

BITTE DIE VORLIEGENDE ANLEITUNG SORGFÄLTIG LESEN UND AUFWEBWAHREN

REF-P1117 - Orthèse zum Stabilisieren von Handgelenk und Daumen, zum Öffnen, mit formstabilen, modellierbaren Verstärkungslinien
REF-P1119 - REF-P1121 - Orthèse zum Stabilisieren des Handgelenks, kurze/lange Version, zum Öffnen, mit formstabilen, modellierbaren Verstärkungslinien
REF-P1122 - Orthèse lang zum immobilisieren des Handgelenks mit Daumenhinlagestellung, zum Öffnen, mit formstabilen, modellierbaren Verstärkungslinien

KONFORMITÄTSEKLERKLÄRUNG
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WARRANTY / WARRANTY
Velcro® ist eine eingetragene Warenmarke von Velcro Industries B.V.
VORSICHTSMASSNAHMEN

Es wird empfohlen, dass der vom Produkt ausgeübte Druck nicht auf die Teile des Körpers einwirkt, die Verletzungen, Schwellungen oder Timeszenen auslösen können. Es ist ratsam, das Produkt nicht zu fest anzuziehen, um keine Druckstellen zu erzeugen und keine Kompression der darunterliegenden Nerven und/oder Blutgefäße auszuüben. Bei Bedenken zur Anwendung des Produkts bitte an einen Arzt, Physiotherapeuten oder Orthopädischen Techniker wenden. Lesen Sie bitte das innere Etikett mit den Anweisungen und den Hinweisen sorgfältig durch. Im Fall von Unverträglichkeiten oder Allergien gegen einen oder mehrere der enthaltenen Bestandteile verwenden Sie das Produkt bitte NICHT. Es ist ratsam, das Produkt nicht in der Nähe von offenen Flammen oder starken elektromagnetischen Feldern zu tragen. Nicht in direktem Kontakt mit offenen Wunden auftragen.

Es ist ratsam, dass das Produkt, das für die unten aufgeführten spezifischen Indikationen bestimmt ist, von einem Arzt oder Physiotherapeuten verschrieben und von einem Orthopädischen Techniker entsprechend den individuellen Bedürfnissen angepasst wird. Um die Wirksamkeit, Verträglichkeit und konkrete Funktionalität zu gewährleisten, muss die Applikation mit größter Sorgfalt durchgeführt werden. Kneiftestreifen darf die vom Arzt/Physiotherapeuten/Orthopädischen Techniker vorgenommene Einstellung verändern werden. Bei nicht bestimmungsgemäßer Anwendung oder Einstellung erlischt die Haftung des Herstellers. Die Orthèse ist nur für den Gebrauch durch einen einzigen Patienten bestimmt, anderfalls übernimmt der Hersteller keine Haftung gemäß der Verordnung der Europäischen Union über Medizinprodukte. Bei Unverträglichkeiten oder Allergien gegen einen oder mehrere der enthaltenen Bestandteile, oder in case of a particularly severe adverse event, report the incident to the manufacturer and the competent authority of your country. The effectiveness of the orthopedic product is only guaranteed when all the components are properly in use.

AUSWAHLGRÖßEN

Artikelnummer	REF-P1117 - REF-P1119 - REF-P1121 - REF-P1122
Größen	XS* S M L XL
Handgelenkumfang in cm	11/13 13/16 16/18 18/20 20/23
Länge cm (Polfit 17-19)	20 20 20 20 20
Länge cm (Polfit 21-22)	26 26 26 26 26
Farbe	schwarz

*Nur Polfit 17, Polfit 19 - Rechts oder links angeben

PELLEE
Do not bleach Do not iron Do not tumble-dry
Do not iron Do not iron Do not iron
Handwäsche bis 30°C Nur für eine Person
Das Produkt ist wartungsfrei.
Waschanweisung: Die Schienen herausnehmen. Von Hand in handwarmem Wasser (30°C) mit neutraler Seife waschen; sorgfältig spülen. Nicht in der Nähe von Wärmegelenken tragen.
Die Orthèse und ihre Bestandteile müssen nach dem Gebrauch sachgerecht entsorgt werden.

ZWECKBESTIMMUNG
Die Handgelenkstütze Polfit ist ausschlie für die orthetische Versorgung des Handgelenks und des Daumens (REF-P1117) einzusetzen.

INDIKATIONEN
• Verstauchung des Handgelenks
• Tendinitis des Handgelenks
• Arthrose und arthritische Erkrankung
• Zur Nachbehandlung eines Bruchs und nach verfrühter Entfernung eines Gipsverbandes
• Zur Nachbehandlung eines Bruchs und nach verfrühter Entfernung eines Gipsverbandes
• Verletzung im Ellenbereich des Metakarpal-Phalanx-Gelenks des Daumens

POLFIT 18
• Verstauchung des Handgelenks
• Mehrfachliche Bruch von Speiche und Elle im Unterarm
• Tendinitis des Handgelenks
• Arthrose und arthritische Erkrankung
• Nachbehandlung eines Handgelenksbruchs und nach verfrühter Entfernung eines Gipsverbandes

POLFIT 21
• Behandlung von Mischbrüchen der distalen Epiphysis des Radius und der Elle, die der Orthopäde als stabil beurteilt
• Postoperative Behandlung von instabilem, distalem Radius- und Ellenbruch
• Verstauchung des Handgelenks
• Sehnenentzündung
• Karpalgelenksbruch (ausgenommen das Kahnbein), sowohl nach chirurgischem Eingriff wie auch bei konservativer Behandlung
• Komplikationen bei rheumatoider Arthritis
• Nachbehandlung bei Karpalgelenksbruch
• Karpalgelenksarthrose

POLFIT 22
• Schiefbruch des ersten Mittelhandknochens
• Distorsion des ulnaren Mittelhandknochens der Mittelhand und Fingerknochen des Daumens
• Verdacht auf Kahnbeinfraktur

KONTAINDIKATIONEN REF-P1117 / 19 / 21 / 22
Keine bekannt.

EIGENSCHAFTEN
• Formstabile Schiene aus Aluminium für die Handfläche, vorgeformt und modellierbar nach ärztlicher Indikation
• Formstabile Schiene aus Aluminium für die Handfläche, vorgeformt und modellierbar nach ärztlicher Indikation
• Struktur aus atmungsaktivem 3D-Gewebe
• Velcro® fastening system
• Verschluss mit Schnallen und Klettbanden
• Komplette Öffnung an der Rückseite

POLFIT 19 / 21
• Formstabile Schiene aus Aluminium für die Handfläche, vorgeformt und modellierbar nach ärztlicher Indikation
• Struktur aus atmungsaktivem 3D-Gewebe
• Velcro® fastening system
• Verschluss mit Schnallen und Klettbanden
• Komplette Öffnung an der Rückseite

ANLEGEN FÜR DEN ARZT / TECHNIKER
1. Die Aluminium-Handgelenkschiene aus der Handgelenkstütze ziehen und dem Handgelenk des Patienten anpassen. Die Schiene wieder in die Handgelenkstütze einschieben (Abb. 1). Denselben Schritt für die Metall- Daumenschiene wiederholen (Abb. 2).

2. Formen Sie auch die dorsalen Metallschienen.
ANLEGEN FÜR DEN PATIENTEN
1. Die Klettbande anziehen (auf der Haut aufliegen auf sich selbst verschieben).
2. Die Stütze so anlegen, dass die Metallschiene an der Handfl. anliegt und der Daumen in die betreffende Öffnung eingeführt werden kann (Abb. A). Mit dem Klettverschluss den entsprechenden Stoffeinsatz verschieben (Abb. B).

3. Wenn eine komplette Öffnung nicht notwendig ist, ist die Hand unter Maßgabe der selben Vorgaben (Position der Metallschiene an der Handfl. ein) in die geschlossene Stütze einzuführen (Abb. C).

4. Die Stütze fixieren:
• Das mittlere Band um das Handgelenk wickeln, durch die entsprechende Schnalle führen, festziehen und mit dem Klettband schließen (Abb. D).

5. Die restlichen Bänder durch die jeweiligen Schnallen führen, festziehen und mit den Klettband schließen: Zuerst das Hand- (Abb. A) und dann das Vorderarmband (Abb. F).

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PLEASE READ THESE INSTRUCTIONS CAREFULLY AND KEEP THEM

REF-P1117 - Wrist immobilizer with thumb, open; with rigid and malleable stays
REF-P1119 - REF-P1121 - Short/long size wrist immobilizer, open; with rigid and malleable stays
REF-P1122 - Long-size wrist immobilizer with thumb support, open; with rigid and malleable stays

DECLARATION OF CONFORMITY
As the manufacturer, ORTHOSERVICE AG declares, under the sole responsibility, that this is a class I medical device that has been manufactured and assessed, according to the EU Regulation 2017/745 (MDR). These instructions have been drawn up in accordance with the aforementioned Regulation. They are intended to ensure an adequate and safe use of the medical device.
TRADEMARKS OF MATERIALS
Velcro® is a registered trademark of Velcro Industries B.V.
SAFETY PRECAUTIONS
We recommend that the pressure exerted by the device does not act on parts of the body with wounds, swelling, or welts. It is advisable to not over tighten the device so as to avoid generating areas of excessive local pressure or the compression of the nerves and/or of blood vessels. In case of doubt on how to apply the device, consult a doctor, physiotherapist, or an orthopedic technician. Please read the composition of the product on the inside label carefully, do NOT use the product if the patient has known intolerances or allergies to one or more components in the product. We recommend to not wear the device in the proximity of free flames or strong electromagnetic fields. Do not apply in direct contact with open wounds.
WARNINGS
It is advisable that the device, designed for the specific indications set out below, be prescribed by a doctor or a physiotherapist and applied by an orthopedic technician, according to the specific needs of the patient. To ensure effectiveness, tolerability, and proper functioning, the application must be carried out by the technician. The product does not absolutely need to be applied by a physiotherapist or orthopedic technician. The responsibilities of the manufacturer shall lapse in case of inappropriate use or adaptation. The orthosis is made to and to be used by only one patient. Should the orthosis be inappropriately used, the manufacturer declines any responsibility, as provided by the regulation for medical devices in hypersensitive individuals, or in contact with the skin may cause irritation and inflammation. In case of pain, swelling, welts, or any other adverse reaction, contact your doctor immediately, and in case of a particularly severe adverse event, report the incident to the manufacturer and the competent authority of your country. The effectiveness of the orthopedic product is only guaranteed when all the components are properly in use.

SELECTION/SIZE

Code	REF-P1117 - REF-P1119 - REF-P1121 - REF-P1122
Size	XS* S M L XL
Wrist circ. cm	11/13 13/16 16/18 18/20 20/23
Length cm (Polfit 17-19)	20 20 20 20 20
Length cm (Polfit 21-22)	26 26 26 26 26
Colour	black

*Only Polfit 17, Polfit 19 - Specify right or left

MAINTENANCE
Do not bleach Do not iron Do not tumble-dry
Do not iron Do not iron Do not iron
Hand wash at max. 30 °C One patient only
The product is maintenance-free.
Washing instructions: Remove the splint. Hand wash in lukewarm water with mild soap (at max. 30°C); rinse thoroughly dry away from heat sources.
Do not dispose of the device or any of its components.

INDICATIONS
• Verstauchung des Handgelenks
• Tendinitis des Handgelenks
• Arthritis und Arthrose
• After wrist fractures or plaster's early removal
• Arthrosis of trapezio-metacarpal joint and metacarpophalangeal of thumb
• Damage to ulna section of thumb joint

POLFIT 19
• Wrist strain
• Stable fracture of forearm radius and ulna
• Wrist tendinitis
• Arthritis and arthrosis
• After wrist fractures or plaster's early removal
• Sequences of fractures of meta-distal epiphysis of radius and ulna (deemed stable by orthopedist)
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