

Accessory Kit

Application

1. Slip elastic loop over foot portion of orthosis. See figure A.
2. Slide pocket of calf liner over top of orthosis. See figure B.
3. Slide anklelet into position over foot portion of orthosis and line up dial screw with hole provided. See figure C.
4. Secure anklelet to back of orthosis with hook & loop tabs. See figure D.
5. Attach toe post cover and slide to post into dial screw at bottom of orthosis.

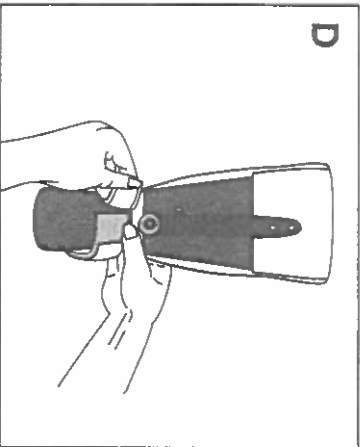
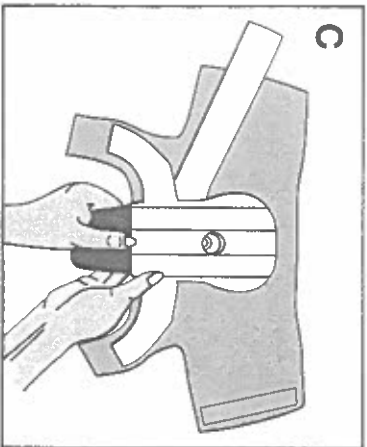
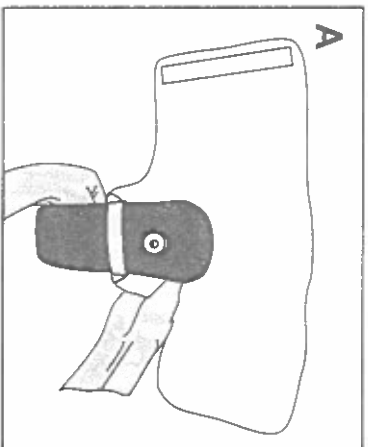
Washing Instructions:

Hand wash and air dry liner.

MANUFACTURER'S

WARNING:

1. MPO 2000 requires a physician order.
2. Cross contamination can result when used by more than one patient.
3. Ambu-Assist required during ambulation or gait training for safety.
4. Multiple patient use of MPO 2000, alteration, or removal/substitution of parts voids manufacturer's warranty.
5. The MPO 2000 should only be applied by a person instructed in proper application.
6. Discontinue use if redness or edema occurs and consult a physician.



Restorative Care of America
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MPO 2000® 01MP MPO Active 2000® 02MP

The MPO 2000 eliminates pressure on the heel and toes, while dynamically positioning the foot in a neutral position for the treatment of foot and ankle contractures. The "floating heel" design of the MPO 2000 eliminates pressure or friction on the heel, enhancing circulation vital to healing. The toe post protects the toes from pressure due to tight bed liners. The swivel rotator bar controls hip and leg rotation, providing functional alignment. The MPO 2000 features a breathable, washable liner that wicks away moisture from the skin, maintaining skin integrity. The 01MP Model includes a Transfer Attachment for nonskid standup transfer. The 02MP model features an Ambulatory Attachment that converts the brace from a bed positioning device to a limited ambulation device. The dynamics of the shell allows normal plantar and dorsi-flexion and acts as a spring assist during gait training.

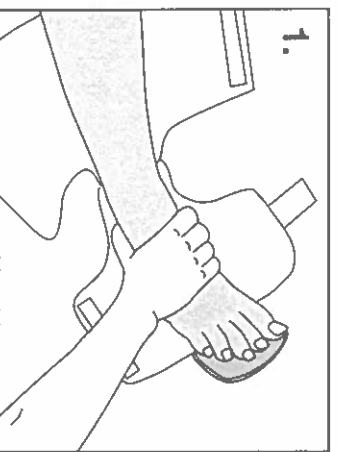


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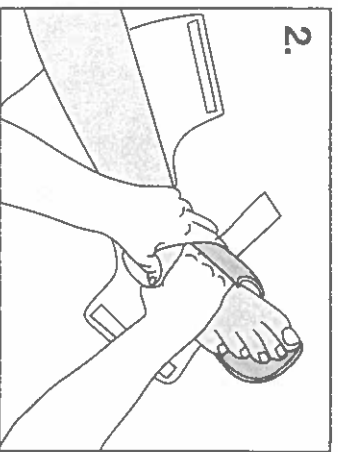


Size	Measure Foot Length	Max Calf Circ.	Transfer Attachment Model #	Ambulatory Attachment Model #
Toddler	3 1/4" - 4 1/2" (8.3-11.4 cm)	10" (25.4 cm)	01MP-T	-
Child	4 1/2" - 6" (11.4-15.2 cm)	10" (25.4 cm)	01MP-C	-
Youth	6" - 7" (15.2-17.8 cm)	13" (33 cm)	01MP-Y	-
Small	7" - 8" (17.8-20.3 cm)	15" (38.1 cm)	01MP-S	02MP-S
Medium	8" - 9" (20.3-22.9 cm)	17" (43.2 cm)	01MP-M	02MP-M
Large	9" - 10" (22.9-25.4 cm)	17" (43.2 cm)	01MP-L	02MP-L
Ex. Large	10" - 11" (25.4-27.9 cm)	19" (48.3 cm)	01MP-XL	02MP-XL
XX Large	11" - 12 1/2" (27.9-31.8 cm)	17" (43.2 cm)	01MP-XXL	-

Application of the MPO 2000[®]



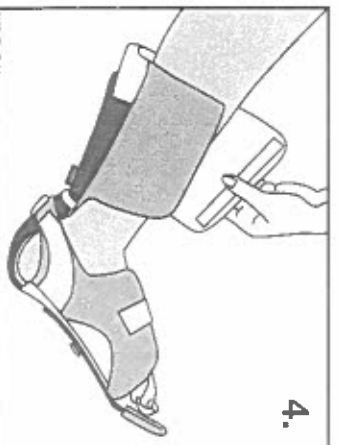
1. Bend knee and seat foot firmly in orthosis. Press with palm over instep.



2. Smoothly fold anklelet over instep.



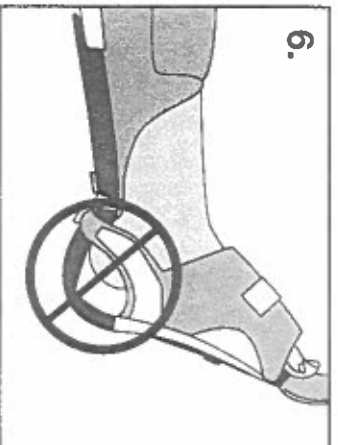
3. Secure anklelet with hook & loop strap provided.



4. Fold calf liner around calf and secure in place.



5. Check clearance below heel. Check that sole of foot makes contact with the orthosis.



6. Avoid this position. (Repeat steps #1 - 5).



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CARE PLAN

Patient Problem

- 1) Foot drop, foot/ankle contractures.
- 2) Internal/external rotation of foot and/or ankle.
- 3) Fx hip, post fx hip, internal rotation or scissoring of extremities.
- 4) Pressure ulcers of foot, ankle, toes or heel.

Expected Outcome

- 1) Correct foot drop or foot/ankle contractures.
- 2) Correct internal/external rotation of the foot and/or ankle.
- 3) Maintain functional alignment of foot/ankle.
- 4) Prevent permanent deformity.
- 5) Abduction of lower extremities to maintain functional alignment.
- 6) Eliminate pressure to affected area.

Nursing Actions

- 1) Passive range of motion to foot and/or ankle Q8H or as prescribed.
- 2) Treatment per physician's orders.
- 3) Apply orthosis as per instructions inside.
- 4) Check for correct positioning of orthosis at heel Q2H.
- 5) Position rotator bar to correct internal or external rotation.
- 6) Attach spreader bar to bilateral rotator bars to maintain abduction
- 7) Remove Q8H or per physician or therapy order.
- 8) Document progress in chart.

Nursing Alert

- 1) Wearing time may be increased according to patient's tolerance and response.
- 2) Clearance should be observed below heel.
Sole of foot should be in contact with orthosis.