

Dyneva

Satisfaction

Major Findings

With Dyneva:

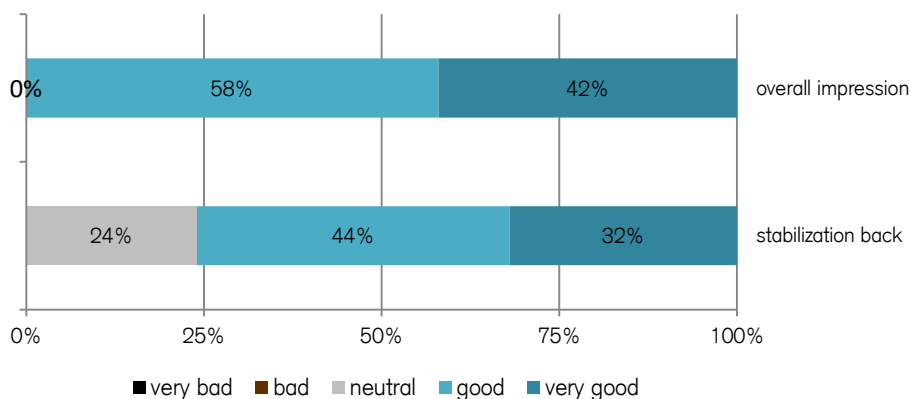
Satisfaction

- 100% rated the overall impression as “good” or “very good”
- 76% rated the perceived stabilization effect as “good” or “very good”

Compliance

- Dyneva is worn
 - daily by 54%
 - 4-5 times per week by 25%
 - less than 3 times per week by 21%
- The daily wearing time amounts for
 - all day in 8%
 - 5-8 hours in 25%
 - 2-4 hours in 67%

Dyneva showed a high patient satisfaction



(Lang et al. 2017)

Clinical Relevance

Satisfaction is a very meaningful parameter to investigate since it has a direct impact on the patients' well-being and compliance. It is also correlated with the usage of the medical device. Studies on the non-use of devices suggest that, on average, one third of all devices provided are not used (Scherer 2002). Reasons for non-use involve lack of consumer involvement, inadequate performance of the product, failure of the product to improve function, and difficulty in operating the product (Batavia & Hammer 1990, Wielandt & Strong 2000). Obtaining user perspectives and satisfaction is therefore fundamental.

The patients' satisfaction is influenced by other categories and can therefore be seen as a summary of possible pain reduction and better performance of ADLs.

Summary

The majority of patients were satisfied with the Dyneva in terms of the overall impression and the perceived stabilization effect. The overall impression was rated as good or very good by all patients. The same answer options were chosen by 76% of patients for the perceived back stabilization and the remaining 24% stated the stabilization effect as neutral.

This high satisfaction is also correlated with compliance. More than half of the patients wore Dyneva daily and an additional quarter 4-5 days per week. The majority of patients used Dyneva for 2-4 hours a day, a quarter for 5-8 hours and 8% wore Dyneva all-day long. (Lang et al. 2017)

References of summarized studies

Lang, M., Schnake, J., Rembitzki, I.V., Lidolt, K., Vollbrecht, M., Wagner, K., Liebau, C. (2017). Effect of a Dynamic Lumbar Flexion Orthosis on Back Pain and Pain-free Walking Distance – Results of a Prospective Clinical Observational Study. Der Einfluss einer dynamischen Lumbalflexionsorthese auf Rückenschmerz und schmerzfreie Gehstrecke. *OT: Orthopädie Technik* 01: 32-35.

Other References

Batavia, A. I., & Hammer, G. S. (1990). Toward the development of consumer-based criteria for the evaluation of assistive devices. *Journal of rehabilitation research and development*, 27(4):425-436.

Scherer, M. J. (2002). The change in emphasis from people to person: introduction to the special issue on Assistive Technology. *Disability and rehabilitation*, 24(1-3):1-4.

Wielandt, T., & Strong, J. (2000). Compliance with prescribed adaptive equipment: a literature review. *The British Journal of Occupational Therapy*, 63(2):65-75.

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