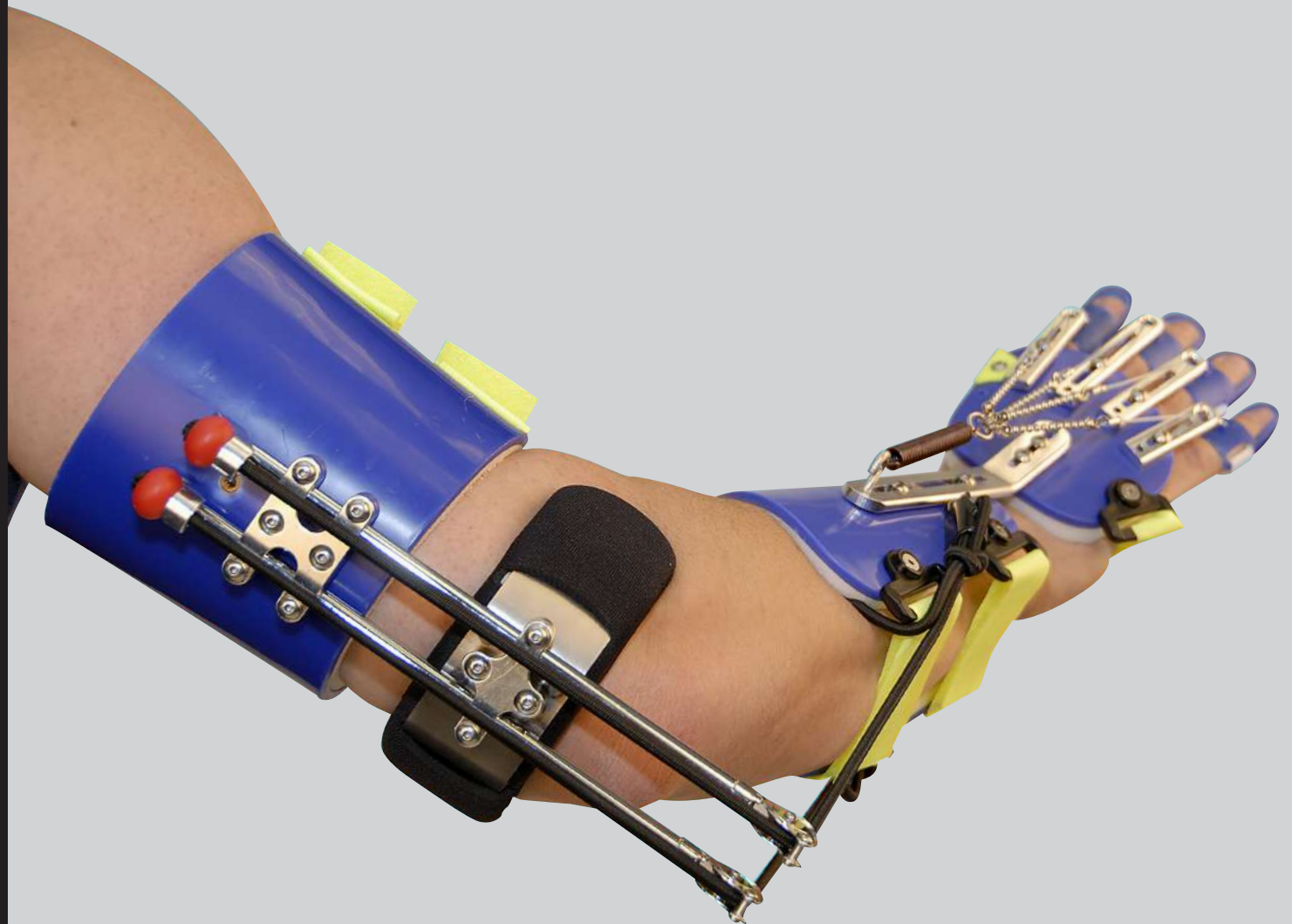


*Saebo*Reach™



 **Saebo**
Leaders In Stroke Rehabilitation

INTRODUCTION:

The **Saeboreach**™ is a custom fabricated, dynamic Elbow Wrist Hand Finger Orthosis (EWHFO). It is elbow, finger and thumb driven in flexion, and cable driven in extension. The orthosis serves a dual purpose: to support the elbow, wrist and hand in a functional position while allowing the person to incorporate the upper extremity in functional activities.

BENEFITS:

- Designed to support the neurologically impaired elbow, wrist, hand, thumb, and fingers in a functional position
- Helps to prevent and correct contractures of the elbow, wrist, hand, thumb, and fingers
- Maintains and improves range of motion in the elbow, wrist, hand, thumb, fingers
- Improves strength in the elbow, wrist, hand, thumb, fingers
- Assists with performing functional grasp and release activities using the affected arm/hand

POSITIONING:

When wearing the **Saeboreach** for positioning, the patient should gradually increase the wearing time. (This should be monitored by a licensed therapist/health care professional.) This should be done during the waking hours, and it is not recommended that the **Saeboreach** be worn while sleeping.

FUNCTIONAL ACTIVITIES:

We suggest two 45 minute sessions of functional reaching and grasp/release activities each day. Consult with your Saebo-Trained therapist to help identify the best functional activities to match your specific needs. After each 45 minute session, the **SaeboReach** should be removed for at least 30 minutes. It is possible to do more than two 45 minute sessions each day.

INDICATIONS:

- Stroke
- Traumatic Brain Injury (T.B.I.)
- Incomplete Spinal Cord Injury
- Cerebral Palsy
- Individuals suffering from hemiparesis

CONTRAINDICATIONS:

- Severe joint deformities in the elbow, wrist, fingers and thumb secondary to hypermobile or lax joints
- Any type of inflammatory arthritis in the elbow, wrist, fingers or thumb
- Limiting fixed contractures in the elbow, wrist, fingers, or thumb
- Severe edema in the upper arm, forearm and/or hand
- Open wounds or infected areas
- The **SaeboReach** was not designed to be used on a normal arm/hand as the dynamic resistive tension cords and springs are not calibrated to accommodate normal tone and would serve no functional benefit.

PRECAUTIONS:

1. If you experience any pain while wearing or using the **SaeboReach**, stop immediately and contact a trained health care professional before resuming.
2. If unusual swelling, skin discoloration, discomfort, or numbness occurs, remove immediately and contact a trained health care professional before resuming.
3. Avoid wearing the **SaeboReach** for longer than 45 minutes at a time while incorporating it functionally.

4. The **Saeboreach** should fit snug, yet comfortably, without interfering with circulation.
5. Do not let children play with the **Saeboreach** as a choking hazard exists.

MAINTENANCE:

The **Saeboreach** should be cleaned with a damp cloth and allowed to air dry. Avoid chemicals/abrasives for cleaning which may damage and decrease the performance of the **Saeboreach**.

DONNING THE Saeboreach:

It is important for the patient and/or caregiver to understand how to correctly put on the **Saeboreach** orthosis. The **Saeboreach** needs to be donned at the same anatomical location every time to ensure correct performance. Below are suggested steps for putting on the **Saeboreach**. If you continue to have difficulty with applying the **Saeboreach**, please contact your therapist or call our clinical technical support team at 888-284-5433.

The **Saeboreach** is made up of two components: the distal component that consists of the Wrist Hand Finger Orthosis (WHFO) and the proximal component that consists of the Above Elbow Cuff. We recommend donning the distal component first.

Step #1: Make sure all three straps (two forearm and one hand strap) are undone.

Step #2: Place your thumb over the bone at the wrist (ulnar head) (Fig#1). Place the forearm shell onto the forearm. Make sure the distal edge (the one closest to the wrist) of the forearm shell is just above the bone at the wrist (Fig #2).

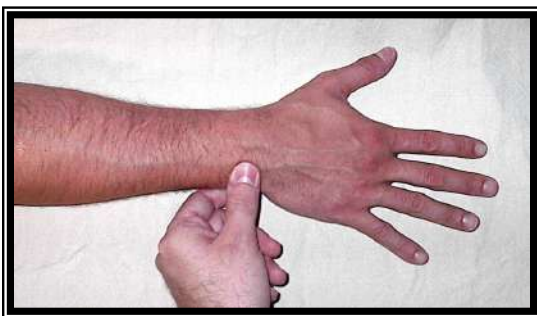


Fig #1

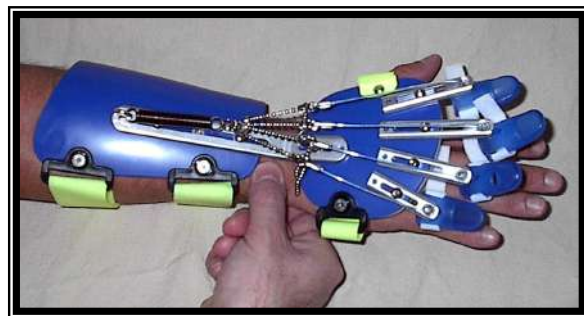


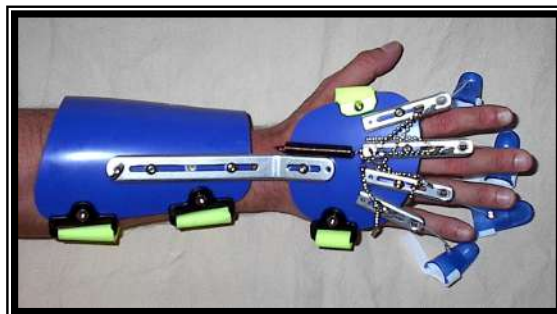
Fig #2

Step #3: Once you have the forearm shell in the correct position, secure the two forearm straps. Make sure they are secure so the forearm shell does not migrate down over the bone at the wrist (Fig #2).

Step #4: In order to apply the hand strap, bring the back of the hand and fingers up against the hand piece. Once they are positioned with the hand centered under the hand piece, secure the hand strap.



Step #5: When all three straps are secure, remove the finger spring from the hook on the wrist mount located on the forearm shell by turning the hook a half-turn so the opening is facing to the side. Remove the spring allowing the digit caps to fall down.



Step #6: Starting with the index finger and finishing with the little finger, slide each finger into the appropriate digit cap. Make sure the tip of the finger comes to the end of the digit cap. (Depending on the tone in the hand and fingers, this step may be difficult for some people.)

In the beginning, it may be necessary to open the white Velcro strap that holds the digit cap securely to the finger. Eventually, it will be possible to slide the finger into the digit cap without opening the Velcro straps. Trim any excess length from the digit cap straps. (Your therapist should have trimmed these straps at the clinic.)



Step #7: Once all four digit caps are securely on the fingers, bring the fingers up against the finger lead mounts (Fig #3). Reattach the finger spring onto the eye hook on the wrist mount located on the forearm shell (Fig #4).

Care should be taken to avoid pulling the fingers up with the spring as this practice may overstretch the spring or pull open the split ring (the round ring at the end of the spring). We suggest you extend the fingers and hold them in extension by placing them against your thigh or a table.

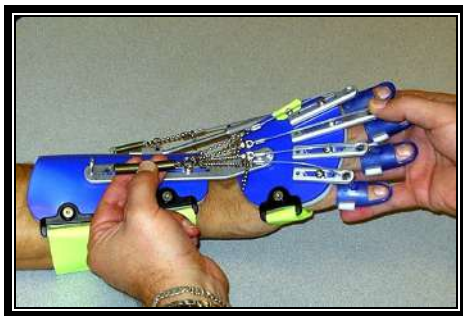


Fig #3

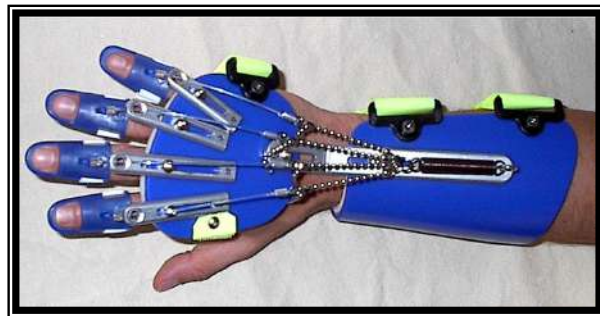
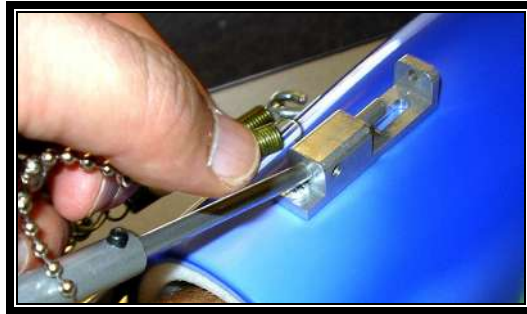


Fig #4

Step #8: To apply the thumb digit cap, unhook the thumb spring attached to the thumb mount on the forearm shell. Let the digit cap hang down toward the thumb.



Step #9: Slide the thumb into the digit cap. Make sure the tip of the thumb is at the end (tip) of the inside portion of the digit cap and no space can be seen.



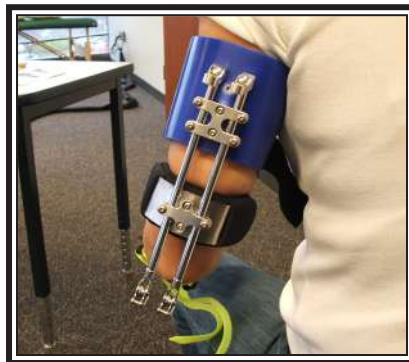
Step #10: Once the thumb digit cap is securely on the thumb, re-attach the thumb spring onto the thumb mount. Be careful not to overstretch the spring.



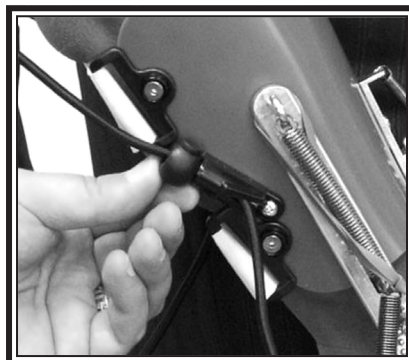
Step #11: When donning the proximal component (Above Elbow Cuff), it is important to make sure the two out-riggers are positioned directly behind the upper arm. The opening should be on the front side of the upper arm.



Step #12: Once it is in the correct position, secure both straps.



Step #13: Connect the two tension cords. This is accomplished by inserting the tension cords through the attachment cleats. Pull the tension cords through the cleats until the tension markers hit the back of the cleats. Pull the cords up and back to secure.



Step #14: You can loop the free ends of the tension cords back around and over themselves to keep them out of the way.



Care and Cleaning of the Kit Style SaebFlex and SaebReach

- Kit style devices are fabricated so that the foam liners can be removed and replaced with the replacement foam liners provided in the Saeb kit. Replacement straps for the digit caps, hand pieces, and forearm shells are also included.
- The remainder of the parts/pieces can be cleaned with the same cleaning solutions used for other rehabilitation equipment and supplies such as Dispatch.
- Spray or apply solution to a clean cloth and wipe down.
- If the device was only used a few times, the foam liner, which is closed cell, can be re-used after wiping down and cleaning with the same solution.

Care and Cleaning of Custom Fabricated SaebFlex and SaebReach

- Use Dispatch or other hospital grade disinfectant liquid or spray applied to a clean cloth and wipe down.
- Foam padding is closed cell and non- absorbent and can also be wiped down with disinfectant cleaning solution as well as using a clean cloth.



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