

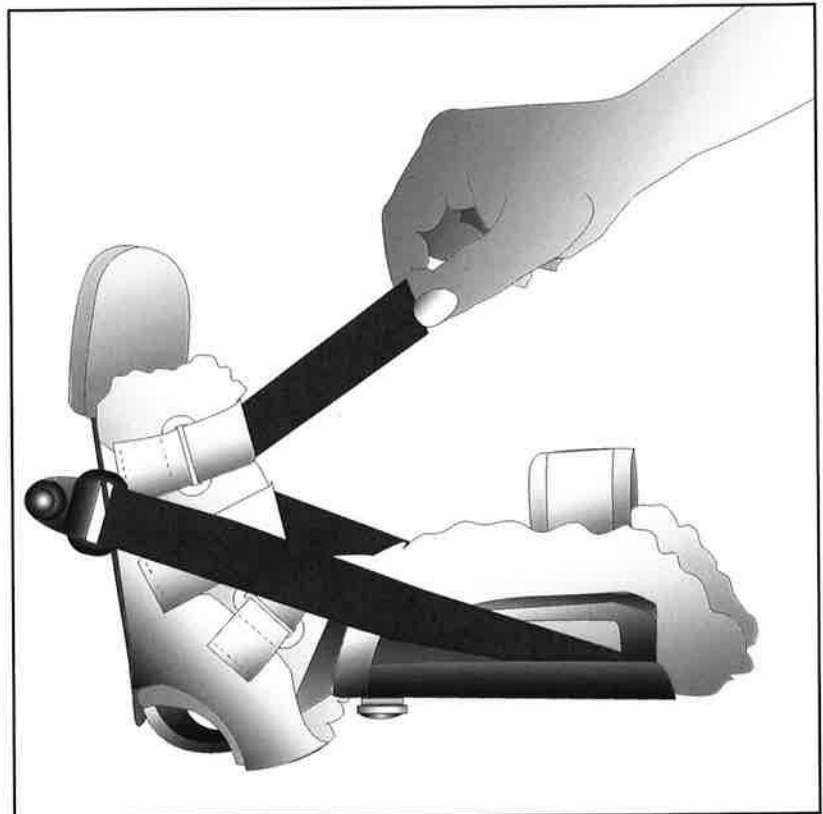


**Restorative Care of America**  
INCORPORATED

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## Dorsi-Flexion MPO 11DFMP

The new Dorsi-Flexion MPO by RCAI provides adjustable static stretch of the plantar flexors, treating neuromuscular involvement conditions such as diminished foot and ankle range of motion, pressure sores and hip rotation. Medial/lateral straps attached to the sides of the brace allow the foot and ankle to be controlled, as needed, in the desired dorsi-flexed position prescribed. The Dorsi-Flexion MPO can be used as a night splint, inhibiting plantar flexion for the patient, stretching the posterior calf muscles essential for maintenance of dorsiflexion range at the ankle. The "floating heel" design of the brace eliminates pressure or friction on the heel and toes, enhancing blood circulation vital to the healing process. The anti-rotation bar controls hip and leg rotation to maintain functional alignment. Indicated for diminished foot and ankle range of motion, achilles tendon rupture, cerebral palsy, or when static progressive ankle positioning is recommended.



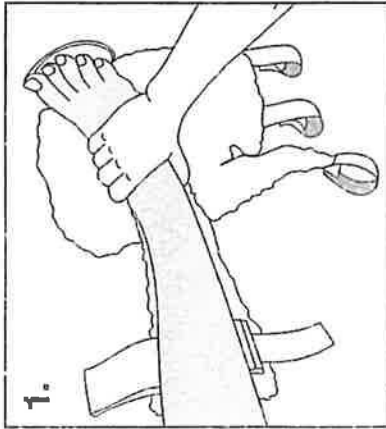
### Size Foot Length

Pediatric	4 1/2 – 6"	(11.4 – 15.2 cm)
Youth	6 – 7"	(15.2 – 17.8 cm)
Small	7 – 8"	(17.8 – 20.3 cm)
Medium	8 – 9"	(20.3 – 22.9 cm)
Large	9 – 10"	(22.9 – 25.4cm)
Ex. Large	10 – 11"	(25.4 – 27.9cm)

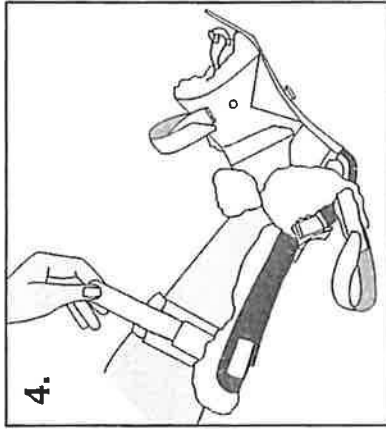
### Model #

11DFMP-P
11DFMP-Y
11DFMP-S
11DFMP-M
11DFMP-L
11DFMP-XL

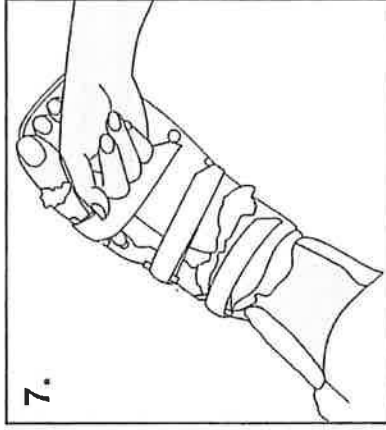
# Application of the Multi-Podus™ System



**1.**  
**Bend knee and seat foot firmly in orthosis. Press with palm over instep.**  
*Doble la rodilla y sienta el pie firmemente sobre el entablillado apriete con la palma de la mano sobre el empeño.*

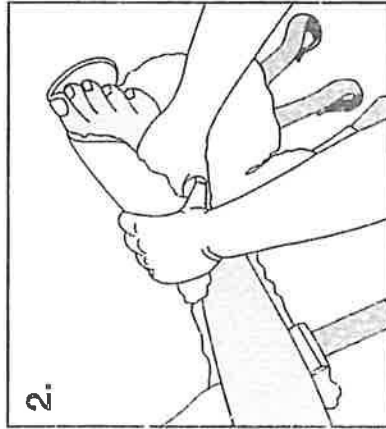


**4.**  
**Secure calf strap.**  
*Asegure la correa de la pantorrilla.*

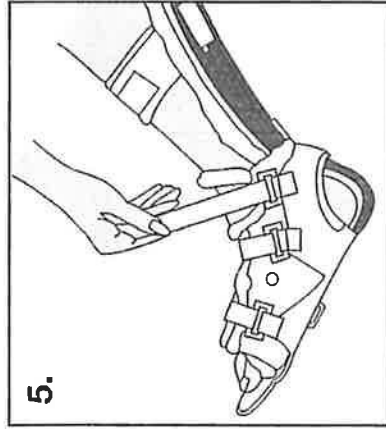


**7.**  
**Check tightness by inserting one or two fingers deeply under straps. (If necessary, repeat step # 4)**

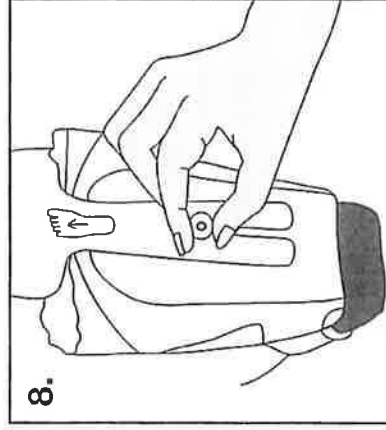
*Chequee la tension colocando dos dedos hondo debajo de la correa. (Si es necesario repita el paso #4).*



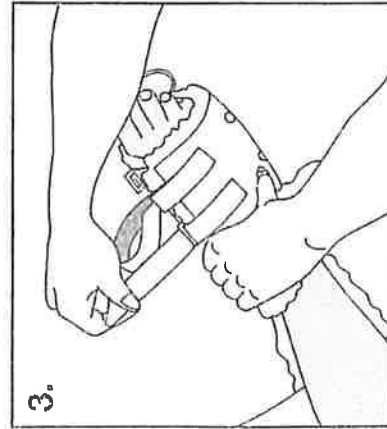
**2.**  
**Smoothly fold ankle over instep.**  
*Suavemente doble el vendaje sobre el empeño.*



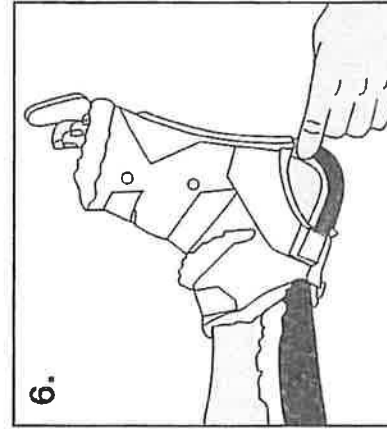
**5.**  
**Secure remaining ankle straps.**  
*Asegure el resto de las correas del vendaje.*



**8.**  
**Adjust toe post and tighten dial.**  
*Ajuste el poste del dedo y apriete el cuadrante.*

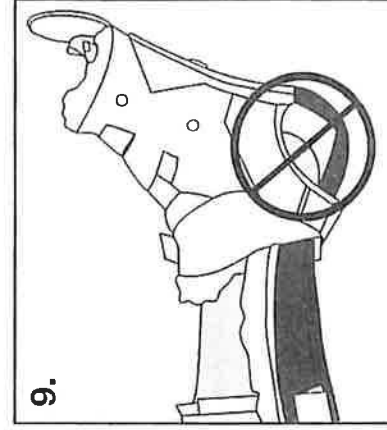


**3.**  
**Secure middle strap first.**  
*Asegure la correa del medio primero.*



**6.**  
**Check clearance below heel. Check that sole of foot makes contact with the orthosis. (If necessary repeat steps #1-4).**

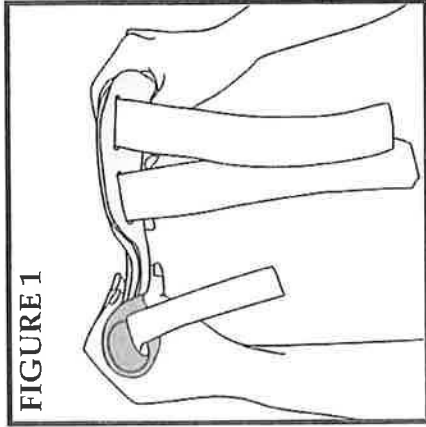
*Chequee el espacio debajo del talon. Chequee que la planta del pie haga contacto con el entablillado, si es necesario repita los pasos #1-4.*



**9.**  
**Avoid this position. (Repeat steps #1-6).**

*Evite esta posicion. (Repita los pasos #1-6).*

# Application



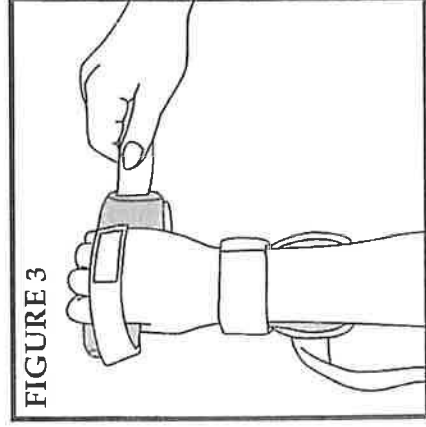
1. Bend white polymer to desired degree of angle when appropriate. (See Figure 1) See heat molding instructions for Kydex® below.
2. Pre-position fingers and thumb by manually stretching and extending fingers while placing palm over hand roll of orthosis.
3. Firmly place wrist in orthosis and secure wrist strap. (See Figure 2)
4. Secure strap over MP joints. (See Figure 3)
5. Secure remaining forearm strap.

## Heat Molding Instructions for Kydex® Contour:

Remove liner and straps. Use heat gun over wrist area to be molded. Hold heat gun 1 1/2" - 3" from Kydex® for approximately 30 seconds. Mold to desired position.

## Finger Separator Liner 31AK:

Finger Separators promote finger abduction and skin integrity. To adjust finger separators, lengthen slots in liner and reposition higher or lower as needed.



# Care Plan

FOR TREATMENT OF ADVANCED STAGES OF WRIST AND/OR FINGER CONTRACTURES.

## PATIENT PROBLEM

Advanced stages of flexion contractures of wrist and/or fingers which will yield to passive manipulation and/or stretching.

## EXPECTED OUTCOME

1. Reduce flexion contractures of wrist, finger and thumb.
2. Restore functional wrist, finger and thumb alignment.
3. Encourage skin integrity and facilitate hand hygiene.
4. Prevent permanent deformity.

## NURSING ACTION

1. Passive range of motion to extremity Q8H or as ordered by physician.
2. Treatment per physician's orders.
3. Apply orthosis as per instructions on reverse side.
4. Check for correct placement of orthosis.
5. Check to ensure no pressure points have occurred at thumb and wrist.
6. Remove orthosis Q4H or as per physician or therapy order.
7. Passively stretch joint each time before applying orthosis.
8. Document progress in chart.

## NURSING ALERT

1. Wearing time may be increased according to patient's tolerance and response.
2. Wrist strap should be firm but not tight enough to cause pressure or blanching of skin.
3. Size of hand roll should conform to patient need to avoid excessive pressure of thumb and fingers.