Instructions & Care Plan for the **Comfy™**
Spring-Loaded Goniometer-Elbow Orthosis
(SGE-101,2 and Ped-SGE-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™** Spring-Loaded 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 screw with Allen wrench provided (Screw loosens by turning counterclockwise). One Tab limits flexion and one Tab limits the degree of extension. Position one Tab to limit flexion and position the second tab so as to limit to the maximum degree of extension allowed. As the patient flexes arm the moderate spring-load will push the extremity to the set degree of extension. 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™** Spring-Loaded Goniometer-Elbow Orthosis is easily adjusted and re-adjusted to any desired angle and maintains its shape. To **lock the Orthosis in a fixed position:** merely place the tabs on both sides of the pin and tighten the screw.
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™** Spring-Loaded Goniometer-Elbow splint for pressure areas, edema, or skin irritation every 15 minutes initially, then increase intervals to every two hours. **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. **The Comfy™ ELBOW Orthosis requires a physician prescription and should be applied and supervised by a trained healthcare professional. If any of the metal frame becomes exposed, cease using the device.** **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.

2006
### Assessment Form

**Comfy™ Upper 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 ______

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<thead>
<tr>
<th>Diagnosis</th>
<th>Rt</th>
<th>Lt</th>
<th>Severity/Comments</th>
<th>Treatment Goals</th>
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<tbody>
<tr>
<td>Wrist drop</td>
<td></td>
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<td></td>
<td>Prevent Fixed Contractures</td>
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<tr>
<td>Wrist Contracture</td>
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<td></td>
<td></td>
<td>Support Flaccid Hand, Wrist, or Elbow</td>
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<tr>
<td>MP Contracture</td>
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<td>Manage Arthritic Joint Deformities</td>
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<td>Finger jnt. Contracture</td>
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<td>Decrease pain</td>
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<td>Elbow Contracture</td>
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<td></td>
<td>Control Ulnar or Radial Deviation</td>
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<tr>
<td>Decr. muscle strength</td>
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<td></td>
<td>Improve Muscle Strength</td>
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<td>Decr. ADL function</td>
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<td>Improve A.D.L. Function</td>
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<td>Joint Pain</td>
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<td>Increase Range Of Motion</td>
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<tr>
<td>Ulnar/Radial Deviation</td>
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<td>Decrease Pressure Areas</td>
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<td>Hygiene deficits</td>
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<td></td>
<td>Increase U.E. function</td>
</tr>
</tbody>
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**Treatment Plan:**

- Wrist-Hand-Finger Orthosis (H101)
- Finger Separator (FS1)
- Hand Thumb Orthosis (HT101)
- Finger Extender Hand Orthosis (F101)
- Long Pan Hand Orthosis (LPH101)
- Long Opponens Hand Orthosis (LOPH101)
- Dorsal hand Orthosis (DORSH101)
- Opposition Thumb Hand (OPH101)
- Comfy Grip hand Orthosis (OPH101)
- Slim Hand (CHSlim)
- Slim Wrist (CWSlim)
- Spring Loaded hand Orthosis (SH101)
- Deviation Standard Hand (DH101)
- Deviation Finger Extender (DF101)
- Elbow Hand Combination (EH101)
- Elbow Orthosis (E101)
- Goniometer Elbow Orth. (GE101)
- Push Button Goni. Elbow (PBGE101)
- Spring Loaded Elbow (SGE101)
- Adjust Hinge Elbow Orthosis (Adj-E101)
- Dynamic Torque Elbow Orth. (Torq1-E)

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:** __________________________________________________________