



THUASNE

## Rebel Reliever- Custom Fit



### Medical Professional Instruction Guide

#### Indications:

- Conditions requiring mild to moderate Osteoarthritis uni-compartmental offloading, bi-compartmental stabilizing, meniscal Cartilage Repair, Avascular Necrosis, Varus and Valgus instability

#### Contraindications:

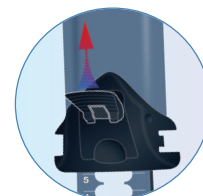
- Ambulatory patients with severe genu recurvatum
- Open Ulcerations
- Severe fluctuating edema
- Hyperbaric patients, patients who present DVT or a history of DVT
- High impact sports or activities
- Excessive varum or valgum knee angulation.

#### Initial Fitting Instructions

A condyle pad kit is included with the brace to give you the ability to amplify the three-point pressure at joint line – for increased unloading.

- 1) Ambulate the patient without the brace. You can note changes to the leg angulation and any “thrust” that occurs when the patient is at mid stance phase of gait on the affected leg. After applying the brace to the leg, you can have the patient walk again and make any necessary adjustments to the corrective force (see instructions on back page).
- 2) The adjustment kit includes additional condylar pads. You can use the thicker pads in the kit, as needed, to snug up the M-L and/or increase compression on the sides of the knee. The pad on the inside of the hinge opposite the affected compartment should be thicker than the pad on the affected side of the knee. Both pads can be the same thickness if that achieves the ideal amount of compression.
- 3) Adjusting the Length of Straps and Strap Pads The straps on the brace are generally longer than needed, and may require adjustment. The Velcro hook tab at the end of the strap can be removed, and the strap can be cut to the appropriate length. We recommend that you leave the strap as long as possible to increase the useful life of the strap. After wearing the brace for several months, the patient can cut the straps shorter to allow the Velcro hook tabs to fixate on fresh fibers. Strap pads, which diffuse load and increases comfort, may also need to be trimmed shorter during the initial fitting if the pad prevents the strap from tightening adequately to suspend the brace. Any trimmed pad should be re-centered on the strap.

- 4) Adjusting Corrective Force Rebel Reliever braces feature Townsend’s LOADSHIFTER Relief Mechanism (see illustrations, right) that allows corrective force adjustments to be made at the proximal end of the brace. The bilateral LOADSHIFTER mechanisms will allow you to shift the angle of the femoral shell as needed to increase correction and amplify the three-point pressure needed to reduce load on the affected compartment. Both uprights are preset during fabrication in a neutral position halfway up the slotted slide mechanism. To shift the shell and increase correction, you must unfasten the two thigh straps and lift up on the SnapLock lever to disengage the lock on the LOADSHIFTER. (ILLUSTRATION above) We generally recommend that you increase correction by extending the shell on the affected side, as increasing the length of the brace provides better leverage than shortening the brace on the unaffected side. After shifting the thigh shell to the desired position, you must reengage the SnapLock lever to lock shells into place. You can also trim the bottom ends of the thigh shell pad (just above the hinges) to the desired length once the shell position has been finalized. There are reference marks silk screened onto the slots in the brace. There is no correlation between these marks and a specific degree change. These marks will allow you to make notes in the patient’s chart regarding the initial setting.



Lift lever to release/move uprights; push down lever to lock uprights

#### How Do You Determine the Amount of Initial Correction?

How much you change the angle of the thigh shell will depend on a variety of factors including observations who make when ambulating the patient; severity of OA; soft tissue; and, the amount of corrective force the patient can comfortably tolerate. We generally recommend that you start slow and let the patient wear the brace for a couple of weeks. If additional correction is needed, you can see the patient again or allow the patient to make their own adjustments.

