SoftPro™ Palmar Resting WHFO

PROGRAM:

Orthotic therapy for significant thumb adduction with mild to moderate contracture of the wrist, hand and fingers. The orthotic device is ideal for incremental correction of thumb adduction with contracture of the wrist, hand and fingers.

TREATMENT RATIONALE:

To treat joint stiffness, contractures and adduction of the thumb, which may be combined with contractures of the wrist, hand and fingers. The orthotic device is extremely soft and light yet durable enough to provide significant support and protection. The "Bend to Fit" insert requires no tools to accommodate the specific condition of the wrist, hand and fingers. Non-fixed contractures associated with immobility can incrementally be treated by progressive extension orthotic therapy. The brace is hand molded to 5° to 10° of additional extension in the finger pan, at the wrist, or in the thumb. The strapping system allows the fitter to bring the straps directly over the affected joint to initiate a progressive stretch of the affected joints. The orthotic device can achieve and maintain the hand in a functional neutral resting position. Total End Range Time (TERT) to achieve a positive outcome should be increased gradually up to six hours per day to patient tolerance as recommended by the physician. Orthotic treatment should be continued until function is restored to the affected hand.

FUNCTIONAL OBJECTIVES:

Treat significant thumb adduction, which may be combined with contracture of the wrist, hand and fingers. If possible, improve functional ability of the hand and fingers to assist with activities of daily living.

ORTHOTIC TREATMENT:

1. Use PROM or NeuroStretch™ to passively stretch the affected joint capsule(s), connective tissue, tendons, and muscles. Concentrate on the wrist and thumb NeuroStretch™ locations prior to placing any extension force on the fingers or thumb.
2. Use sub-maximal passive stretching to point of noticeable resistance only (no discomfort). Hold for a minute to allow the extension release of the affected joint.
3. If needed, hand mold the insert of the orthotic to desired shape to provide either static (full contact fit) or progressive extension orthotic therapy (5° to 10° additional stretch beyond end range).
4. If an optional finger attachment was ordered (Finger Separator, Finger Loop, or Ulnar Drift Strap), attach the finger strap to the desired position on the finger pan of the brace.
5. Position the thumb at the desired point on the WHFO. Position the wrist in place, secure the forearm and wrist straps. Gently position the fingers on the finger platform and secure the finger strap to maintain finger positioning in the device.

6. Upon initial device application, you should feel tension (stretch) in the affected joint(s) (wrist / fingers / thumb) if a progressive extension fit is used. Palpation of the affected tendons after 15 minutes of wear should demonstrate softening or relaxation, which indicates that the joint is predisposed to long effects stretch.
7. Wearing the device will treat contractures with gradually increased wearing time to three hours to six hours per use. Total End Range Time (TERT) of up to six hours will provide long effects stretch if the device is routinely modified to maintain a progressive extension stretch to the affected joints.
8. Determine wearing schedule per therapy evaluation and physician's order.
9. Incrementally increase wearing time per patient tolerance and patient care plan.
10. Release and check for skin redness or pressure or patient discomfort every two to three hours. Initially, a tight hand may require checks every half an hour. Use the Blanch Test to evaluate any red areas. Remove the orthotic device immediately if significant redness or pressure is evident. Any skin indentations should dissipate within minutes of device removal. Notify the appropriate staff member(s) immediately and document any significant redness or signs of adverse pressure. Discontinue device use until the skin integrity issues are resolved and the device is modified or the wearing schedule is altered to eliminate potential skin integrity problems.
11. A re-adaptation period is necessary every time there is a significant disruption in wearing schedule. Device endurance must be reintroduced gradually and noted in the patient's care plan.
12. Follow manufacturer's instructions for care of the orthotic device. Always inspect the device between applications to ensure the soft goods are properly in place, the device settings have not been altered, and the device has not been soiled or would provide any other risk to the patient prior to application.
13. Check device settings for continued application of progressive extension therapy at least once a month.

Laundry Instructions:

1. Always remove soft cover from frame before washing.
2. Close all hook and loop attachments on the soft cover and place in enclosed laundry bag.
3. Hand or machine wash, gentle cycle with mild detergent. DO NOT USE COMMERCIAL WASHERS OR HOT WATER.
4. No bleach or fabric softener.
5. Air dry.

WARNING: The product requires a physician's order. The product is designed for single patient use only in order to avoid cross contamination. Any substitution or removal of the product's parts voids the manufacturer's warranty. OCSI/NeuroFlex, Inc. will assume no liability if the above instructions are not followed.

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