

A person is shown from the waist down, wearing blue jeans and a grey leg brace on their right leg. They are using two grey trekking poles on a dirt path. The background is a blurred green field. The entire image has a dark blue overlay.

**PBO**

**GROUP**

PROSTHETICS  
BRACING  
ORTHOTICS

# BRACING PATIENT HANDBOOK

# INTRODUCTION



## INTRODUCTION

# LET'S GET MOVING

At PBO Group we don't just appreciate your business. We value the fact that you've trusted us with your health. Our team is committed to providing all clients with best-in-class care.

PBO stands for Prosthetics, Bracing and Orthotics and our team of dedicated professionals is passionate about helping you achieve your health and lifestyle goals.

Our five Ontario clinics offer convenient access to superior care for a range of healthcare services, including:

- Prosthetics
- Off-the-Shelf and Custom Bracing
- Orthotics
- Compression Therapy
- Cranial Remolding
- Osseointegration Support

If you have any questions, please reach out to the Client Service Team at any time through our website at [www.pbogroup.ca](http://www.pbogroup.ca) or by calling 1-877-331-3395 or by using any of the site-specific phone numbers or email addresses below.

### PBO NIAGARA: HOTEL DIEU SHAVER REHABILITATION CENTRE

547 Glenridge Avenue, St. Catharines, Ontario L2T 4C2

**PHONE:** 905-688-2553

**EMAIL:** [clientcareniagara@pbogroup.ca](mailto:clientcareniagara@pbogroup.ca)

**FAX:** 905-688-3230

**HOURS:** Monday to Thursday – 8am to 5:30pm

### PBO KAWARTHA

1-210 Hunter Street West, Peterborough, Ontario K9H 2L2

**PHONE:** 705-745-1341

**EMAIL:** [clientcarekawartha@pbogroup.ca](mailto:clientcarekawartha@pbogroup.ca)

**FAX:** 705-745-7307

**HOURS:** Monday-Thursday 8:00am to 5:00pm | Friday 8:00am to 4:00pm

## INTRODUCTION

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## LET'S GET MOVING *continued*

### PBO BARRIE

100-115 Bell Farm Road, Barrie, Ontario, L4M 5G1

**PHONE:** 705-737-3021, 1-800-461-5609

**EMAIL:** [clientcarebarrie@pbogroup.ca](mailto:clientcarebarrie@pbogroup.ca)

**FAX:** 705-737-4002

**HOURS:** Monday – Thursday, 8:30am to 5:00pm | Closed Noon to 1:00pm  
Friday, 8:30am to 2:00pm

### PBO OWEN SOUND

1665 18th Ave E Unit 2, Owen Sound, ON N4K 3H7

**PHONE:** 519-371-0001

**EMAIL:** [clientcareowensound@pbogroup.ca](mailto:clientcareowensound@pbogroup.ca)

**FAX:** 519-371-4338

**HOURS:** Monday – Thursday, 9:00am to 4:00pm

### TORONTO: SCARBOROUGH

Unit 2, 31 Melford Drive, Scarborough, M1B 2G6

**PHONE:** 416-291-7434

**EMAIL:** [clientcaretoronto@pbogroup.ca](mailto:clientcaretoronto@pbogroup.ca)

**HOURS:** Monday – Friday, 8:30am to 4:30pm

### TORONTO: ETOBICOKE

8-90 Claireport Crescent, Etobicoke, ON M9W 6P4

**PHONE:** 905-624-9293

**EMAIL:** [clientcaretoronto@pbogroup.ca](mailto:clientcaretoronto@pbogroup.ca)

**FAX:** 289-514-1957

**HOURS:** Monday – Friday, 8:30am to 4:30pm

# PATIENT CARE

## PATIENT CARE

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# WARRANTY

At PBO Group, we are committed to ensuring that all client devices and supports are of the highest quality materials, well fit and built to last. We believe in our products and offer the following warranties from the date of final fit.

### CUSTOM-MADE DEVICES

Assuming normal usage, all custom-made devices are warrantied against defects for 6 months. Fit and function for these devices is warrantied for three months after final fit, with the exception of cases of significant changes in weight.

### CUSTOM-MADE PAEDIATRIC DEVICES

Assuming normal usage, paediatric devices are warrantied against defects for two months. Fit and function for these devices is warrantied for one month.

### SOFT SUPPORTS, PRE-MADE DEVICES, SHOES, COSMETIC ELEMENTS AND CONSUMABLES

These items are solely covered by the warranty provided by the original manufacturer.

### MANUFACTURER WARRANTIES

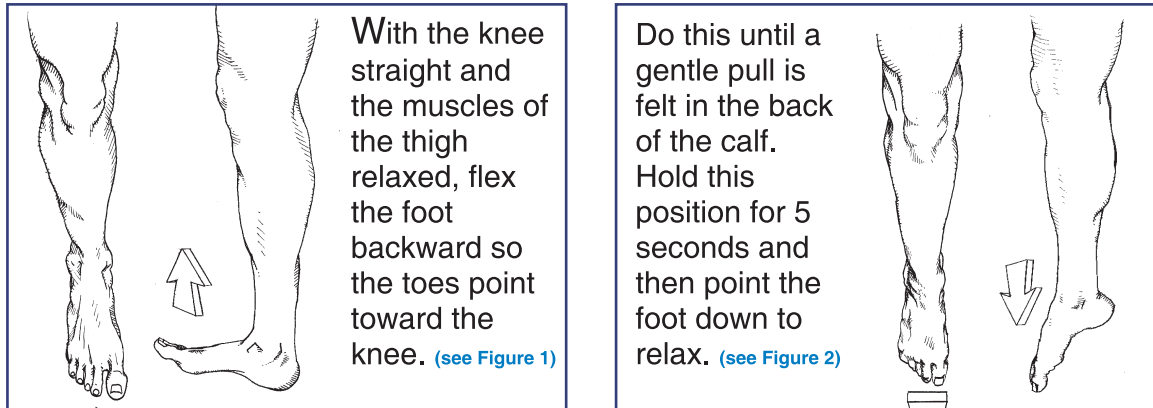
PBO Group also supports manufacturer's warranties to componentry. The client is responsible for the cost of shipping and/or related labour.

Please note that the Ministry of Health (ADP) does not contribute to the costs of repairs under any circumstance.

### LET'S WORK TOGETHER

To maximize the success and longevity of your device, please notify us immediately of any problems, visit us annually for maintenance and never attempt to modify a device yourself.

# CALF STRETCH



## PERFORM THIS SIMPLE STRETCH WHILE:

- Lying in or sitting on your bed
- Sitting in a chair with your leg supported by a stool
- Relaxing on the couch

**STEP 1:** Begin with your knee straight and your thigh muscles relaxed.

**STEP 2:** Flex your foot forward, so your toes point toward your knee.

**STEP 3:** Continue flexing your foot until you can feel a gentle pull in the back of your calf.

**STEP 4:** Hold this position for 5 seconds, then, point your foot down to relax.

# SHOE FITTING TIPS

Poor-fitting shoes can lead to foot pain, corns, calluses, hammertoes, bunions and other foot problems. Follow these simple tips to help ensure a proper fit.

- Buy shoes at the end of the day when feet are at their largest.
- Measure both feet and fit the shoe to your larger foot.
- There should be a thumb width between your longest toe and the end of the shoe. Note that your big toe may not be your longest toe.
- Remove the insole from the shoe and stand on it. Your foot should not overlap the insole.
- Do not expect shoes to stretch.
- There should be enough room in the shoe for your toes to wiggle.
- Try on shoes with the socks that you will most often wear.
- The shoes should initially be comfortable with minimal slipping at the heel.
- If you are fitting the shoe with a foot orthotic, ensure that the shoe has a removable insole. Remember that the foot orthotic will take up a little more room than the original insole.
- Shoe sizes vary by manufacturer, so select your shoes by fit, not size.

If you suffer from the loss of feeling in your feet, take extra care. The shoe may seem like it fits when in fact it is too tight. This can cause calluses or blisters and lead to dangerous infections.

**ALWAYS REMEMBER ...**

**IF THE SHOE DOESN'T FIT, DON'T BUY IT!**



# CONDITIONS

# DROP FOOT

### WHAT IS DROP FOOT?

Drop Foot is a general term used to describe the inability to lift the front of the foot off the ground. If you have drop foot, you may drag the front of your foot on the ground when you walk and/or compensate for your weakness. This can result in back, hip or knee pain.

Drop Foot is a sign of an underlying neurological, muscular or anatomical problem. It can be temporary or permanent, depending on the underlying condition.

### HOW IS DROP FOOT TREATED?

Treatment for Drop Foot can help decrease pain and improve balance and can include:

- An Ankle Foot Orthosis (AFO) that goes inside the shoe along the length of the foot and up the back of the calf. The AFO prevents the foot from dropping and provides ankle support during ambulation. This method can help reduce the risk of falling.
- Muscle stimulation is a newer treatment method for Drop Foot. Electrodes are specifically placed on the muscle to transmit an electrical signal to stimulate a muscular contraction to pick the foot up.

### IS THERE FUNDING AVAILABLE FOR DROP FOOT TREATMENT?

- The Ministry of Health's Assistive Devices Program (ADP) is a funding program that will provide up to 75% of the cost of a custom Ankle Foot Orthosis. The client and/or their supplementary insurance program covers the remaining 25%. If you are on ODSP, OW or ACSD, ADP will pay up to 100% of the approved Ankle Foot Orthosis cost.
- Health benefit programs will cover their approved amount for custom Ankle Foot Orthosis or muscle stimulation.

## CONDITIONS

# PERIPHERAL NEUROPATHY

### WHAT IS PERIPHERAL NEUROPATHY?

Peripheral Neuropathy is a condition that occurs as a result of damage to the peripheral nervous system. This damage distorts and/or interrupts signals between the brain and the rest of the body, most commonly in the extremities.

### WHAT ARE THE SYMPTOMS OF PERIPHERAL NEUROPATHY?

#### SYMPTOMS OF PERIPHERAL NEUROPATHY CAN INCLUDE:

- Numbness, tingling and prickling sensations
- Sensitivity to touch
- Muscle weakness
- Lack of sensation or pain

#### IN MORE EXTREME CASES SYMPTOMS CAN INCLUDE:

- Burning pain
- Muscle wasting
- Paralysis
- Organ and gland dysfunction

### HOW IS PERIPHERAL NEUROPATHY TREATED?

Treatment for Peripheral Neuropathy can include:

- Bracing and supports to help reduce the pain, minimize the impact of physical disability and protect insensate body parts by:
  - Compensating for muscle weakness
  - Alleviating nerve compression
  - Cushioning insensate areas
  - Supporting unstable joints

## CONDITIONS

# POSTERIOR TIBIA TENDON DYSFUNCTION (PTTD)

### WHAT IS POSTERIOR TIBIA TENDON DYSFUNCTION (PTTD)?

Posterior Tibia Tendon Dysfunction is the most common type of flatfoot that develops during adulthood. It is often referred to as "adult acquired flatfoot." It typically occurs in just one foot, but some people may develop it in both. PTTD is usually progressive, which means it will continue to get worse, especially if it isn't treated in the early stages.

### WHAT CAUSES PTTD?

PTTD is often caused by the overuse of the posterior tibial tendon. Symptoms usually occur after activities that involve that tendon, such as running, walking, hiking or climbing stairs.

### WHAT ARE THE SYMPTOMS OF PTTD?

#### SYMPTOMS OF PTTD GET WORSE AS THE CONDITION PROGRESSES AND CAN INCLUDE:

- Pain along the inside of the ankle
- Swelling
- Flattening of the arch
- Inward rolling of the ankle

### HOW IS PTTD TREATED?

#### TREATMENT FOR PTTD CAN INCLUDE:

- Orthotic devices or bracing
- Immobilization
- Physical therapy
- Medications
- Shoe modifications
- Surgery

# CHARCOT'S JOINT

### WHAT IS CHARCOT'S JOINT?

Charcot's Joint, also known as Charcot's Foot and Charcot's Disease, is a progressive destruction of a joint, most commonly the foot and ankle. It develops in people who cannot sense pain and are unaware of the early signs of an injury. People with diabetes and spinal cord injuries are especially at risk. Damage to the foot and ankle can occur unknowingly and gradually over the years and then rapidly progresses with permanent deformity resulting in just a few weeks.

### WHAT ARE THE SYMPTOMS OF CHARCOT'S JOINT?

Early stage symptoms include:

- Joint stiffness
- One foot/ankle warmer than the other

Later stage symptoms include:

- Pain, sometimes extreme
- Deformity and collapse of the arch of the foot
- Ulcers over deformed bones, possibly leading to infection and amputation

Preventing Charcot's joint from progressing into later stage symptoms is very important to help avoid foot deformities that can result in regular shoes no longer fitting.

### HOW IS CHARCOT'S JOINT TREATED?

The healing process for Charcot's Joint can take between one and two years and requires a lifetime of professional footcare. Early stage treatment includes:

- Use of a wheelchair, walker, crutches or cane for 3-6 months (or longer) to reduce weight and/or immobilize the foot/ankle

The second stage of treatment involves:

- Use of appropriate footwear, custom foot orthotics and/or bracing to protect the foot/ankle



# OSTEOARTHRITIS OF THE KNEE

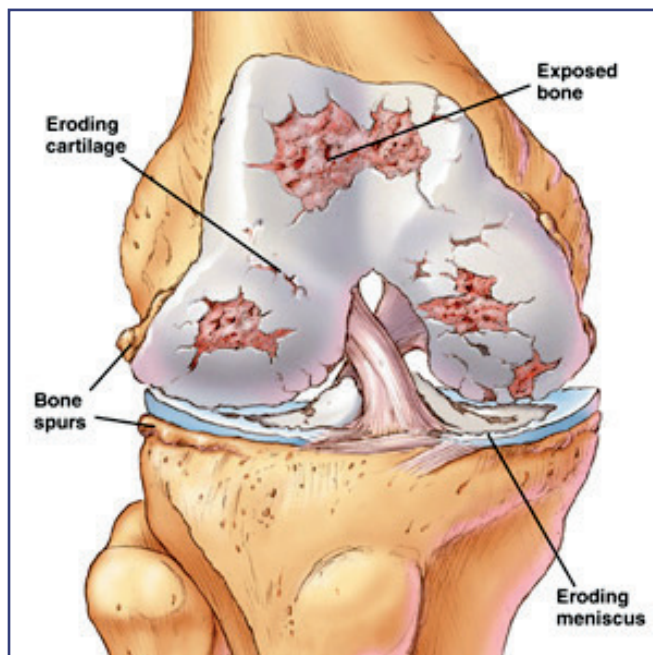
## WHAT IS OSTEOARTHRITIS OF THE KNEE?

Osteoarthritis of the Knee is the most common type of arthritis. It causes the degeneration of the articular cartilage of the knee joint.

As the cartilage of the affected joint becomes soft, erosion occurs at higher-friction areas. This causes the cartilage to lose its protective nature, which can lead to a change in the shape of the underlying bone, which in turn can lead to increased pain.

## WHAT ARE THE TREATMENT OPTIONS FOR OSTEOARTHRITIS OF THE KNEE?

- Custom foot orthotics
- Soft knee supports
- Custom “unloading” knee braces
- Visco elastic supplements
- Medication



## CONDITIONS

# TENNIS ELBOW (LATERAL EPICONDYLITIS)

### WHAT IS TENNIS ELBOW?

Tennis Elbow, or Lateral Epicondylitis, is a painful condition of the elbow caused by overuse. Not surprisingly, playing tennis or other racquet sports can cause this condition. Several other sports and recreational activities can also increase the risk of Tennis Elbow.

Tennis Elbow is an inflammation of the tendons that attach to the outside of the elbow called the lateral epicondyle. That inflammation is often caused by repetitive motions and overuse of the forearm muscles and tendons. As a result, pain and tenderness is felt in the area.

### WHAT ARE THE SYMPTOMS OF TENNIS ELBOW?

In most cases, Tennis Elbow symptoms develop gradually. The pain begins as mild, but slowly gets worse over weeks and months. Common symptoms are pain and burning or tenderness on the lateral epicondyle. If the condition is chronic, weak grip strength can occur.

### WHAT ARE THE TREATMENT OPTIONS FOR TENNIS ELBOW?

- Icing the elbow to reduce pain and swelling
- Using an elbow strap to protect the injured tendon from further strain
- Taking nonsteroidal anti-inflammatory medication (NSAIDs)
- Performing range of motion exercises to reduce stiffness and increase flexibility
- Getting physical therapy to strengthen and stretch the muscles
- Having injections of steroids or painkillers to temporarily ease some of the swelling and pain around the joint



## CONDITIONS

# PLANTAR FASCIITIS AND HEEL SPURS

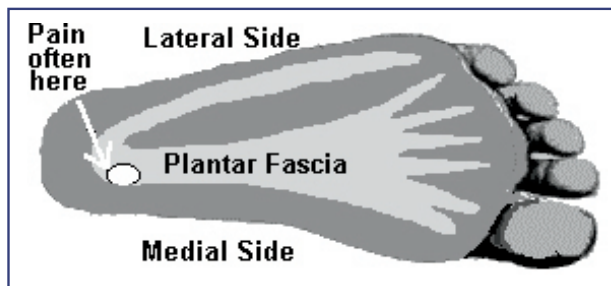
### WHAT IS PLANTAR FASCIITIS?

The Plantar Fascia is a thick, fibrous material on the bottom of the foot that helps to maintain the arch, general structure and stability of the foot.

Plantar Fasciitis is a common foot problem that starts as a dull, intermittent pain in the hall and/or arch of the foot that may progress to a sharp, persistent pain. In most cases of Plantar Fasciitis, the first few steps taken in the morning are the most painful.

### WHAT IS A HEEL SPUR?

Heel Spurs are a later, more advanced form of Plantar Fasciitis.



### HOW ARE PLANTAR FASCIITIS AND HEEL SPURS TREATED?

If unaddressed, Plantar Fasciitis can become a chronic condition and it may take several months before the painful symptoms improve. Therefore, it's important to seek treatment as early as possible. Common treatments include:

- Ice
- Rest
- Custom Foot Orthotics
- Night Splints
- Medication

## CONDITIONS

# CARPAL TUNNEL SYNDROME

### WHAT IS CARPAL TUNNEL SYNDROME?

Carpal Tunnel Syndrome is a numbness, tingling sensation and/or weakness of the wrist.

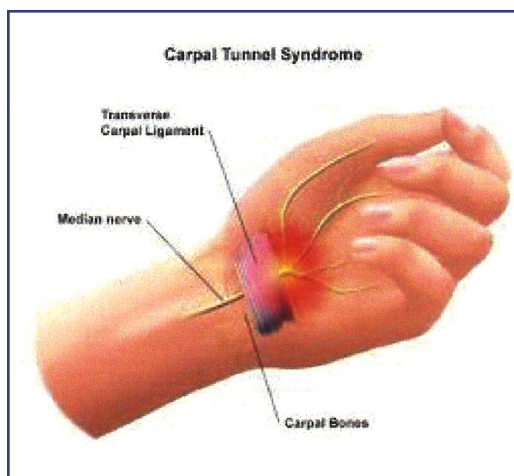
The median nerve and several tendons run from your forearm to your hand through a small space at the wrist called the carpal tunnel. Carpal Tunnel Syndrome occurs when there is increased pressure on the median nerve due to trauma, overuse or repetitive movements which cause the muscles to become inflamed.

### WHAT ARE THE SYMPTOMS OF CARPAL TUNNEL SYNDROME?

The median nerve controls movement and feeling to your thumb, index, middle and ring fingers. If you have Carpal Tunnel Syndrome, you will experience numbness, tingling and/or weakness specifically with these fingers. These symptoms are often felt at night or during specific activities.

### WHAT ARE THE TREATMENT OPTIONS FOR CARPAL TUNNEL SYNDROME?

- Proper instruction regarding required rest and restrictions of certain activities and use of the hand
- Wrist brace/splint to help prevent excessive flexion and extension of the wrist
- Medication including corticosteroid injections
- Surgery



# FUNDING



## FUNDING

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# OVERVIEW

PBO Group works closely with our clients to assess their needs and support them in exploring all available funding opportunities.

### PBO GROUP HAS BILLING PRIVILEGES WITH THE FOLLOWING FUNDING SOURCES:

- Assistive Devices Program (ADP)
- Workers Safety Insurance Board (WSIB)
- Department of Veterans Affairs (DVA)
- Non Insured Health Benefits For First Nations and Inuit (NIHB)
- Ontario Disability Support Program (ODSP)
- Ontario Works (OW)
- Assistance for Children with Severe Disabilities (ACSD)
- War Amps of Canada
- Champs Program
- March of Dimes
- Easter Seals
- Private Health Insurance Plans

If you have any questions about accessing additional funding for your devices, the PBO team is here to help you.

## FUNDING

# ASSISTIVE DEVICES PROGRAM (ADP) FUNDING

### WHO QUALIFIES FOR ASSISTIVE DEVICES PROGRAM (ADP) FUNDING?

Any permanent resident of Ontario with a valid health card and a long-term physical disability that requires an aid for six months or longer can apply for Assistive Devices Program (ADP) Funding.

### WHICH AIDS QUALIFY FOR ASSISTIVE DEVICES PROGRAM (ADP) FUNDING?

- Braces
- Prosthetic limbs
- Lymphedema compression garments

### HOW MUCH FUNDING WILL ADP CONTRIBUTE TOWARD MY DEVICE?

ADP will pay up to 75% of the approved price. You or your supplementary health insurance company will be charged for the remaining 25%, as well as any additional components or procedures not covered by ADP. In some cases, other government or charitable funding may be available. If you receive social assistance benefits from OW, ODSP or ACSD, ADP may pay up to 100% of the approved price.

### HOW DO I APPLY FOR ADP FUNDING?

The first step is to consult with an approved ADP authorizer or provider, like any of our PBO Group locations and complete the appropriate application form.

For additional information on the ADP program, contact the PBO Group or:

Ministry of Health and Long-term Care

Tel. 1.800.268.6021

[www.health.gov.on.ca](http://www.health.gov.on.ca)

# WEAR & CARE

## WEAR & CARE

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# BRACES

New braces should be broken in gradually to limit joint discomfort and skin irritation.

### FOLLOW THESE TIPS FOR A BETTER BREAK-IN EXPERIENCE:

- Begin wearing your brace for 30 minutes in the morning and 30 minutes in the afternoon. Check for skin irritation after each use.
- Continue to increase each break-in period by 15 minutes (as tolerated) until you can consistently wear the device.
- Minor problems can be addressed at your recheck appointment, but if you experience significant pain, blistering or red areas which do not diminish before your next use, STOP wearing the brace and contact us for an appointment.
- Wear your brace with clean socks and shoes that fit properly, are in good condition and are appropriate for any medical condition you may have.
- Check your device daily for cracks, noises and loose attachments. If any are detected, contact us immediately.
- Periodically hand wash your brace with mild soap and water.
- Visit us as least annually for biomechanical and device check-ups.

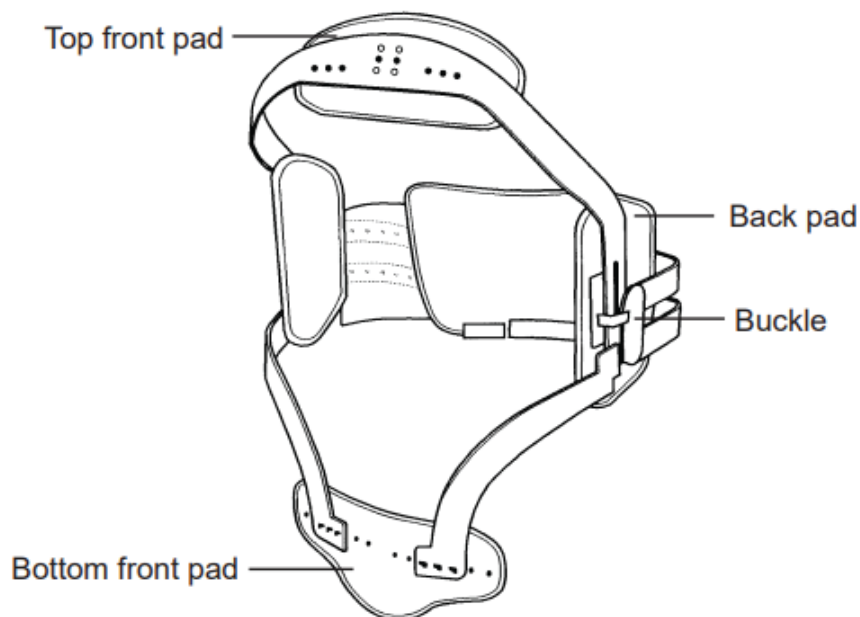
# JEWETT BRACE AFTER STABLE FRACTURE

IMPORTANT INSTRUCTIONS FOR PATIENTS, HEALTHCARE WORKERS AND CAREGIVERS

## WHAT IS A JEWETT BRACE?

A Jewett brace keeps your back in the proper position while it is healing. Your doctor will tell you when to wear your brace during the day and how long to wear it.

## PARTS OF THE JEWETT BRACE



## THINGS TO REMEMBER ABOUT WEARING YOUR BRACE:

- Always wear a t-shirt under the brace so there is something between your skin and the plastic. The t-shirt will help soak up any moisture or sweat.
- You won't be able to move in all directions or sit in all types of chairs. The brace is supposed to limit some movements and positions so you can heal properly.
- If you have redness in a small area or areas under or around your brace, call your orthotist. This is the person who made or fit your brace. They can make changes to your brace so it won't rub.
- Talk to your doctor or other members of your healthcare team if you have any questions.



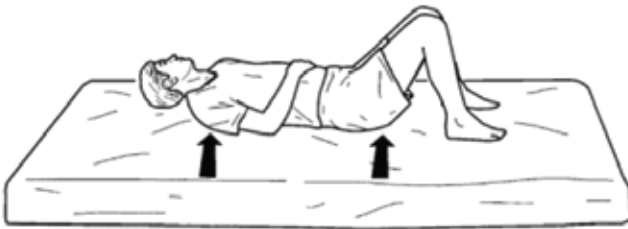
# JEWETT BRACE AFTER STABLE FRACTURE

*continued*

### FOLLOW THESE STEPS TO PUT ON YOUR BRACE WHILE LYING DOWN:

#### 1. MOVE TO ONE SIDE OF YOUR BED.

- You can do this yourself by using your arms and legs to move your hips over.
- If you need help, have a caregiver pull the sheet under you to move you over to one side.



#### 2. ROLL TO THE OPPOSITE SIDE OF THE BED, ALMOST ONTO YOUR STOMACH.

- First, bend both legs by sliding your heels toward your buttocks.
- Then, push with your heels and roll onto your side. Roll like a log. Don't twist!



#### 3. PUT ON THE FRONT OF THE BRACE.

- You will need someone to help you with this.
- Have your caregiver put the front half of the brace on you while you are lying on your side.
- Make sure the upper pad is across your breastbone (sternum) and the lower pad is across the front of your lower abdomen (pubic bone).



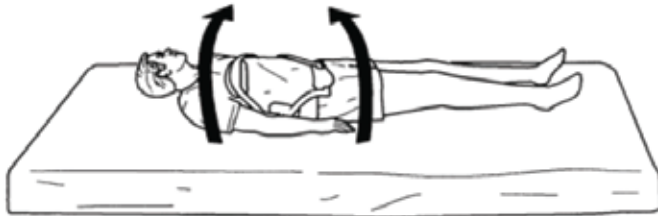
## WEAR & CARE

# JEWETT BRACE AFTER STABLE FRACTURE

*continued*

### 4. PUT ON THE BACK OF THE BRACE.

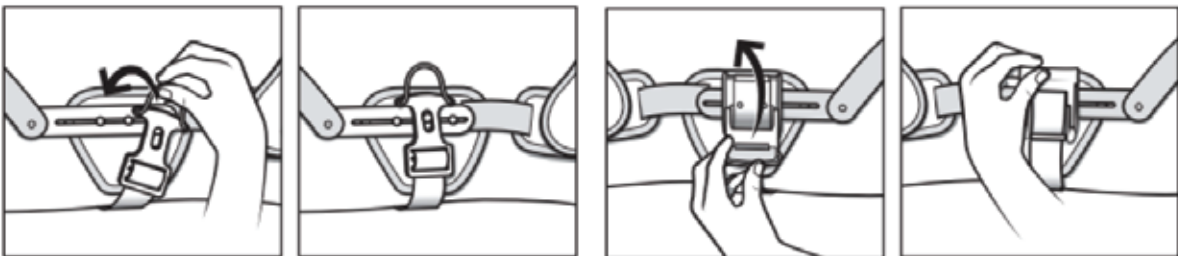
- Move it around to your back or slide it under the side of your body.
- Make sure the back pad covers your lower back.



### 5. BUCKLE THE FRONT AND BACK PIECES OF THE BRACE TOGETHER.

To buckle the Jewett brace:

- A. On the right side of the brace, pull the loop on the plastic tab up and over the screw. Insert the screw into the slotted hole to lock it in place.
- B. On the left side of the brace, push the lever of the buckle down to lock it in place. You should hear a double click.
- C. Check to see that your brace is straight before getting up. Adjust it if you need to.

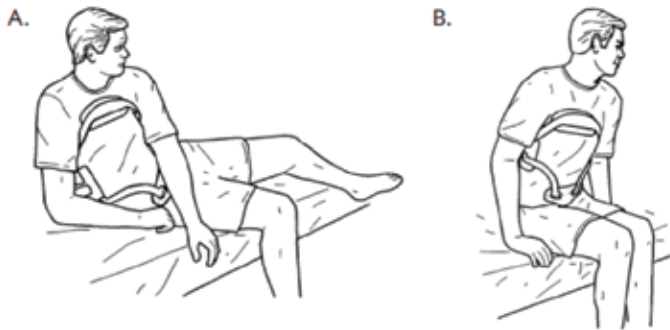


# JEWETT BRACE AFTER STABLE FRACTURE

*continued*

### 6. GET OUT OF BED.

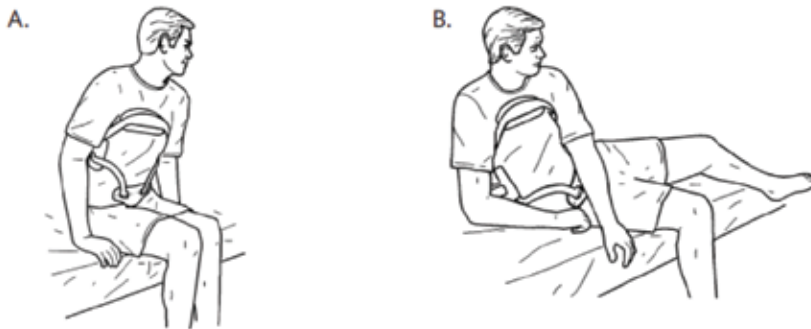
- Log roll onto your side.
- Drop your legs over the side of the bed and push yourself up to sitting.



### FOLLOW THESE STEPS TO TAKE OFF YOUR BRACE WHILE LYING DOWN:

#### 1. LIE DOWN ON THE BED.

- Sit on the side of the bed and lean down on your elbow and forearm.
- Lift your legs up onto the bed while you are still leaning on your arm.
- Log roll from your side onto your back.



# JEWETT BRACE AFTER STABLE FRACTURE

*continued*

### 2. LOG ROLL ONTO YOUR SIDE.

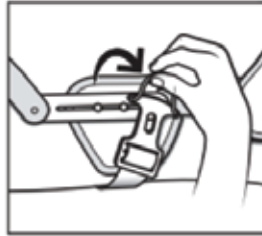
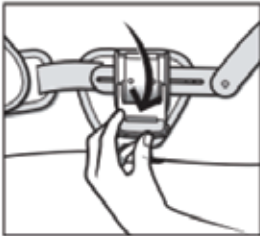
- Log roll onto your side.



### 3. UNBUCKLE THE JEWETT BRACE.

To unbuckle the brace:

- A. Pull back the buckle on the left side of the brace.
- B. Lift the plastic tab off of the screw on the right side.



### 4. PUSH THE BACK PIECE OF THE BRACE UNDER YOUR SIDE TO YOUR BACK OR LIFT IT TOWARD THE FRONT BRACE SECTION.

### 5. LOG ROLL ONTO YOUR BACK AND REMOVE THE BRACE.

## WEAR & CARE

# JEWETT BRACE AFTER STABLE FRACTURE

*continued*

### FOLLOW THESE STEPS TO PUT YOUR BRACE ON WHILE SITTING UP:

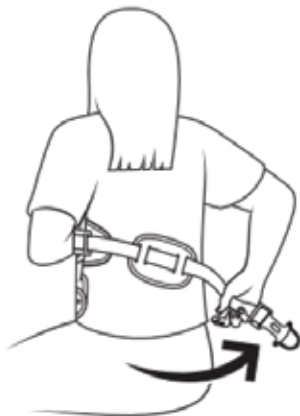
#### 1. PUT ON THE FRONT OF THE BRACE.

- Make sure the upper pad is across the breastbone (sternum) and the lower pad is across the front of your lower abdomen (pubic bone).



#### 2. PUT ON THE BACK OF THE BRACE.

- Make sure the pad is centred properly on your lower back.





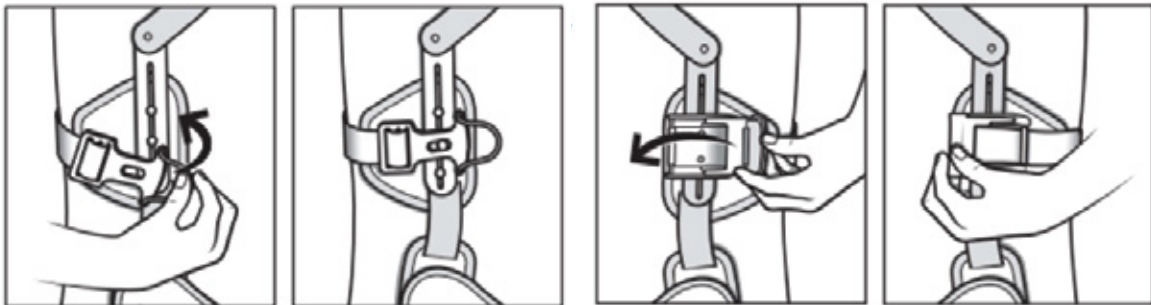
# JEWETT BRACE AFTER STABLE FRACTURE

*continued*

### 3. BUCKLE THE FRONT AND BACK PIECES OF THE BRACE TOGETHER.

To buckle the Jewett brace:

- A. On the right side of the brace, pull the loop on the plastic tab up and over the screw. Insert the screw into the slotted hole to lock it in place.
- B. On the left side of the brace, push the lever of the buckle down to lock it in place. You should hear a double click.
- C. Check to see that your brace is straight before getting up. Adjust it if you need to.



### FOLLOW THESE STEPS TO TAKE OFF YOUR BRACE WHILE SITTING UP:

#### 1. UNBUCKLE THE JEWETT BRACE.

To unbuckle the Jewett brace:

- A. Pull back the buckle on the left side of the brace.
- B. Lift the plastic tab off of the screw on the right side.

#### 2. PUSH THE BACK PIECE OF THE BRACE UNDER YOUR SIDE TO YOUR BACK OR LIFT IT TOWARD THE FRONT BRACE SECTION.

#### 3. REMOVE THE BRACE.

# JEWETT BRACE AFTER STABLE FRACTURE

*continued*

### IMPORTANT REMINDERS:

#### BATHING

Sponge bathing is recommended while wearing your brace. It is not recommended that you wear your brace in the shower or bath as the metal can rust and pads can become moldy. As your back heals you may be permitted to shower without the brace, but only as directed by your surgeon.

#### CLEANING THE BRACE

Someone will need to help you clean the brace. Use mild soap and water to clean the padded areas. Be sure to allow the pads to dry completely before wearing it again. Do not put the brace under water.

#### DRESSING

Wear a snug t-shirt or undershirt under the brace for both skin protection and comfort. Put the t-shirt on while lying in bed, rolling side to side.

#### SKIN CARE

Have someone help you check your skin for any red areas every day. If there are any red areas that do not go away or have increasing discomfort from the brace, let the Orthotist know. Let your surgeon know if discomfort continues.

#### COST OF THE BRACE

OHIP does not cover the cost of the brace. You will be given an invoice for the cost of the brace. Some health insurance plans may reimburse you for the cost. You can ask for a prescription from your surgeon.

**If you have any problems, questions or concerns regarding your brace, please call the Orthotist who supplied the brace.**

References [https://www.uhn.ca/PatientsFamilies/Health\\_Information/Health\\_Topics/Documents/Using\\_a\\_Jewett\\_Brace.pdf](https://www.uhn.ca/PatientsFamilies/Health_Information/Health_Topics/Documents/Using_a_Jewett_Brace.pdf)  
<https://www.hamiltonhealthsciences.ca/wp-content/uploads/2019/08/JewettBrace-trh.pdf>

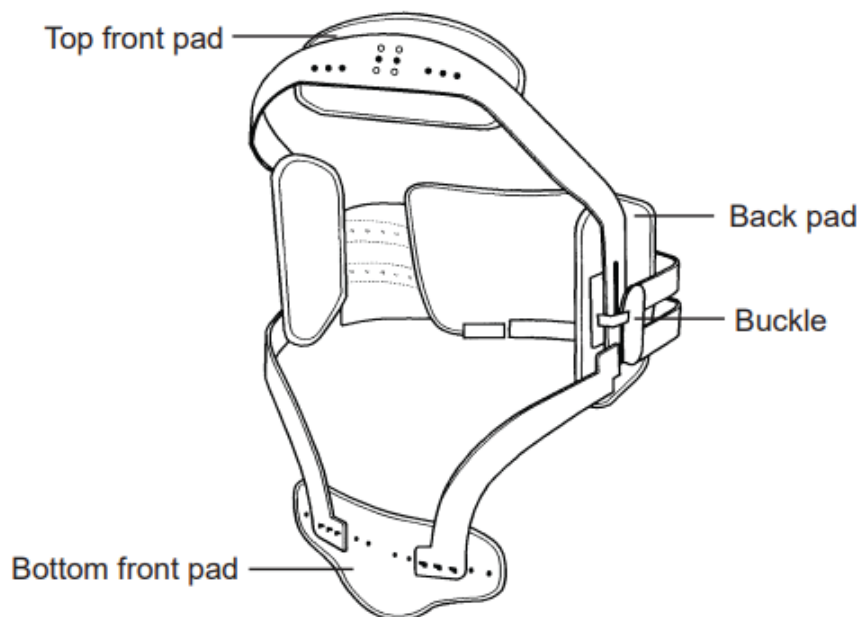
# JEWETT BRACE AFTER UNSTABLE FRACTURE

## IMPORTANT INSTRUCTIONS FOR PATIENTS, HEALTHCARE WORKERS AND CAREGIVERS

### WHAT IS A JEWETT BRACE?

A Jewett brace keeps your back in the proper position while it is healing. Your doctor will tell you when to wear your brace during the day and how long to wear it.

### PARTS OF THE JEWETT BRACE



### THINGS TO REMEMBER ABOUT WEARING YOUR BRACE:

- Always wear a t-shirt under the brace so there is something between your skin and the plastic. The t-shirt will help soak up any moisture or sweat.
- You won't be able to move in all directions or sit in all types of chairs. The brace is supposed to limit some movements and positions so you can heal properly.
- If you have redness in a small area or areas under or around your brace, call your orthotist. This is the person who made or fit your brace. They can make changes to your brace so it won't rub.
- Talk to your doctor or other members of your healthcare team if you have any questions.

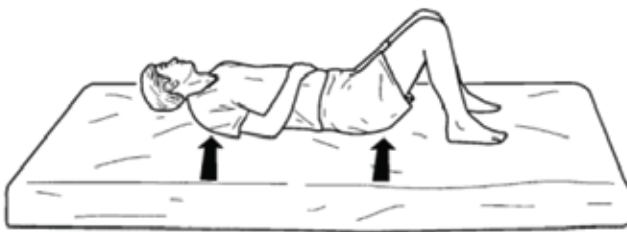
# JEWETT BRACE AFTER UNSTABLE FRACTURE

*continued*

### FOLLOW THESE STEPS TO PUT ON YOUR BRACE WHILE LYING DOWN:

#### 1. MOVE TO ONE SIDE OF YOUR BED.

- You can do this yourself by using your arms and legs to move your hips over.
- If you need help, have a caregiver pull the sheet under you to move you over to one side.



#### 2. ROLL TO THE OPPOSITE SIDE OF THE BED, ALMOST ONTO YOUR STOMACH.

- First, bend both legs by sliding your heels toward your buttocks.
- Then, push with your heels and roll onto your side. Roll like a log. Don't twist!



#### 3. PUT ON THE FRONT OF THE BRACE.

- You will need someone to help you with this.
- Have your caregiver put the front half of the brace on you while you are lying on your side.
- Make sure the upper pad is across your breastbone (sternum) and the lower pad is across the front of your lower abdomen (pubic bone).

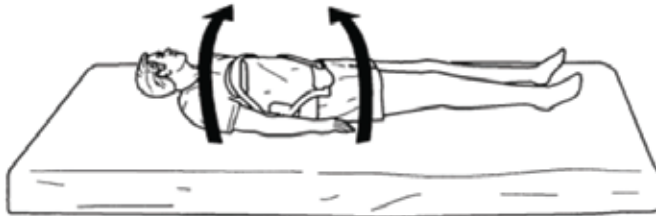


# JEWETT BRACE AFTER UNSTABLE FRACTURE

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### 4. PUT ON THE BACK OF THE BRACE..

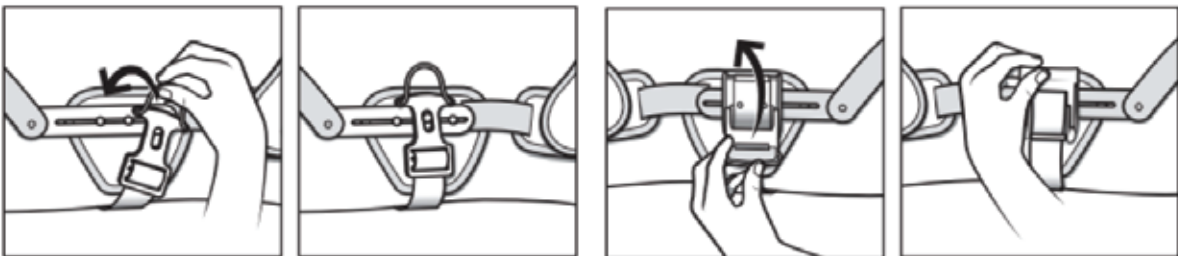
- Move it around to your back or slide it under the side of your body.
- Make sure the back pad covers your lower back.



### 5. BUCKLE THE FRONT AND BACK PIECES OF THE BRACE TOGETHER.

To buckle the Jewett brace:

- A. On the right side of the brace, pull the loop on the plastic tab up and over the screw. Insert the screw into the slotted hole to lock it in place.
- B. On the left side of the brace, push the lever of the buckle down to lock it in place. You should hear a double click.
- C. Check to see that your brace is straight before getting up. Adjust it if you need to.

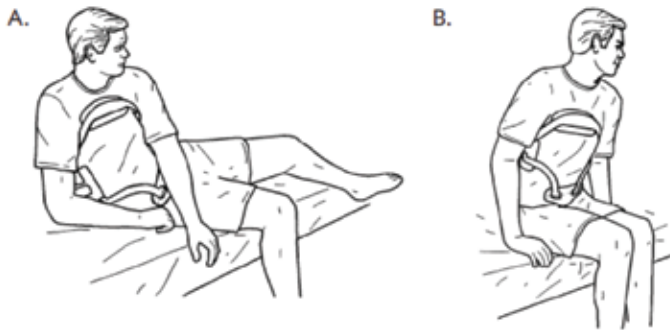


# JEWETT BRACE AFTER UNSTABLE FRACTURE

*continued*

### 6. GET OUT OF BED.

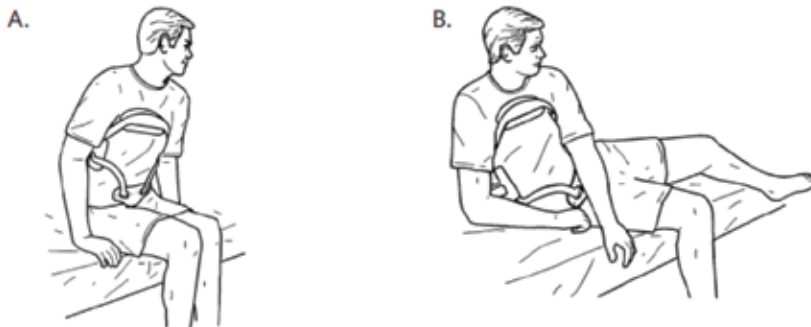
- Log roll onto your side.
- Drop your legs over the side of the bed and push yourself up to sitting.



## FOLLOW THESE STEPS TO TAKE OFF YOUR BRACE WHILE LYING DOWN:

### 1. LIE DOWN ON THE BED.

- Sit on the side of the bed and lean down on your elbow and forearm.
- Lift your legs up onto the bed while you are still leaning on your arm.
- Log roll from your side onto your back.



## WEAR & CARE

# JEWETT BRACE AFTER UNSTABLE FRACTURE

*continued*

### 2. LOG ROLL ONTO YOUR SIDE.

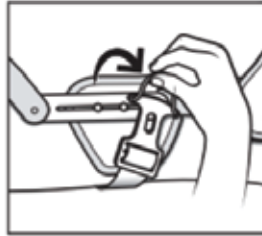
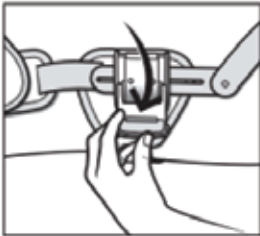
- Log roll onto your side.
- Drop your legs over the side of the bed and push yourself up to sitting.



### 3. UNBUCKLE THE JEWETT BRACE..

To unbuckle the brace:

- A. Pull back the buckle on the left side of the brace.
- B. Lift the plastic tab off of the screw on the right side.



### 4. PUSH THE BACK PIECE OF THE BRACE UNDER YOUR SIDE TO YOUR BACK OR LIFT IT TOWARD THE FRONT BRACE SECTION.

### 5. LOG ROLL ONTO YOUR BACK AND REMOVE THE BRACE.

# JEWETT BRACE AFTER UNSTABLE FRACTURE

*continued*

### IMPORTANT REMINDERS:

#### BATHING

Sponge bathing is recommended while wearing your brace. It is not recommended that you wear your brace in the shower or bath as the metal can rust and pads can become moldy. As your back heals you may be permitted to shower without the brace, but only as directed by your surgeon.

#### CLEANING THE BRACE

Someone will need to help you clean the brace. Use mild soap and water to clean the padded areas. Be sure to allow the pads to dry completely before wearing it again. Do not put the brace under water.

#### DRESSING

Wear a snug t-shirt or undershirt under the brace for both skin protection and comfort. Put the t-shirt on while lying in bed, rolling side to side.

#### SKIN CARE

Have someone help you check your skin for any red areas every day. If there are any red areas that do not go away or have increasing discomfort from the brace, let the Orthotist know. Let your surgeon know if discomfort continues.

#### COST OF THE BRACE

OHIP does not cover the cost of the brace. You will be given an invoice for the cost of the brace. Some health insurance plans may reimburse you for the cost. You can ask for a prescription from your surgeon.

**If you have any problems, questions or concerns regarding your brace, please call the Orthotist who supplied the brace.**

References [https://www.uhn.ca/PatientsFamilies/Health\\_Information/Health\\_Topics/Documents/Using\\_a\\_Jewett\\_Brace.pdf](https://www.uhn.ca/PatientsFamilies/Health_Information/Health_Topics/Documents/Using_a_Jewett_Brace.pdf)  
<https://www.hamiltonhealthsciences.ca/wp-content/uploads/2019/08/JewettBrace-trh.pdf>



## WEAR & CARE

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# JEWITT HYPER EXTENSION ORTHOSIS AND CASH BRACE

Both the Jewitt Hyper Extension Orthosis and CASH Brace are designed to keep you from bending or flexing in the thoracic spine area. They still allow you to bend at your hips and hyperextend your back, you just will not be able to bend forward.

### HOW DO THEY WORK?

These braces work by pushing on your sternum and pubic bone in the front and middle of your back with a back strap.

### WEAR AND CARE TIPS

- Wear these braces as snug as possible. This allows your back to be kept at its straightest, which provides better support. It will also keep it from shifting on your body.
- Wear a t-shirt under the orthosis to help absorb perspiration and keep the pads from sticking to your skin.
- This orthosis can get wet with no major problems. The back pad may hold a little bit of water, but it will dry overnight. If it doesn't, placing a small towel between the pad and the body will protect the back from moisture.
- Feeling pressure on the sternum is a common complaint. A simple way to relieve some of the pressure is to place two pads or washcloths on each end of the sternal pads. This acts to bridge the sternal bone and push on the chest muscles.

If you have any questions or concerns, do not hesitate to contact us.

# CERVICAL ORTHOSIS AFTER UNSTABLE INJURY

## IMPORTANT INSTRUCTIONS FOR HEALTHCARE WORKERS AND CAREGIVERS

With an unstable injury, the spine does not have enough structural integrity to support the head and body above the injury site. To reduce the risk of neurological injury, it is important to immobilize the injury site by:

- Ensuring your head is supported and held still while donning/doffing of the collar, during skin care, etc.
- Only removing the collar when you are lying down with the weight of your head supported by the bed
- Not moving your neck during time when the collar is off

Having someone monitor and assist you to ensure there is no movement of your neck

## WHEN REMOVING THE COLLAR:

- Take care not to jar the neck.
- The Velcro straps can be undone in any order.
- Remove one pad at a time and install the matching clean pad with the same orientation.
- Have someone inspect your skin and clean it if necessary.
- Change and wash the pad set on a daily basis – an extra pad set is provided.
- Clean the pad set by washing it in the sink using a mild soap and water solution, rinse well, wring out and air dry until the following day's exchange.

## TO DONN THE COLLAR:

- First slide the back portion on the back of the neck. Compressing the mattress of the bed can make this easier.
- Center the brace on the neck with the straps at the neckline.
- Donn the front portion by tucking the chin section under the neck.
- Connect the Velcro straps.
- The straps can be tightened by alternating left and right sides. Make sure to fully disconnect the Velcro before pulling the strap tighter.
- The goal is to get the collar quite snug and have an equal amount of tightness on both left and right sides.

# CERVICAL ORTHOSIS AFTER UNSTABLE INJURY

*continued*

- Once complete the strap lengths should match one another.

If the collar is donned too loose, the chin will be able to slide inside the brace and immobilization of the neck will be poor.

### IMPORTANT REMINDERS:

- Even with the collar donned properly, movement **MUST BE** minimized to reduce risk of further injury. A second injury can be very serious with a vulnerable spine.
- Changes in behaviour and activities will be required to minimize movement and it is important for caregivers to communicate and support these changes.
- Extra pads sets are often lost or accidentally thrown away. Be sure to keep track of the pads when being moved to a different hospital, hospital floor, or returning home.
- Extra pad sets are available upon request at a cost.
- Ensure you are positioned in a manner that works with the collar to stabilize the neck. For example, too many pillows behind the head can force the neck into flexion and result in high sternal pressures from the brace.
- When it is safe to shower, the collar can be worn, and dry pads installed afterwards. The Velcro straps will remain damp until they air dry.

# CERVICAL ORTHOSIS AFTER STABLE INJURY

## IMPORTANT INSTRUCTIONS FOR HEALTHCARE WORKERS AND CAREGIVERS

With a stable injury, the spine has enough structural integrity to support the head and body above the injury site. As the risk of neurological injury is lower, you can sit upright for donning/doffing of the collar, skin care etc. While the collar is off, it is important to remember that:

- You must not move your neck.
- If you are unable to keep your neck from moving the injury should be treated as unstable, and the collar should only be removed when you are lying down with the weight of the head supported by the bed.
- If necessary, enlist the help of a second caregiver to ensure your neck does not move.

## WHEN REMOVING THE COLLAR:

- Take care not to jar the neck.
- The Velcro straps can be undone in any order.
- Remove one pad at a time and install the matching clean pad with the same orientation.
- Use the time that the collar is off as an opportunity to have someone inspect your skin and clean it if necessary.
- Change and wash the pad set on a daily basis – an extra pad set is provided.
- Clean the pad set by washing it in the sink using a mild soap and water solution, rinse well, wring out and air dry until the following day's exchange.

## TO DONN THE COLLAR:

- First place the back portion on the back of the neck.
- Centre the brace on the neck with the straps at the neckline.
- Donn the front portion by tucking the chin section under the neck.
- Connect the Velcro straps.
- The straps can be tightened by alternating left and right sides. Make sure to fully disconnect the Velcro before pulling the strap tighter.

# CERVICAL ORTHOSIS AFTER STABLE INJURY

*continued*

- The goal is to get the collar quite snug and have an equal amount of tightness on both left and right sides.
- Once complete the strap lengths should match one another.

If the collar is donned too loose, the chin will be able to slide inside the brace and immobilization of the neck will be poor.

### IMPORTANT REMINDERS:

- Even with a stable spinal injury, we want to do everything possible to minimize risk, as a second injury can be very serious with a vulnerable spine.
- Extra pads sets are often lost or accidentally thrown away. Be sure to keep track of the pads when being moved to a different room, hospital floor, or returning home.
- Extra pad sets are available upon request at a cost.
- Ensure you are positioned in a manner that works with the collar to stabilize the neck. For example, too many pillows behind the head can force the neck into flexion and result in high sternal pressures from the brace.
- When it is safe to shower, the collar can be worn, and dry pads installed afterwards. The Velcro straps will remain damp until they air dry.