

# allard<sup>USA</sup>

## INSTRUCTIONS



YPSILON™



ToeOFF®



BLUEROCKER™

Single Patient Use

Because Professional Customization is Required - a Prescription is also Required for the ToeOFF Family of Orthoses.

The product must be fitted by or under the supervision of a certified Prosthetist or Orthotist.

**Patent no.:**

ToeOFF, ToeOFF Short, ToeOFF Fantasy, ToeOFF NFR, BlueRocker, BlueRocker NFR, KiddieGAIT, KiddieGAIT NFR, AU736950, BE1005297, BE1114626, DK1005297, DK1114626, FI1005297, FI1114626, FR1005297, FR1114626, IE1005297, IE1114626, IT1005297, IT1114626, CA2279225, CNZL97181689.1, NL1005297, NL1114626, NO313656, PL194247, CH1005297, CH1114626, ES1005297, ES1114626, GB1005297, GB1114626, SE1005297, SE1114626, DE69709184.8-08 DE69732541.5-08, US5897515, ATE210417, ATE289187

Ypsilon, Ypsilon NFR, GE60208889.5-08, GB1379201, IT1379201, US6887213

## CAREFULLY READ THESE INSTRUCTIONS BEFORE USE!

### INTENDED USE

Ypsilon, ToeOFF and BlueROCKER are intended to support a foot with impaired ability to actively dorsiflex. They are also intended to assist when the ability to perform push off is reduced.

Your fitter has selected a ToeOFF Family Product, the original and highest quality carbon composite AFO available, to meet your specific needs. Carbon composites offer durability and decreased weight and bulk as compared to traditional braces. The unique characteristics of this material requires careful attention to maintain the life of the brace. Failure to follow the enclosed guidelines may result in decreased function or damage to the orthosis and may void the warranty. Your orthosis comes with a one year warranty. The warranty registration must be completed and submitted by your orthotist. You may want to request a copy of the completed warranty for your records.

### SHOES AND SOCKS



The thinness of the carbon composites allows the orthosis to fit into most standard shoes without having to increase shoe size. However, a shoe with good support is important. Sandals and loafers, for example, do not offer good support and should not be worn with your ToeOFF Family Product.

A shoe that provides good support to the sides of your foot and the heel will hold your orthosis in proper position to provide the best possible support for your foot and ankle. A rocker toe will assist in a smooth rollover as you walk. Your orthotist fit your orthosis based on the height of the heel on the shoe you were wearing at the time of your fitting. Talk with your orthotist before selecting shoes that have significantly different heel heights.

It is recommended to have some type of interface between your foot and the footplate. Your orthotist may have placed an insole or custom footbed on top of the footplate. If not, ask your orthotist for recommendation of what type interface will be best for you.

Each brace should always have an interface between the front of the brace and the leg. Tall cotton socks are suggested for increased comfort. They also keep the brace padding protected from perspiration and soiling.

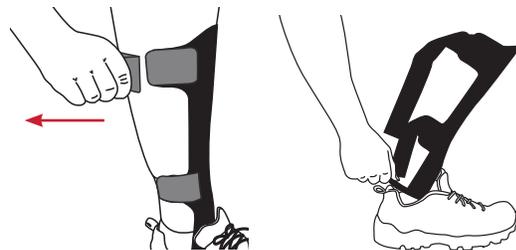
### PUTTING ON YOUR ORTHOSIS



Place your brace into the shoe

Slide your foot into the shoe. If shoe has shoestrings – tie snugly. Secure the straps on the brace around your leg.

### REMOVING YOUR ORTHOSIS



Pull from front to back to release the straps.

Slide hand under orthosis and pull up to remove from shoe.

USER

## ACTIVITIES OF DAILY LIVING



Normal

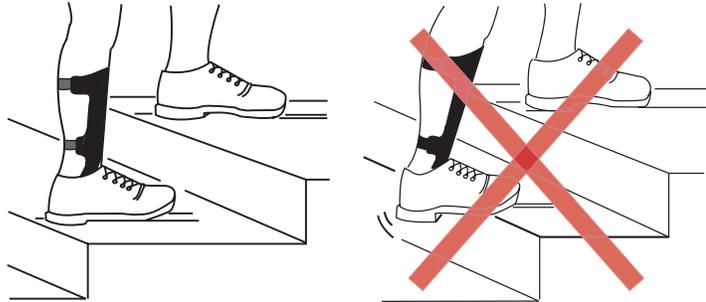


Excessive

Your orthosis is designed to allow range of motion movements of normal walking. Excessive bending forward, backward or sideways may accelerate wear and tear of your orthosis.

### STAIRS

Place ENTIRE foot on step, rather than just the ball of the foot.



### LADDERS

Place center of foot on ladder rung to minimize weight bearing on ball of foot alone.

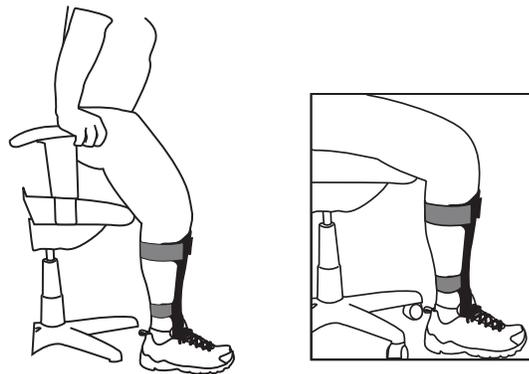
### SQUATTING

Squatting will significantly increase the stress on the brace and increase the risk of causing damage to the brace.



### SIT TO STAND

Feet should be placed flat on floor prior to transitioning to an upright position. Use chair arms to help push to stand or pull on stationary item for assistance. Similar transitioning should take place from any seated location, including car, chair or toilet.



## ADAPTING TO YOUR NEW BRACE

Follow the fitter/prescriber's recommendations for gradually increasing wearing time to help become accustomed to your new brace.

## DRIVING

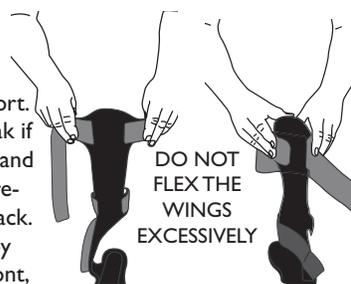
Consult your fitter/prescriber regarding any driving limitations.

## SKIN MONITORING

Check the condition of your lower leg and foot daily, especially if you are suffering from loss of feeling on your lower leg. In the case of skin irritation or discoloration discontinue use immediately and contact your fitter/prescriber immediately. If your ability to monitor your foot and leg is reduced, ask for assistance.

## CARING FOR YOUR BRACE

ONLY pull from front to back to release the straps. The wings are made flexible for comfort. However, they will break if repeatedly flexed back and forth. Straps must be removed from front to back. If straps are removed by pulling from back to front, this will cause the wings to fracture.



Your ToeOFF®, Ypsilon™, or BlueRocker™ was fitted by:

## STORAGE

Take care not to leave your brace laying down to reduce possibility of someone stepping on or sitting on it. Do not expose your brace to temperature extremes. (Don't store in the car trunk on summer days or leave outdoors during freezing nights).

## MAINTENANCE

Inspect the brace daily. Discontinue use immediately and report any signs of damage on the product, signs of wear or any change in the performance of the device to the fitter. If your ability to monitor the brace is reduced, ask for assistance.

## CLEANING

It is recommended to wash liners and straps approximately twice per week. Follow washing instruction on liner. Remember to re-attach the liner/straps to the brace. Extra sets of straps / padding may be purchased from your fitter in order to decrease laundering frequency. The brace can be gently cleaned with mild soap and water.

## DISPOSAL

The product shall be disposed of in accordance with relevant national and local laws and regulations. If the product may have been exposed to infectious substances or bacteria, the product should be destroyed according to relevant national and local laws and regulations covering disposal of contaminated materials.

I have reviewed and understand these instructions.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
If minor or patient is unable to write: Caregiver, Guardian, or Parent Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Patient, Caregiver, Guardian, or Parent)

**ATTENTION ORTHOTIST OR PROSTHETIST:** Make a copy of these instructions for your records and give original to patient.



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