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Spokane

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Spokane, WA 99218
Phone 509-620-9362
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**INSTRUCTIONS FOR
FRACTURE ORTHOSIS**

You have been fit with a fracture orthosis, as prescribed by your doctor. The purpose of this device is to provide stability while your fracture heals. Following are some commonly asked questions regarding this device:

WILL I HAVE THE PLASTIC TOUCHING MY SKIN?

No, a stocking must be worn between your skin and the device. This will provide minimal padding and absorption of perspiration.

WHAT TYPE OF SHOE WILL I NEED?

(If you have a fracture in your arm, skip to the next section.) If your fracture is in your lower extremity, a shoe will be required. An athletic or oxford type shoe works best. The shoe must have a tongue, with a lace or Velcro closure to be properly secured. Your orthosis was designed for a standard 1/2" heel rise, and must be worn with a shoe. Changing the heel height of the shoe can affect the function and stability provided. You may need to obtain a wider shoe, have your existing shoe stretched, or have the insole removed to allow adequate room for the device.

WEARING INSTRUCTIONS:

1. The orthosis should be snug at all times, but should not cause pain or discomfort.
2. Inspect your skin! Visual inspection of the skin is required three times per day to prevent problems from occurring (i.e. skin breakdown) and ensure the device is positioned properly. Have someone assist if needed.
3. Your physician must instruct you on specifics such as how often to remove the device (for purposes of changing the stocking, bathing, sleeping, etc.). Your physician will determine when and how much weight to put on your leg, or how much to use your hand/arm.
4. You must remove the orthosis to change the stocking and clean your skin as often as your physician recommends (see #3 above). It is not recommended to remove the device for sleeping unless your physician has instructed you to do so. The device must be kept clean (see instructions below).

CLEANING INSTRUCTIONS:

Your device may be wiped with a clean, damp cloth. Rubbing alcohol may be used for disinfection.

SPECIAL NOTE:

Keep device away from direct heat (i.e. heater, hot car) to prevent damage to the plastic. Do not attempt to modify your own device. Doing so will result in a void of warranty.

WHEN SHOULD I CALL CORNERSTONE?

1. If you see areas that are causing skin irritation, rubbing, blisters or bruising.
2. If you undergo significant weight or volume change that causes the device to fit too tight or too loose.
3. If you experience pain, numbness, or tingling from the device.
4. If you have any questions, call the correct office listed above.

If you have any problems with the use of your device; discontinue using it immediately and contact Cornerstone.

PLEASE CONTACT YOUR PHYSICIAN SHOULD YOU HAVE A CHANGE IN YOUR GENERAL HEALTH. We recommend that you do not drive with this device unless approved by your physician or the DOL/DMV.

Signature _____ Date _____

