

# Instructions and Care Plan for the Comfy™ 4-Strap Hand Orthosis

**\*\*HCPC Code: L3807\*\***

1. 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.

2. Adjust the wrist and fingers to the degree of flexion/extension desired. The **Comfy™ 4-Strap Hand 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 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 the insert is in the cover. The wrist and hand portions can be adjusted independent of each other. Several adjustments can be performed rapidly to obtain the desired optimal angulation.



3. The "wings" lateral to the knuckles can be bent up to prevent ulnar deviation, or radial drift.

4. If the finger separator attachment is required, place the elastic loop of the attachment through the distal strap (i.e. the strap across the fingers). Then slide the elastic loop over the wider flexed end of the Orthosis.

5. Once the desired angulation for the wrist and fingers is achieved, wrap the top straps around the hand, wrist and forearm, and secure with Velcro. The strap across the fingers can be wrapped straight across the fingers or obliquely over the "wings" of the Orthosis. It is suggested that the therapist maintain a two-finger space under the straps to prevent excessive pressure areas on the patient's skin.

6. Check **Comfy™ 4-Strap Hand Orthosis** every two hours for pressure areas, edema, or skin irritation. If signs of redness, increased swelling or pain appear, discontinue use and notify physician.

7. The Terrycloth cover can be washed by hand or machine in lukewarm water. Do not use bleach or hot water. Air or tumble dry on cool or warm setting. Wiping both sides with a solution of warm water and disinfectant or detergent can clean the insert.

**INTRODUCTION:** The **Comfy™ 4-Strap Hand 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 Splint is to be used to position and support hands that present with Wrist, MP, PIP or DIP flexion pattern, ulnar deviation, wrist drop, ulnar, arthritic changes or any deformity related to neuromuscular impairment.

**RESULTS:** The **Comfy™ 4-Strap Hand 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. The terry cloth cover helps absorb moisture and allows for air circulation, thereby helping prevent skin maceration.

**CONTRA-INDICATIONS:** The **Comfy™ 4-Strap Hand Orthosis** should not be used if the patient has any circulatory problems, pressure areas or skin irritations.

**FITTING INSTRUCTIONS:** The **Comfy™ 4-Strap Hand 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 this **Comfy™ 4-Strap Hand Orthosis** is designed to be removable 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. Wiping both sides with a solution of warm water and detergent or with disinfectant can clean the bend-able white insert.



# Assessment Form

## Comfy™ Upper Extremity Orthosis



Patient Name:			HICN #	
Facility:				
Address:				
Primary Diagnosis:			Secondary Dx:	

Prognosis:	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Mobility:	Ambulatory	<input type="checkbox"/>	Wheelchair Confined	<input type="checkbox"/>	Bed Confined	<input type="checkbox"/>
Communication:	Makes Needs Know	<input type="checkbox"/>	Unable to Make Needs Known	<input type="checkbox"/>		<input type="checkbox"/>
U.E. Sensation:	Intact	<input type="checkbox"/>	Moderately Impaired	<input type="checkbox"/>	Severely Impaired	<input type="checkbox"/>
U.E. Active ROM:	WNL	<input type="checkbox"/>	Mildly Restricted	<input type="checkbox"/>	Severely Restricted	<input type="checkbox"/>
U.E. Passive ROM:	WNL	<input type="checkbox"/>	Mildly Restricted	<input type="checkbox"/>	Severely Restricted	<input type="checkbox"/>

Diagnosis	Rt	Lt	Comments
Wrist Drop	<input type="checkbox"/>	<input type="checkbox"/>	
Wrist Contracture	<input type="checkbox"/>	<input type="checkbox"/>	
MP Contracture	<input type="checkbox"/>	<input type="checkbox"/>	
Finger Joint Contracture	<input type="checkbox"/>	<input type="checkbox"/>	
Elbow Contracture	<input type="checkbox"/>	<input type="checkbox"/>	
Ulnar / Radial Deviation	<input type="checkbox"/>	<input type="checkbox"/>	
Decreased Muscle Strength	<input type="checkbox"/>	<input type="checkbox"/>	
Decreased ADL Function	<input type="checkbox"/>	<input type="checkbox"/>	
Joint Pain	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure Sores	<input type="checkbox"/>	<input type="checkbox"/>	
Hygiene Deficits	<input type="checkbox"/>	<input type="checkbox"/>	

Treatment Goals	
Prevent Fixed Contractures	<input type="checkbox"/>
Support Flaccid Hand, Wrist and Elbow	<input type="checkbox"/>
Manage Arthritic Joint Deformities	<input type="checkbox"/>
Decrease Pain	<input type="checkbox"/>
Increase U.E. Function	<input type="checkbox"/>
Control Ulnar or Radial Deviation	<input type="checkbox"/>
Improve Muscle Strength	<input type="checkbox"/>
Improve ADL Function	<input type="checkbox"/>
Increase Range of Motion	<input type="checkbox"/>
Decrease Pressure of Motion	<input type="checkbox"/>
Increase Hygiene	<input type="checkbox"/>

### Treatment Plan:

<input type="checkbox"/>	4-Strap Deviation Hand (4S-DH)	<input type="checkbox"/>	Deviation Opposition Hand Thumb (DOPH)
<input type="checkbox"/>	4-Strap Deviation Hand Thumb (4S-DHT)	<input type="checkbox"/>	Dorsal Hand (DORSH)
<input type="checkbox"/>	4-Strap Hand (4S-H)	<input type="checkbox"/>	Finger Extender (F)
<input type="checkbox"/>	4-Strap Hand Thumb (4S-HT)	<input type="checkbox"/>	Goniometer Hand (GH)
<input type="checkbox"/>	4-Strap Large Pan Hand (4S-LPH)	<input type="checkbox"/>	Goniometer Hand Thumb (GHT)
<input type="checkbox"/>	4-Strap Opposition Hand Thumb (4S-OPH)	<input type="checkbox"/>	Hand-Wrist-Finger (H)
<input type="checkbox"/>	Adjustable Cone Hand (ACH)	<input type="checkbox"/>	Hand-Thumb (HT)
<input type="checkbox"/>	Air Hand (HA)	<input type="checkbox"/>	Opposition Hand Thumb (OPH)
<input type="checkbox"/>	Comfy Grip (C-Grip)	<input type="checkbox"/>	Spring Loaded Goniometer Hand (SGH)
<input type="checkbox"/>	Deviation Finger Extender (DF)	<input type="checkbox"/>	Spring Loaded Goniometer Hand Thumb (SGHT)
<input type="checkbox"/>	Deviation Hand (DH)	<input type="checkbox"/>	Spring Loaded Opposition Hand Thumb (SOPH)
<input type="checkbox"/>	Deviation Hand Thumb (DHT)	<input type="checkbox"/>	Soft-Roll Finger Extender (SRF)

Observe from 15 to 30 min. intervals. Then graduate to 1 to 2 hour 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.

O.T. / P.T. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_ UPIN # \_\_\_\_\_

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Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_ UPIN # \_\_\_\_\_