



PATIENT INSTRUCTIONS

Toe Metatarsophalangeal Extension Dynasplint® System Type I

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I acknowledge receipt of these patient instructions, which I have read and fully understand.

Signature

Print Name

Date

IMPORTANT: Read instructions thoroughly before wearing the Toe Metatarsophalangeal Extension

Dynasplint® System. Be sure that the splint fits comfortably and properly. If you feel pain, numbness, swelling or skin irritation remove the splint immediately and contact your Dynasplint Systems sales consultant. If joint stiffness persists longer than one hour after wearing the unit, reduce the tension by 0.5 increments, approximately $\frac{1}{2}$ turn. Contact your Dynasplint® Systems sales consultant if you have any questions.

NOTE: Protect Thermoplastic from heat sources. Do not store in direct sunlight or in temperatures exceeding 110°F (e.g., inside a car in the summer) as the pieces could deform.

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Rev. 06/2017



Stretch Beyond Your Expectations.®

FITTING INSTRUCTIONS

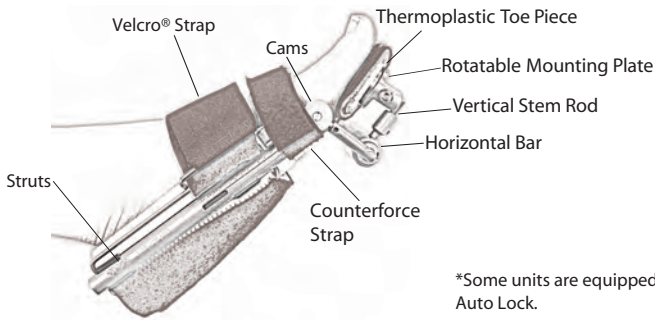
APPLYING THE TOE METATARSOPHALANGEAL EXTENSION DYNASPLINT® SYSTEM:

If possible, you should sit at the edge of a hard chair or bed.

STEP 1: Completely open the top and heel straps.

STEP 2: While the top strap and heel strap are open, slide the unit onto the foot so that the great toe fits directly on top of the thermoplastic toe piece and below the counterforce strap. Make sure the joint axis is aligned with the big toe. To check placement see Figure 1.

FIGURE 1.



*Some units are equipped with a Toe Pivot Auto Lock.

1. Slide socket head button in the direction of the arrow.
2. Rotate attached toe piece to the desired position and release the button to lock in place.

STEP 3: Close the top and heel straps.

STEP 4: Check the alignment making sure that:

- Cams are aligned across the big toe.
- Struts are placed on the left and right sides of the foot.

STEP 5: Check straps for tightness. You should be able to slide one finger under the top and counterforce straps.

STEP 6: Check alignment. Straps should be evenly contoured across foot.

STEP 7: While the Dynasplint® System is in place, you should be inactive and relaxed. The splinted foot should be in a gravity-eliminated position, preferably with leg resting level with the heart. In no way should the extremity be

dependent. It is important that some kind of support be placed underneath the calf (such as a pillow) to prevent the struts from protruding down and consequently pushing the unit upward. The alignment will be thrown off so that the thermoplastic piece comes off of the toe.

REMOVING THE TOE METATARSOPHALANGEAL EXTENSION DYNASPLINT® SYSTEM:

STEP 1: Completely open the heel, Velcro® strap and counterforce straps.

STEP 2: Remove foot from splint.

Continue to follow your physician's or therapist's instructions regarding your home therapy program while wearing the Dynasplint® System. Record your comments daily on the evaluation sheet (back page of booklet) for review with your Dynasplint® Systems sales consultant.

CLINICIAN'S PRESCRIBED TREATMENT SCHEDULE

These are guidelines only. Remove the Dynasplint® System if you experience pain at any time and contact your Dynasplint® Systems sales consultant.

Tension to be initially set at _____ increments.

Patient will wear the Dynasplint® System for _____ minutes the first day.

If no more than one hour post-wear discomfort occurs, the patient may increase wear time according to the recommended daily wearing schedule, building up to an application of 60 minutes, 3 times per day (for post-op patients) or 4 to 6 hours (for non-surgical patients) at night. Time spent wearing the splint is the most important component in regaining range of motion.

Increase tension by 0.5 – 1 increment on both sides of the splint if less than one hour of post-wear discomfort occurs.

Decrease tension if unable to wear for extended period of time.

Maximum tension: _____.

The basic protocol outline is to provide maximum benefit from the Dynasplint® System. *Increasing tension faster does not ensure proper stretch will be applied.*

Remember to wear the Dynasplint® System while inactive, preferably with the foot elevated.

Your follow-up visit is _____.

Please bring the Dynasplint® System and the completed evaluation sheet.

Sales Consultant: _____ Number: _____

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Dynasplint Systems, Inc. products are covered by one or more of the following U.S.A. patents: 5,558,624; 5,645,521; 6,413,231; 6,506,172; 6,740,051; 6,908,475; 6,942,629; 6,942,631; 4,485,808; 4,508,111; 4,538,600; 4,944,290; 4,947,835; and 5,070,868. Other patents issued and/or pending in the U.S.A. and internationally.

The product described in the enclosed literature is intended for the specific purpose as per the instructions attached. Any use of this product outside of its intended purpose on any body part or in a manner outside the protocol established by Dynasplint Systems, Inc., is a use of the product for which it, its divisions and employees cannot be held responsible. All implied warranties of fitness for use for any other purpose (or purposes) are expressly disclaimed.

TOE METATARSOPHALANGEAL EXTENSION DYNASPLINT® SYSTEM RECOMMENDED DAILY WEARING SCHEDULE POST SURGICAL

Patient Name: _____ Diagnosis: _____

Start Date: _____ Range of Motion: (R) _____ degrees (L) _____ degrees

GOALS:

Restore functioning range of motion (while decreasing joint stiffness) to the joint without compromising the stability and quality of the connective tissue and joint. This is achieved via low-load, prolonged-duration stretch; a better way to achieve maximum end range of motion in a timely manner.

INSTRUCTIONS:

Follow the time frame below.

NOTES:

Time is more important than tension. Contact your Dynasplint® Systems sales consultant if you are having more than 30 mins post-wear discomfort. Normal post-wear discomfort may average 5-30 mins after each session.

DATE	TIME	FORCE	DATE	TIME	FORCE
_____	10 min (3x/day)	1 settings	_____	10 min (3x/day)	4 settings
_____	20 min (3x/day)	1 settings	_____	20 min (3x/day)	4 settings
_____	30 min (3x/day)	1 settings	_____	30 min (3x/day)	4 settings
_____	40 min (3x/day)	1 settings	_____	40 min (3x/day)	4 settings
_____	50 min (3x/day)	1 settings	_____	50 min (3x/day)	4 settings
_____	60 min (3x/day)	1 settings	_____	60 min (3x/day)	4 settings
_____	*		_____	*	
_____	10 min (3x/day)	2 settings	_____	60 min (3x/day)	4 settings
_____	20 min (3x/day)	2 settings	_____	60 min (3x/day)	4 settings
_____	30 min (3x/day)	2 settings	_____	60 min (3x/day)	4 settings
_____	40 min (3x/day)	2 settings	_____	60 min (3x/day)	4 settings
_____	50 min (3x/day)	2 settings	_____	60 min (3x/day)	4 settings
_____	60 min (3x/day)	2 settings	_____	60 min (3x/day)	4 settings
_____	*		_____	*	
_____	10 min (3x/day)	3 settings	_____	60 min (3x/day)	4 settings
_____	20 min (3x/day)	3 settings	_____	60 min (3x/day)	4 settings
_____	30 min (3x/day)	3 settings	_____	60 min (3x/day)	4 settings
_____	40 min (3x/day)	3 settings	_____	60 min (3x/day)	4 settings
_____	50 min (3x/day)	3 settings	_____	60 min (3x/day)	4 settings
_____	60 min (3x/day)	3 settings	_____	60 min (3x/day)	4 settings
_____	*		_____	*	

*Stay at 60+ min. for one week b/w each setting level.

NOTES If using two units - Toe up 2-3x per day; Toe down 1-2x per day.

Change tension setting every 2-3 weeks.

Physician/Therapist Follow-Up Evaluation:

Date: _____ ROM: _____ degrees

Date: _____ ROM: _____ degrees

Date: _____ ROM: _____ degrees

Date: _____ ROM: _____ degrees

Date: _____ ROM: _____ degrees

Date: _____ ROM: _____ degrees