GUIDELINES FOR PATIENT USING A

Donjoy TROM Knee Brace

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Introduction

The Donjoy TROM Knee Brace is used for the immobilization and protection of range of motion of the knee joint.

Indications:

- Immobilisation and protected range of motion associated with ACL, PCL, LCL and MCL surgeries.
- Immobilisation and protected range of motion associated with meniscal repairs
- Immobilisation and protected range of motion associated with knee injuries

The consultant will determine any limitations and the Range of movement setting for the Knee Brace along with the frequency and duration which the patient must wear the Knee Brace post-operatively.

STEP BY STEP INSTRUCTIONS FOR BRACE APPLICATION

Initial Preparation

- Lie flat on bed with knee fully extended while Knee Brace is fitted.
- Unfasten all the straps on the Knee Brace and adjust width of straps as necessary.

Brace and Hinge Placement

- Place Brace under the leg.
- Align the hinges with the KNEE CAP and the MIDLINE of leg.
- Ensure black side bars lie along the middle of the leg.
Securing the Straps

- First, fasten the straps above and below the knee.
- Fasten the remaining two straps.
- The straps can be pulled away from the frame to loosen or tighten to allow a proper fit to the leg. Ensure the hinges are either side of the KNEE and the bars are lying along the midline of the leg.
- ALL straps are fixed to the front of the leg for easy access.

Check Fit & Re-Tighten

Patient Education

- The Knee brace needs to be a secure fit. Ensure the Knee Brace fits snugly and does not move when you start walking.
- Once the Knee Brace is fitted correctly, you can remove the Knee Brace by opening all Straps and re-fit the Knee Brace by positioning the Knee and closing all straps.
NOTE: Your Health Care Professional will determine the FLEXION and EXTENSION restrictions and will adjust the Donjoy TROM Knee Brace during fitting.

**Individual Patient Notes:**

Consultant Name: ______________________________

Date of Surgery: ______________________________

Surgery Note: ______________________________

Flexion/Extension Limits: ______________________________

Weight Bearing Status: ______________________________

Walking Device: ______________________________

Date for removal of sutures ______________________________