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INSTRUCTIONS FOR HIP ABDUCTION ORTHOSIS

You have been fit with a hip abduction orthosis, as prescribed by your doctor. The purpose of this device is to provide stability and hold your hip in a more stable position. Following are some commonly asked questions regarding this device:

HOW DO I PUT THE DEVICE ON? (ASSISTANCE IS USUALLY REQUIRED)

1. Place the orthosis so the waist band sits in your waist (over hips), and the hip joint is positioned to the outside.
2. The hip joint must point straight ahead to fit properly.
3. Place the thigh cuff around your thigh, and secure the Velcro straps.

Note: *Frequent repositioning of the device is necessary throughout the day to maintain proper alignment!* (Although there is no guarantee that any orthosis will prevent dislocation, improper alignment can contribute to your chances of dislocating.)

REMOVING THE ORTHOSIS:

Reverse the above procedure to remove the orthosis. Inspect your skin daily to look for skin irritation.

WEARING INSTRUCTIONS:

1. The orthosis should be snug at all times.
2. Your physician must instruct you on specifics such as bathing, sleeping, etc.
3. You or an assistant will need to inspect your skin daily to prevent problems from occurring (i.e. skin irritation).

CLEANING AND MAINTENANCE INSTRUCTIONS:

Your device may be wiped with a clean, dry cloth. Padding may be removed to hand wash and air dry if needed. Rubbing alcohol may be used for disinfection. Inspect your device daily for any signs of damage or wear, such as cracking or loose parts. A yearly recheck is advised.

SPECIAL NOTE:

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