

MI 1-888-246-7667 FL 1-800-990-9557 www.binsons.com





## **KNEE ORTHOSES**

## PLEASE READ THIS COMPLETELY BEFORE USING

As with any medical device, it must be used properly and treated with respect. Following are some basic instructions to be used with good old-fashioned common sense.

You have been fit with a Knee Orthosis. Unless otherwise instructed, please use a gradual break in schedule to allow your body to get used to the device. Start with an hour today. Increase an hour per day as tolerated. Following use, remove your orthosis and inspect your skin. There may be some skin redness from pressure areas. Redness should not persist for more than 15 minutes after removal. Redness that does not disappear can be a sign of excess pressure. Discontinue use, also, if any



NOTE: Your orthosis may look different.

sign of numbness, tingling, color change, excessive itching, swelling or pain develops. Please contact our office for adjustments and do not reapply orthosis. Failure to do so could lead to blisters or open sores.

The orthosis is designed to help support your knee. It is to be worn during waking hours or for specific activities—you may need to discuss this with your doctor. Many people find their knee orthosis slips. This is usually because it has been place too low on the leg. Knee joints should line up about even with the top of your knee cap. Straps should be applied snug, not tight. Usually, knee orthoses are worn directly next to your skin. Because of this, frequent cleansing is very important. Your orthosis can be cleaned with a wash cloth and mild soapy water. Saddle soap can be used on leather portions. Make certain all soap residue is removed and the orthosis is completely dry before re-applying.

Make sure you are comfortable with how to properly put on and take off your orthosis. Never attempt to modify your orthosis yourself.

Please inspect your orthosis daily for any signs of wear including cracking, loose parts, or decreased effectiveness of the device and call our office as needed. A yearly check up is recommended.

Patient Signature\_\_\_\_\_

Date\_\_\_\_\_