-Finger 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.

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Assessment Form
Comfyrene™ 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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<tr>
<th>Diagnosis</th>
<th>Rt</th>
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<th>Comments</th>
<th>Treatment Goals</th>
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<tr>
<td>Wrist Drop</td>
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<td>Prevent Fixed Contractures</td>
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<tr>
<td>Wrist Contracture</td>
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<td>Support Flaccid Hand, Wrist and Elbow</td>
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<td>MP Contracture</td>
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<td>Manage Arthritic Joint Deformities</td>
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<td>Finger Joint Cont.</td>
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<td>Decrease Pain</td>
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<td>Elbow Contracture</td>
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<td>Increase U.E. Function</td>
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<td>Ulnar / Radial Dev.</td>
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<td>Control Ulnar or Radial Deviation</td>
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<td>Decr. Muscle Strength</td>
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<td></td>
<td>Improve Muscle Strength</td>
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<tr>
<td>Decr. ADL Function</td>
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<td>Improve ADL Function</td>
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<td>Joint Pain</td>
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<td>Increase Range of Motion</td>
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<td>Pressure Sores</td>
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<td>Decrease Pressure of Motion</td>
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<td>Hygiene Deficits</td>
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<td>Increase Hygiene</td>
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Treatment Plan:
- □ Hand Wrist Finger (H-101-CP)
- □ Hand Thumb (HT-101-CP)
- □ Hand Cock-Up (HC-101-CP)
- □ Separate Finger Hand (HSF-101-CP)
- □ Infant Hand (HIS-101-CP)
- □ Elbow (E-101-CP)
- □ Elbow Goniometer (EG-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: ___________________________________________ UPIN # ___________________________
Contact No. _______________________________