

HIP ABDUCTION ORTHOSIS GUIDE

You have received a hip abduction orthosis from Orthotic & Prosthetic Specialties, Inc. Your orthosis is a specialized device, and its use may require specialized instructions. These may come from your Orthotist, Therapist, or Nurse as directed by your Physician. Your Physician determines the medical need and wearing schedule for your orthosis, which in turn determine your individualized instructions. Following are general guidelines for wearing and caring for your orthosis. Your doctor may alter or supersede any of them, and you should follow his/her directions carefully.

Your Hip Abduction orthosis may be used to treat a variety of acute, chronic, or post-operative conditions. It may be used to support a total hip replacement, which could be new, revised, or unstable. It may be used to treat various types of femur (thigh bone) fractures. The orthosis can be constructed of various materials and may be attached to other components to achieve more leverage and support. Your orthosis is probably intended to restrict the motion of your hip(s) in one or more of the following ways.

Abduction and adduction are the motions used to swing your leg out to the side or in, as in crossing one leg over the other. Flexion and extension are the motions used to swing your leg straight ahead or behind you as well as bending over or sitting down and getting up. Internal and external rotation are the motions used to point your foot out to the side or in towards your other foot.

It is very important that you understand what the unwanted motions and positions are for your specific case as determined by your physician. By restricting yourself appropriately, you will allow the orthosis to be more effective and more comfortable. Your physician will determine when, if at all, your orthosis is to be removed and how (lying down, sitting, standing) it is to be applied. Whatever the case, remember your restrictions in the movement and positioning of your leg(s). Your orthosis will have grooves or contours in the sides which should be placed at waist level. The joint (hinge) of the orthosis should be placed so it bends where your hip bends, and is pointed straight ahead. Periodic re-positioning of the orthosis will be necessary to achieve this placement, and will make the orthosis more effective and more comfortable.

A stocking worn under the orthosis will act as padding, make it easier to put on (don), take off (doff), and keep you drier from perspiration. Smooth out all wrinkles, keep the socks clean, and change them frequently. Using pure talcum powder or corn starch under the sock will help keep it dry.

Your orthosis may fit correctly and still feel uncomfortable at first. You may also experience some discomfort in other parts of your body in reaction to the new (corrected) alignment the orthosis is providing. If these conditions are severe or persist, contact your Orthotist.

Redness of the skin may develop under pressure areas of a new orthosis. Redness should lessen greatly or disappear in 10 to 30 minutes after the orthosis is removed, and as your tolerance increases, these areas may cease to occur at all. If the redness does not disappear or if your skin becomes sore or irritated, do not wear the orthosis, remain in bed (unless you have been instructed otherwise) and contact your Orthotist. Examine your skin frequently, at least two times a day.

Your orthosis may accumulate and absorb dirt and perspiration, and can be wiped out with a damp cloth, mild soap, or rubbing alcohol. Do not allow moisture to remain in any joints of your orthosis. Make sure no soap residue remains, and allow the orthosis to dry at room temperature or in front of a fan. Do not dry your orthosis with a hair dryer or place it on or near a heater. Use silicone, graphite, Teflon, or a very light household oil to lubricate joints and promptly wipe away any excess.

Please call Orthotic & Prosthetic Specialties, Inc. at 531-2773 if you notice signs of excessive wear anywhere on your orthosis, if any joints in your orthosis do not move freely, and if there is a change in the amount of motion allowed, if any fasteners are not secure, or if you are having other difficulties or have questions about your orthosis. Do not attempt to adjust or repair your orthosis yourself. We will make every attempt to resolve any problem or answer any question as soon as possible.