



Carpal-Glide™ Dynamic Wrist Orthosis

Indications:

The Carpal-Glide™ Dynamic Wrist Orthosis is a new concept in orthotic management of carpal tunnel syndrome. This orthosis may be used to treat wrist strain, tenosynovitis, epicondylitis, extensor tendinitis, carpal instability, and TFCC tears.

The Carpal-Glide™ Dynamic Wrist Orthosis was designed to fit most individuals. The straps have been color-coded for consistent, optimal placement. The orthosis is most effective during functional daily activities and should be worn during extensive hand activity. Patients may wear the orthosis at night if they experience involuntary wrist flexion during sleep. If at any time patients experience difficulty with the orthosis, remove and reapply when practical. Patients should consult a medical professional if pressure areas, discomfort or worsening of symptoms occur.



Instructions For Use:

Note: The Carpal-Glide™ Dynamic Wrist Orthosis allows many adjustments. However, excessive alteration will fatigue the metal laminated into the orthotic. Gently curve the cuffs using your fingers. Do not bend at 90° angles. Once fitted, the orthosis requires periodic adjustments by a medical professional. The distal forearm cuff is lined with a comfortable fabrifoam® pad to prevent the orthosis from sliding. The fabrifoam® pad can be repositioned if needed using the low-profile hook. (**Figure 1**)

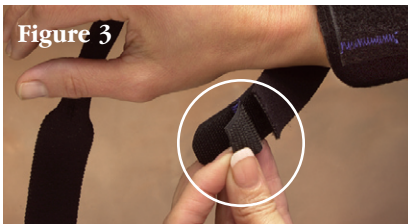
Figure 1



Figure 2



Figure 3



For a conforming fit, mold the distal forearm cuff proximal to the radial and ulnar styloid process (**Figure 2**). The distal forearm cuff should be snug, but not prohibitive when the forearm is pronated and supinated. Once the forearm cuff is snug around the radial and ulnar sides, wrap the strap marked in blue and attach the hook tab to align at the blue line. To shorten the strap, remove the "Y" hook tab from the end and trim the strap. Replace the "Y" hook tab. (**Figure 3**)



2. Align the dual coils parallel to the ulnar styloid process (**Figure 4**). Mold the ulnar cuff to the hand so that it lies proximal to the MCP joints of the fourth and fifth digits (**Figure 5**). Wrap the hand strap through the web space and attach it to the dorsal side of the ulnar cuff as indicated. Remove the “Y” hook tab and trim the strap as needed. (**Figure 6**)



3. Pull the diagonal, adjustable strap marked in red anteriorly from the radial side of the orthotic until there is resistance when the wrist is flexed (**Figure 7**). Attach the hook tab on the dorsal side of the orthotic marked in red while maintaining resistive pull (**Figure 8**). Remove the “Y” hook tab and trim the strap as needed. The dual coil and the ulnar cuff should stay in position during flexion and extension of the wrist.
4. Bring the last proximal strap around the volar aspect of the forearm and attach it to the black hook on the dorsal side. Trim as needed (**Figure 9**).
5. Ask the patient to pronate and supinate. Though some movement of the ulnar and distal forearm cuffs may occur, the position of the orthotic should stay relatively aligned with the dorsum.



Instructions For Care

1. Surface clean the Carpal-Glide™ with mild soap and water.

Left

Right

NC60000-L NC60000-R

NC60000-RP Replacement fabriffoam® pad



CE

North Coast Medical, Inc.
Gilroy, California U.S.A.
Authorised Representative
Medica Surgical Innovations Ltd.
BB2 4PB UK

To be used under the guidance of a qualified medical professional.