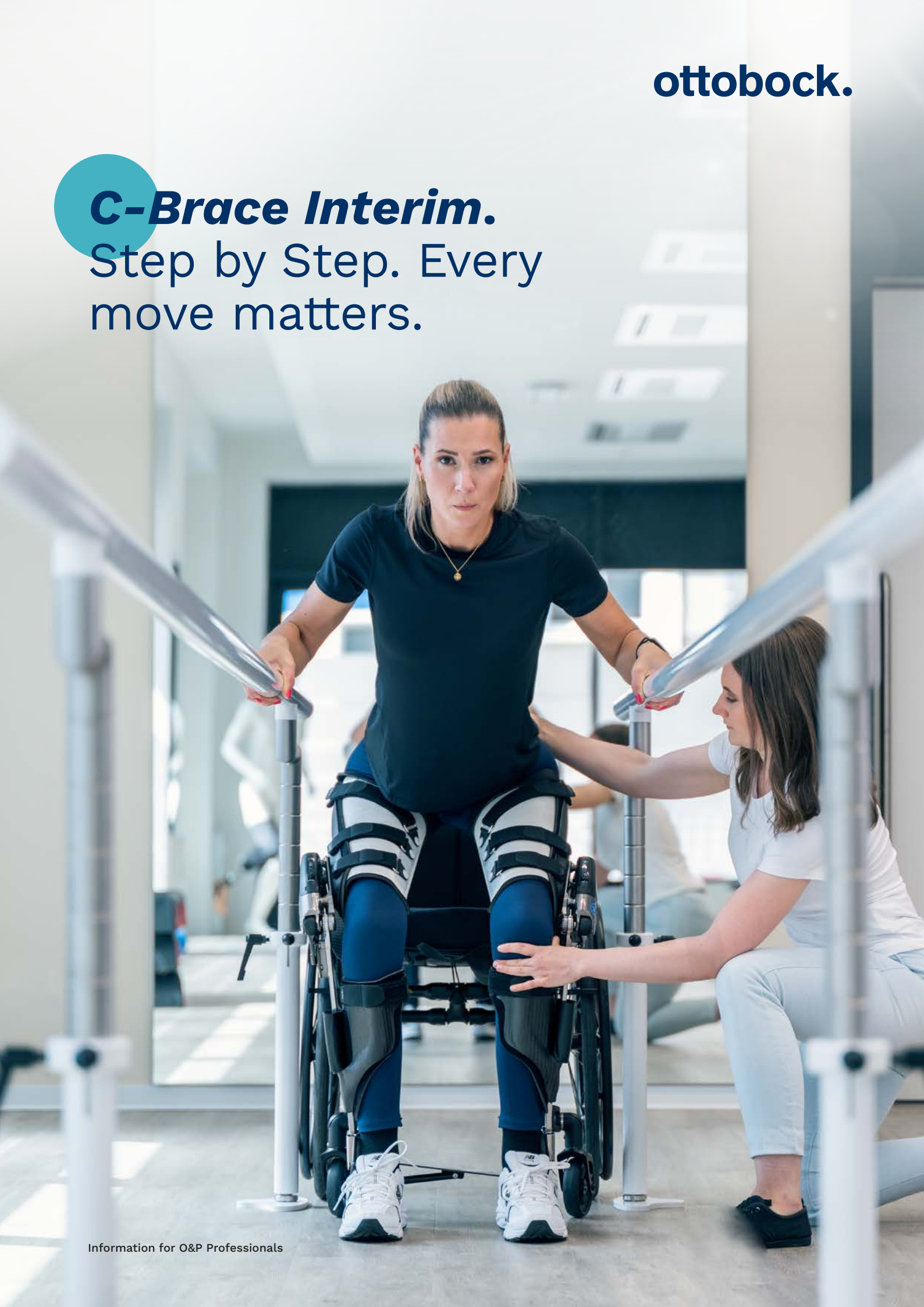
ottobock.

C-Brace Interim.

Step by Step. Every move matters.



Information for O&P Professionals

Opportunities to establish a new treatment strategy in the early stages of rehabilitation.

C-Brace Interim is a new treatment option for patients with (incomplete) spinal cord injuries. As an O&P professional, this allows you to focus on what really matters:

providing your patients with the best possible treatment.

Contents

The potential for improved patient outcomes and more efficient treatment.

The mobilisation potential for rehabilitation and prevention opens up new opportunities for both the patient and the healthcare provider:

Verticalisation and mobilisation have a beneficial impact on

- physiological balance through improved digestion, better blood circulation, lower risk of pressure sores and muscle contractures and general physical fitness.
- psychosocial well-being through individual freedom of movement, smoother integration into everyday life and interactions conducted on an equal footing.

Verticalisation and mobilisation can therefore unlock potential

- by reducing subsequent healthcare costs (e.g. by preventing secondary illnesses).
- by lowering overall economic follow-up costs (e.g. by preserving individuals' ability to work).

Benefits

- Early and sustainable treatment for patients during the rehabilitation process.
- Option to permanently wear the interim fitting helps to facilitate the selection of definitive product options for the patient.
- Throughout the entire six-month rehabilitation period, the interim orthosis can be adjusted in line with the patient's progress. It is even possible to convert into an AFO.
- Establish yourself as a specialist for rehabilitation centres and a competent point of contact for doctors and therapists.

Getting started with *C-Brace Interim*.

1.

Answer the following questions in advance:

- Do you have ***C-Brace*** certified employees in your company and experience with ***C-Brace*** treatments?
- Is the necessary infrastructure in place?
- Do you have contacts at rehabilitation facilities?

2.

Step-by-step guidance to successful treatment

- Start a training session for the ***C-Brace Interim*** orthosis.
- Select the right therapists for you and organise training sessions with the help of your local Ottobock branch.
- Inform the clinical staff at the rehabilitation centres.

3.

A specific treatment plan is in place

- Please submit a cost estimate to the cost bearer, together with the medical justification, complete patient documentation and the objective of the planned treatment.

4.

An individual interim treatment has been provided

- After about four months, the degree of disability can be determined. The interim orthosis is adjusted accordingly during this period. A definitive treatment plan should now be selected and requested in order to avoid a period without treatment.

C-Brace Interim.
Treatment pathway.

Acute illness or injury

Stabilisation and verticalisation

Interim treatment and rehabilitation

Long-term use to support mobilisation and to determine the definitive treatment

← **Six-month mobilisation and training phase** ——

Inter-disciplinary team

Fitting and instruction for the interim treatment

Indication and suitability of the patient

Controlled therapy and inpatient rehabilitation

Interdisciplinary cooperation

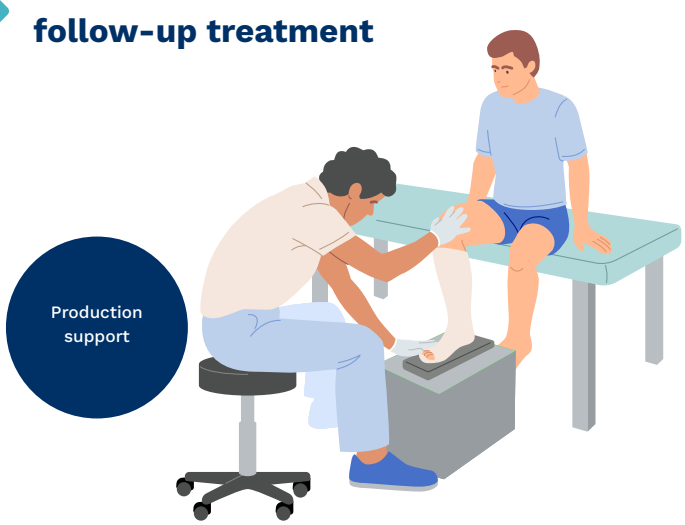
Medical specialists / therapists / psychologists

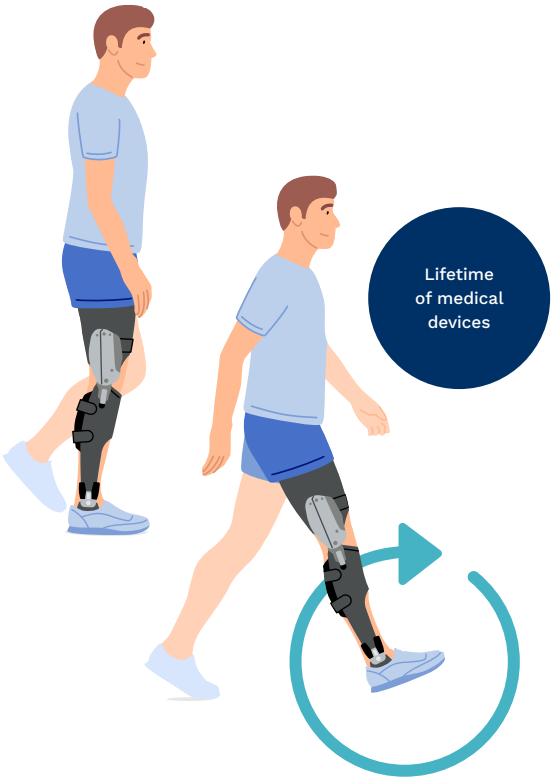
Medical specialists / O&P professionals / therapists / case managers, etc.

Home rehabilitation

Long-term use to support mobilisation and to determine the definitive treatment

Definitive treatment and follow-up treatment





The interdisciplinary team of experts.

Experts from a wide range of fields are involved in treating patients. When doctors, O&P professionals and physiotherapists combine their expert knowledge, they lay the groundwork for the best treatment. They decide together whether and when a patient is able to begin with the interim treatment. This depends on the timing and an accurate assessment of the patient, i.e. the patient's capacity and willingness to undergo treatment.

Advantages of early mobilisation.

The literature contains numerous studies on mobilisation, prevention and reintegration. The goal of rehabilitation is to reintegrate those affected into society, enabling them to participate in everyday life to the greatest extent possible.

The advantages of early mobilisation with an individually fitted *C-Brace Interim* orthosis for rehabilitation:

- Early mobilisation and verticalisation without any additional time required for temporary device adjustments and / or support from multiple therapists.
- The continued use of the interim solution, even beyond the therapeutic applications during the rehabilitation stay, enables additional repetitions and supports independent mobilisation.
- More focused work during rehabilitation through close coordination with therapists and O&P professionals.
- Fewer health complications such as pressure sores, contractures, problems with the autonomic nervous system and psychological repercussions.
- Fewer patients who are completely dependent on a wheelchair.

Benefits for the orthotist:

- Early mobilisation and verticalisation with the ***C-Brace Interim*** orthosis means that the orthotist can be involved in the rehabilitation process at an early stage and thus join the interdisciplinary team.
- Continued use and application of the interim solution, even beyond rehabilitation facilities, enable the orthotist to maintain ongoing contact with the patient.
- The documentation of the six-month interim period gives the orthotist a comprehensive and detailed view of the patient and their ongoing needs – whether they require orthoses, wheelchairs or other essential medical devices.

Potential benefits for the further course of rehabilitation:

- Early mobilisation and verticalisation help prevent increased risks of complications that could delay or prolong the rehabilitation process.
- Independent mobilisation outside rehabilitation facilities is supported, which also helps to boost self-motivation.
- Less efforts may be required in terms of care needs and home adaptations.
- Faster reintegration into society, greater participation in everyday life and an earlier return to work are all possible.

C-Brace Interim.

The ***C-Brace Interim*** orthosis is a knee-ankle-foot orthosis used primarily in the early stages of rehabilitation and can be used by suitable users for up to six months. Depending on the patient's recovery progress, the interim orthosis can be adjusted to suit their rehabilitation needs at any time.

The ***C-Brace Interim*** orthosis extends the range of exercises available during the rehabilitation process. It can be used as soon as the user is able to stand or to restore the user's ability to stand.

Studies show that patients fitted with the ***C-Brace*** have a more physiological gait pattern than patients fitted with conventional KAFOs. Furthermore, the use of the ***C-Brace*** joint unit significantly reduces the risk of falling.

Suitable patients can be fitted with the ***C-Brace Interim*** orthosis in a short amount of time, without the need for complex plaster casts. The orthosis offers flexibility throughout the rehabilitation process, as the ***C-Brace*** function allows the support to be adjusted to suit individual needs. As soon as the patient regains sufficient strength and control in the knee-stabilising muscles, the modular design enables the interim orthosis to be converted to an AFO.

The ***C-Brace Interim*** orthosis is suitable for unilateral and bilateral use.

The combination of the interim orthosis and the ***C-Brace*** joint unit offers the greatest possible adaptability to the course of therapy. The ***C-Brace*** joint unit offers the greatest flexibility to meet individual or changing patient needs.

Technical data

The ***C-Brace Interim*** orthosis consists of the following components:

- Interim Thigh Shell (17OK202=*)
- Interim Knee Section (17OK201=*)
- Interim AFO (17OK200=*)

17OK202=* Interim Thigh Shell

Article no.	Side	Size	Circumference (measured 15 cm from the centre of the patella)
17OK202=L-S	Left	S	30 – 45 cm
17OK202=R-S	Right	S	30 – 45 cm
17OK202=L-M	Left	M	40 – 55 cm
17OK202=R-M	Right	M	40 – 55 cm
17OK202=L-L	Left	L	50 – 65 cm
17OK202=R-L	Right	L	50 – 65 cm

Interim Knee Section 17OK201=*

Article no.	Side	Angle
17OK201=N-0	Neutral	0°
17OK201=N-3	Neutral	3°
17OK201=N-6	Neutral	6°
17OK201=N-9	Neutral	9°

Note: The most favourable variant of the 17OK201=* Interim Knee Section for the user can be determined using the 17OK203=N-2 template set.

Interim AFO 17OK200=*

Article no.	Side	Size	Ankle-floor measurement	Shoe size (EU)
17OK200=L-S	Left	S	70 mm	36 – 41
17OK200=R-S	Right	S	70 mm	36 – 41
17OK200=L-L	Left	L	85 mm	39 – 46
17OK200=R-L	Right	L	85 mm	39 – 46

Not included

Article no.	Set	Description
17KO1=L-OB 17KO1=R-OB	No	C-Brace loaner joint provided by Ottobock. Please follow the instructions on order form 647F935.
17OK203=N-1	Tool kit	1x clamping lever, 1x retaining screw, 1x saw guide, 1x clamp adapter
17OK203=N-2	Template set	Four templates to determine the best-suited 17OK201=* Interim Knee Section

Treatment pathways.

The initial fitting of the *C-Brace Interim* orthosis

For patients who, over the course of a six-month temporary treatment period, regain the ability to stand and walk through rehabilitation and independent training or who have reached their full mobility potential.

Two categories must be distinguished

1

Initial verticalisation after recovery following an accident or illness.

2

Initial fitting for a patient who has been wheelchair-dependent in daily life, yet still has the potential to stand and walk, even after several years.

After approximately four months of the six-month rehabilitation and training phase, the patient and the care team can get a clear idea of what kind of final treatment is likely to be suitable for the patient.

Four possible scenarios should be considered

- Continued wheelchair use
- ***C-Brace*** KAFO
- AFO
- No treatment

C-Brace Interim.
Contraindications.

Absolute contraindications:

- Flexion contracture in the knee and / or hip joint in excess of 10°
- Knee varus/valgus malposition in excess of 10°
- Severe spasticity
- Frequent spasticity
- Body weight over 110 kg
- Orthoprosthesis

Relative contraindications:

- Uncontrolled moderate spasticity
- Infrequent spasticity
- Leg length discrepancy in excess of 2 cm
- User height below 155 cm or above 190 cm

Clinical recommendations for use in rehabilitation:

- Cardiovascular stability
- Patient is cognitively able to follow the training and care process
- Pay attention to diseases that prohibit wearing an orthosis (e.g. skin diseases, skin defects)
- In case of reduced general sensation, regularly inspect the skin for any signs of irritation or pressure marks.
- To prevent excessive strain on the skin, gradually increase the wearing time.
- If a patient exhibits clonus while sitting, this indicates spasticity or insufficient weight bearing on the leg. In these cases, spasticity must be assessed.
- If spasticity exceeds 1+ on the modified Ashworth Scale or 3 on the Tardieu Scale in the lower limbs, the clinical team must evaluate whether ***C-Brace Interim*** is beneficial.

C-Brace Interim.
Fitting and instruction.

Six-month mobilisation and training phase

1. **Indication**

Suitability or indication of the patient

2. **Measuring**

3. **Fitting**

4. **Instruction**

Handover of the diary and instruction on how to use it

Controlled therapy and inpatient rehabilitation.

Progress and assessments are documented at regular intervals using the Timed Up and Go test, the ten-metre walking test and the Berg Balance test.
Please use our documentation form to record this information.

T0 – T1
After T0, and following fitting and instruction (T1), the patient will attempt to stand and walk, depending on their capabilities.

T2 – T3
Exercises focusing on standing steadily and sitting down, as well as walking exercises, depending on progress.

T4
Assessment of progress and treatment needs, notification of provision of care, prescription and cost estimate submitted to the cost bearer.

Patients usually spend a limited time in inpatient rehabilitation, while the remaining weeks being carried out at home.

The final weeks of the interim phase take place without daily intensive supervision.

Self-directed training and accompanying therapy.

T5

1. Independent action by the patient: training is carried out autonomously.
2. Regular monitoring of the interim treatment by the O&P professional, with adjustments made in consultation with the therapists.
3. Continuation of training and gait work.

T6

Final assessment after six months, followed by the return of the interim orthosis to the responsible O&P professional.

Insert your QR-Code

Patients can use a diary to record their own progress throughout the entire rehabilitation process.

The diary is also available in printed form.

smart documentation.
Useful tools and services.

With ***smart documentation,*** you can present your treatment results and efficiently justify decisions to the cost bearer.

- Simple and high-quality treatment documentation
- Customisable product-specific templates
- Cloud-based workflows boost team collaboration
- Visualisation of treatment progress and product benefits with photos and videos
- AI-supported argumentation
- Markerless video analysis
- Compliant with current data protection regulations (GDPR)

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