

⑥ Warnings and Precautions

Class 1 Medical Device. For corrected clubfoot only. When attached to ADM AFO use as a night-time and sleep time device only. Do not permit patient to walk, run, jump or play when using the device. ADM may be used with adapted ambulatory footwear (see separate instructions). Use correct size AFO, ADM and spring configuration as directed by your clinician. In case of patient intolerance or continued discomfort remove device and consult your clinician. Do not use if damaged. Device is not sterile and supplied for use by the original end user only. The device may be returned to C-Pro Direct for safe disposal or disposed / recycled as other household items. Store between 2 degree and 22 degree Centigrade. Keep out of direct sunlight, clean and dry.

⑦ Further Help and Advice

The amount of foot abduction and dorsiflexion achieved will depend on the patient's condition, range of motion and state of relaxation. Improved position is often achieved after 15 to 30 minutes of use and or sleep. If in doubt consult your clinician.

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Instructions For Use

Abduction Dorsiflexion Mechanism

① Intended Use / Contraindications

Abduction Dorsiflexion Mechanism for prevention of clubfoot relapse and / or supinated gait. Use only with ADM Ankle Foot Orthosis (as a night brace) or adapted ambulatory footwear (as a day brace) as directed by your clinician. Do not use on uncorrected or relapsed clubfeet. If in doubt consult your clinician. These instructions are for use with ADM AFO (night brace) see additional instructions for fitting of ADM Ankle Foot Orthosis or for use with ambulatory footwear.

② Fit ADM AFO to Patient

Fit ADM AFO to patient according to the supplied instructions.

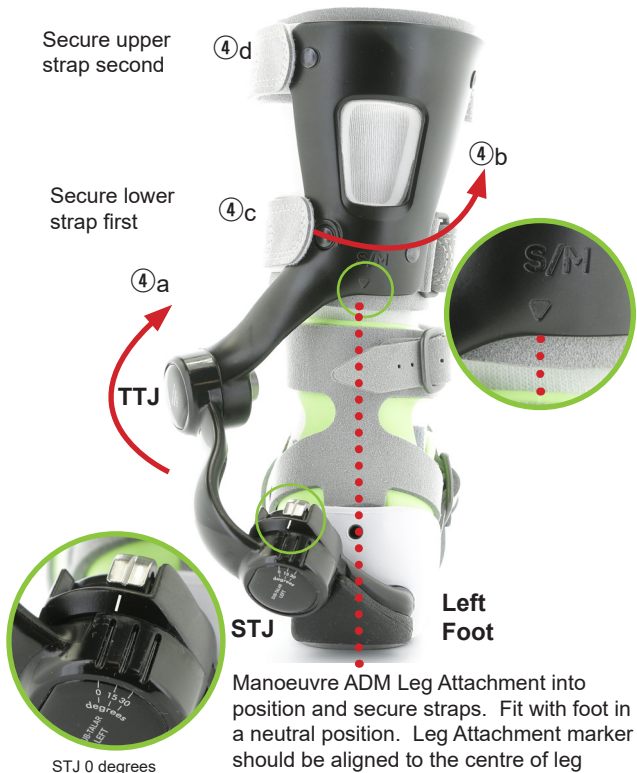


③ Attach ADM to AFO

Attach the ADM to the AFO. Ensure the side clips have "clicked" to secure the ADM to the AFO



④ Fit ADM to Leg



⑤ Verify Function

⑤_a Hold foot

Hold. Hold foot in plantarflexion



STJ 0 degrees abduction
TTJ 20 to 30 degrees plantarflexion

⑤_b Release foot

Release. Foot abducts and dorsiflexes if patient is relaxed. Amount of movement depends on patient condition.

See ⑦ for further guidance



STJ 5 to 30 degrees abduction
TTJ 5 to 30 degrees dorsiflexion