

## PROTOCOLS AND PROPER FIT GUIDELINES

### Protocols

#### Wearing time

The number of hours the orthosis is to be worn should be determined by the physician. This time will vary depending on the degree of involvement of the pathology, the goals of the rehabilitation program, and the tolerance of the wearer. While up to 24 hour use may be indicated, the recommended wearing time is at least six hours per day, usually during periods of highest activity (sitting, standing, and stepping). The SWASH® may also be prescribed to be worn at night to control night time scissoring.

#### Fitting over / under clothing

The orthosis should ideally be fitted under clothing to optimize the control it has over hip alignment. This also facilitates the child who is managing their own toilet.

#### Liner care instructions

The liner in the SWASH® Classic and the cover of the SWASH® Low Profile are removable. Both may be removed, hand washed in cool water with mild detergent, and dried flat. Replacement liners and covers are available through your orthotist.

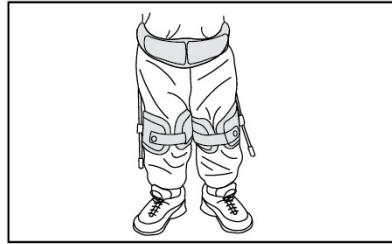
#### Skin care

Red marks that appear as a result of wearing the orthosis should disappear within 30 minutes of removing the orthosis. The most persistent red marks are usually on the inside part of the thigh under the thigh cuff. Consult your orthotist if the red marks do not disappear within 30 minutes after removing the orthosis.

#### Orthotist Follow-Up

A one-to-two week post-fitting check-up is recommended to assure the integrity of the orthosis and caregiver fitting technique. The primary purpose of this follow-up is to check for the need to adjust hip abduction to assure proper hip alignment.

### Proper Fit Guidelines



#### Pelvic Band

Location:

SWASH® Classic - Immediately over the ASIS.

SWASH® L.P. - The waist band should rest comfortably on the ASIS. It should be contoured to the shape of the waistline and extend no more than 2 inches / 5 cm toward anterior midline.

#### Symmetry

For both orthoses, make certain the orthosis is applied as symmetrically as possible. The orthosis should NOT be rotated on the wearer as this can result in loss of control of hip alignment.

#### Tightness

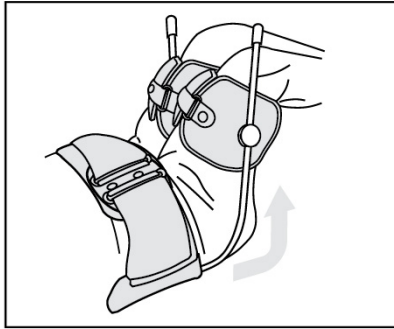
You should be able to insert the fingers of one hand between the padding and the abdomen.

#### Amount of abduction

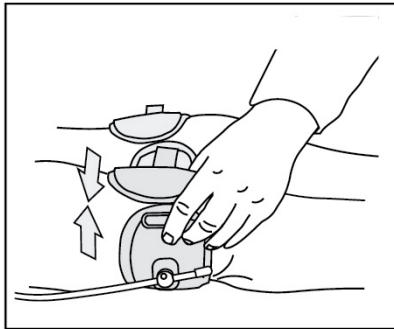
The abduction setting varies considerably from patient to patient, depending on primary and secondary goals for the orthosis. For both non-ambulatory and ambulatory wearers, the "ideal" is to adjust abduction to provide appropriate hip containment and knee clearance.

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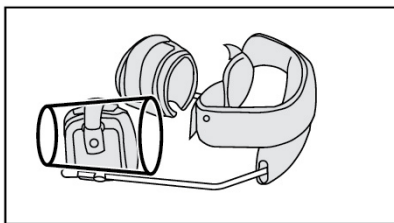
### Cuffs



Location - Usually as distal as possible without interfering with popliteus, but may be located up to distal 2/3 of femur if flexion influence is present.

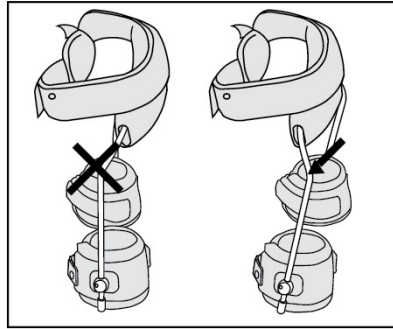


Closure Gap - There should be no more than 2 inches / 5 cm gap between the medial and lateral sides of the plastic. The cuffs should fit comfortably snug, never so tight as to cause red marks or compromise circulation.

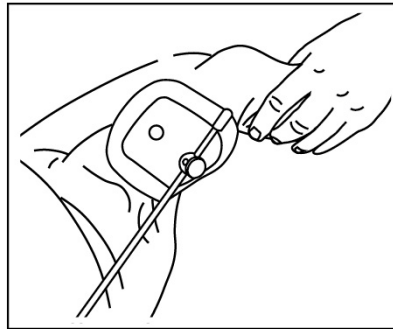


The cuffs are conical shape. They should be fitted so the greater circumference is proximal.

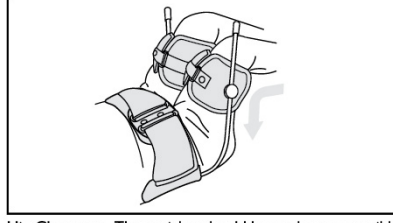
### Uprights



Left and Right - There is a left and right for the uprights. When standing, the 1st curve from the distal end should angle to the posterior. If it doesn't, it is on the wrong side.



Length - The distal end of the upright should be in line with the distal end of the cuff padding.



Hip Clearance - The uprights should be as close as possible to the greater trochanters without impinging on them when the hips are flexed.