

## PATIENT INSTRUCTIONS

### Hammertoe Metatarsophalangeal Flexion Dynasplint® System Type III

Corporate Headquarters:  
**800.638.6771** toll-free  
**800.380.3784** fax

Canada:  
**800.668.9139** toll-free  
**905.851.3494** fax

Europe:  
**+31.45.523.0418** phone  
**+31.45.523.1303** fax

**www.dynasplint.com**

*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 Hammertoe Metatarsophalangeal Flexion 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.

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*Stretch Beyond Your Expectations.®*

# FITTING INSTRUCTIONS

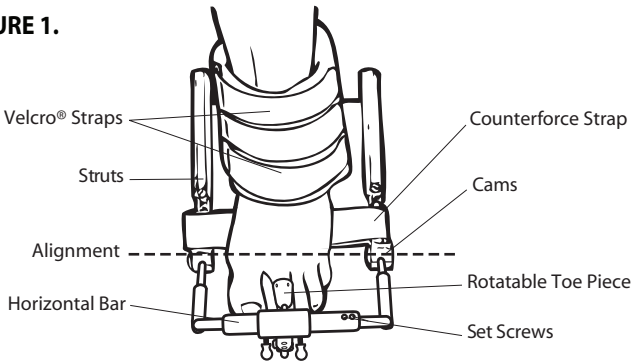
## APPLYING THE HAMMERTOE METATARSOPHALANGEAL FLEXION DYNASPLINT® SYSTEM:

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

**STEP 1:** Completely open the top straps.

**STEP 2:** While the top straps are open, slide the unit onto the foot so that the toe rests fully underneath the toe piece and above the counterforce strap. See Figure 1.

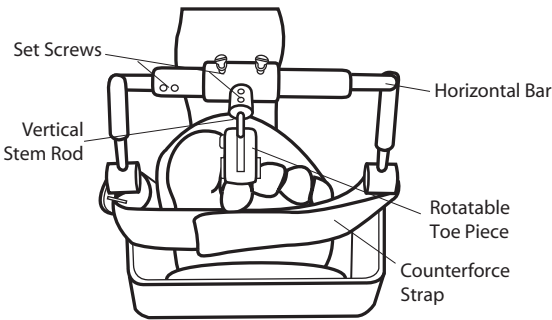
**FIGURE 1.**



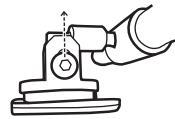
**STEP 3:** Close the top straps.

**STEP 4:** Check the alignment. See Figure 1. The struts are placed on the left and right sides of the foot, and the cams should be aligned across the metatarsophalangeal.

**FIGURE 2.**



\*Some units are equipped with a 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 into place.

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

**STEP 6:** Shoe should be evenly contoured across the foot.

**STEP 7:** You should be inactive and relaxed while wearing the Dynasplint® System. The splinted foot should not hang downward. 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 pushing the unit forward. The alignment may be thrown off so that the toe piece comes off of the toe.

## REMOVING THE HAMMERTOE METATARSOPHALANGEAL FLEXION DYNASPLINT® SYSTEM:

**STEP 1:** Completely open the top Velcro® straps and counterforce strap.

**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. 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: \_\_\_\_\_ Phone 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.

## HAMMERTOE 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 as needed.

**Physician/Therapist Follow-Up Evaluation:**

Date: \_\_\_\_\_ ROM: \_\_\_\_\_ degrees

Date: \_\_\_\_\_ ROM: \_\_\_\_\_ degrees

Date: \_\_\_\_\_ ROM: \_\_\_\_\_ degrees

Date: \_\_\_\_\_ ROM: \_\_\_\_\_ degrees

Date: \_\_\_\_\_ ROM: \_\_\_\_\_ degrees

Date: \_\_\_\_\_ ROM: \_\_\_\_\_ degrees