



**THUASNE**

**UniReliever OA**



## Medical Professional Instruction Guide

The rigid aircraft aluminum frame on the UniReliever will allow you to make subtle modifications to the shape of the brace to achieve a customized fit for the patient. Though our braces are fabricated with a durable powder coat finish, bending irons can scratch the finish so some soft interface must be used. Custom and/or customized UniReliever braces may not require adjustments. If you have questions regarding the fit or function of the brace, please call Townsend's customer service at 800-432-3466.

### Preparing To Fit The Brace

Fit the brace with the patient seated on the edge of a chair with the leg bent at approximately 25-40 degrees of flexion. Open the four posterior straps. You can initially leave the two anterior straps closed.

### Recommendations

Have the patient reapply the brace to his or her own leg to demonstrate his/her understanding of the positioning and strapping of the brace. Instruct the patient to initially wear the brace only 2-4 hours a day when doing activities that have typically caused the greatest degree of discomfort. The patient can gradually increase use after the initial two weeks. Reschedule the patient for a follow-up visit within 30 days.

### Trimming Strap & Pads

When strapping the brace for the first time, you should trim the straps and strap pads as needed to ensure the patient will be able to easily and adequately tighten the straps.

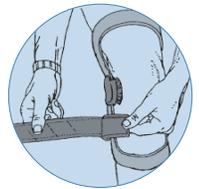
#### Trimming Straps:

To avoid cutting a strap too short, insert the strap through the chafe wire, remove the alligator hook tab, cut the strap to the desired length, then reapply the alligator tab.



#### Trimming Strap Pads:

Any pad that is too long can prevent the patient from completely tightening the strap. To shorten a strap, remove the pad and cut it short enough to prevent the pad from butting against the chafe wire.



### Fitting Instructions



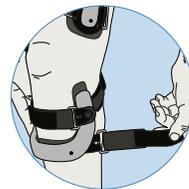
- 1)** Position the brace on the leg with the hinge aligned at knee center. The hinge should be offset from the knee, or just touching the knee. The hinge should not provide a counter force.



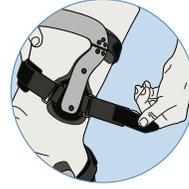
- 2)** While no specific strapping order is required, we recommend that you teach the patient to begin with the Synergistic Suspension Strap. This strap should be tightened securely in the flexion fold behind the knee (using the calf muscle as a natural shelf). This strap is most critical for suspending the brace.



- 3)** After tightening the Synergistic Suspension Strap, you may need to tighten or loosen the anterior tibia strap to set the anterior/posterior position of the hinge. The hinge should be at midline or just posterior to midline on the side of the knee. You should instruct the patient to NEVER tighten or loosen this strap after you set it.



- 4)** Tighten the bottom and top straps, making sure the hinge remains at knee center and the shells are in full contact with the leg.



- 5)** Tighten the distal posterior thigh strap. This strap will increase corrective force by angling the Adjustable Force Buttress into the leg. You can then loosen or tighten the anterior thigh strap to increase or decrease the correction applied by the Buttress. Once you have set the anterior strap, the patient should only need to tighten the four posterior straps each time they put on the brace.

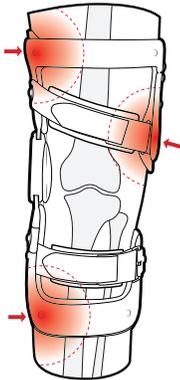




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## Adjusting Corrective Force

The rigid superstructure -- combined with the Adjustable Force Buttress -- will maintain the leg in a more neutral alignment and help redistribute load away from the damaged compartment. The patient can increase or decrease correction by tightening or loosening the two straps attached to the AF Buttress.

The Adjustable Force Buttress provides comfortable counter force just proximal to the knee joint. The three-point pressure applied by the brace helps to maintain normal leg alignment and reduce load on the compromised compartment (left illustration). The AF Buttress is constructed of a malleable, yet durable, stainless steel material. The material allows the Buttress to angle and compress into the side of the leg when the anterior and posterior straps are tightened. You can adjust the anterior strap during the initial fitting, and the patient can leave it closed and simply tighten the posterior strap when putting on the brace. To increase correction, the patient can also adjust the anterior strap.

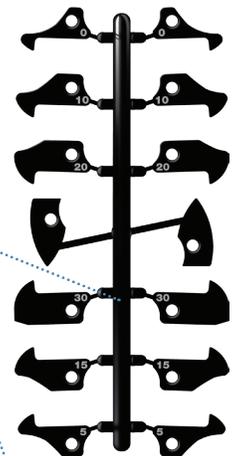
**You can also increase corrective force by installing a thicker condylar pad (included with the brace) on the hinge opposite the affected compartment.**

## Extension Stop Instructions

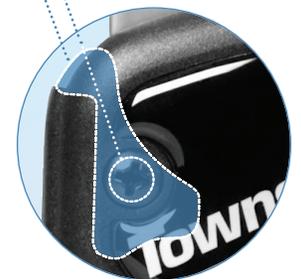
(An extension stop kit ships with every brace.)

At the time of fabrication, a zero degree extension stop has been installed in the TM5+ Hinge. To install a different extension stop, follow these instructions:

- 1) Twist off the desired stop from the nylon stop tree.
- 2) Remove the screw located on the side of the hinge.
- 3) After removing the screw, flex the brace and remove the zero degree stop from the hinge. Note the direction the stop is facing.
- 4) Insert the desired replacement stop, hole end first, with the hook end at the top and facing forward. Straighten the brace to full extension to push the stop down into position. The small hole in the stop must be aligned and visible through the screw hole so the screw will thread into the stop.
- 5) Reinsert and tighten the screw. Flex and extend the brace several times to ensure the stop is locked into position and functioning properly.



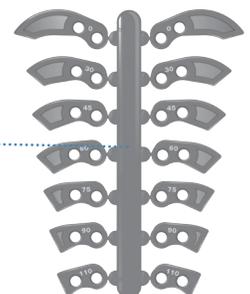
Extension Stop Kit



## Flexion Stop Instructions

(Flexion stops are an optional accessory item.)

- 1) To limit the degree of flexion, detach the desired stop from the metal tree. Each stop has the degree etched into the surface.
- 2) If you are installing the 0, 30, 45, 60, 75, 90 or 110 degree flexion stop, remove both screws from the posterior aspect of the hinge cap and take out the spacer that was installed at the factory. Insert the stop with the flat end facing up and position it so that both holes in the stop are visible through the screw holes in the cap. Thread and tighten the screws through the cap and into both holes in the stop.
- 3) Flex the brace until the upright contacts the stop to ensure it is functioning properly.





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## Patient Instruction Guide

The medical professional who fit your brace should make initial adjustments and provide assistance in teaching you how to put it on. We recommend that you refer to this guide to ensure you are putting the brace on properly. On the back of this document, you will find general information about the use and care of your brace, and warranty benefits.

### Preparing To Fit The Brace

Leave the two straps on the front side of the brace closed. You only need to open the four posterior (back) straps to be able to put on the brace. Always put on the brace while sitting down with your leg slightly bent (it is more difficult to put on the brace while standing or with your leg straight).

## Trimming Strap & Pads

When strapping the brace for the first time, you should trim the straps and strap pads as needed to ensure the patient will be able to easily and adequately tighten the straps.

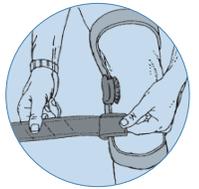
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## Fitting Instructions



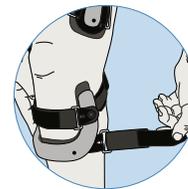
- 1)** Position the brace on the leg with the hinge aligned at knee center. The hinge should be offset from the knee, or just touching the knee. The hinge should not provide a counter force.



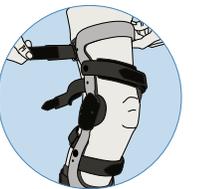
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## Care & Maintenance

**Hinge** – The hinge on your brace is pre-lubricated. If sand, dirt or water get inside the hinge, it may require periodic lubrication. If you notice the hinge is not gliding smoothly, a few drops of a synthetic lubricant can be applied. You can purchase this type of lubricant at a hardware store.

**Straps** – The straps on your brace are nonelastic for maximum control. After considerable use, if the fibers on your straps do not adhere as well to the Velcro “hook” tabs, if possible, cut the straps shorter so the Velcro hook tab adheres to a section of the strap that has fresher fibers. Otherwise the straps may need to be replaced.

**Pads** – Your brace is lined with padding that provides a comfortable interface between your leg and the shells. The straps also have pads. You should not remove the pads from the brace or straps. Wipe the pads after each use to remove any moisture and let the pads air dry. You can also clean the pads with a mild antibacterial soap and rinse them off with fresh water. DO NOT wash pads in a machine or dry them with a blow dryer.

## Parts & Service

The hinge, hinge cover, pads, straps and other parts on your brace may need to be refurbished or replaced due to normal wear and use. If your brace requires repairs or replacement parts, you should contact the professional who fit your brace.

## Undersleeves & Protective Covers

This brace is designed to be worn directly against the skin. A full length undersleeve or comfort thigh sleeve may be ordered if you prefer to wear a sleeve under your brace. Even though wearing an undersleeve may enhance comfort, a sleeve can potentially cause the brace to slip down your leg. If you intend to wear your brace for sports (football, soccer, baseball, etc.) or if you participate in activities that could damage the brace or paint, we recommend that you speak with the medical professional who fit your brace about ordering a protective cover. A cover is often required for team sports.

## Warranty Information

The superstructure (aircraft aluminum frame) and hinge on your UniReliever brace is covered by a one year limited warranty against defects in craftsmanship. This warranty provides repairs of non-cosmetic damage to the brace that occurs under normal use and conditions. A protective cover should be worn over the brace for sports and activities that could damage the finish of the brace. Straps, comfort pads and other replacement items are covered by a six month limited warranty. If you experience a problem, you should call the medical provider that supplied you with the brace.

## Product Disclaimer

This OA brace should be used in accordance with the directives of your physician as part of a treatment plan for managing your total health. While this type of OA brace has proven beneficial to many patients with unicompartment osteoarthritis, outcomes will vary based on factors including patient age, weight, general health, severity of OA, and/or the patients lack of understanding or compliance with instructions for how to put on and use the product. Townsend Design is an orthopedic manufacturer, not a provider of patient care services. Because Townsend Design was not involved in your assessment, fitting or education, the company cannot make specific guarantees this product will reduce your knee pain or joint degeneration. Because of variations in the health and condition of each patient, Townsend Design also does not make any specific recommendations regarding appropriate activities for the user of this brace. Additionally, while a Townsend OA brace may aid in decreasing the risk or degree of injury to the leg for which it is fabricated, Townsend Design cannot and does not guarantee that the brace will prevent injuries -- especially as the intensity of physical activity increases. Contact and high velocity sports are inherently dangerous and create a higher risk for injury. If you experience any skin reactions, loss of circulation, unusual knee pain or any other complication you think may be associated with the use of this product, stop wearing the brace and call the medical professional who prescribed and/or fit your brace.

