

Indications

For the treatment and prevention of intra-articular adhesions, extra-articular contractures, and excessive post-operative swelling. Vector1 has been used for, but is not limited to the following diagnoses:

- MP arthroplasty
- Tenolysis
- Escharotomy
- Fasciotomy
- Skin Graft
- Dupuytren's contracture
- Complex regional pain syndrome
- ORIF
- Post external fixation
- Edema
- Burn
- Degloving
- Partial digital amputation
- Volar plate repair
- Flexor tendon repair
- Stiff hand syndrome
- Extensor tendon repair
- Tendon transfer

Key Features and Benefits

- -21° hyperextension to 340° flexion (full composite fist)
- 9 gradations of speed: low-end torque
- Up to 45 minutes, 25 seconds of pause at extension and flexion limits which allows for a controlled stretch and rest period
- Intrinsic plus/safe hand position accomplished by first phalanx positioning of finger plates
- Intuitive and convenient digital display of angle, ROM settings, speed and force
- Simple hand control functions
- Telescoping forearm splint for increased base of support
- Malleable splint for increasing surface area contact circumferentially

Clinical Advantages

- Strongest motor on the market to prevent rebound of unit during prescribed ROM
- Dynamic spring leaf caterpillars: Malleable to accommodate ROM considerations
- Glove option to ease donning and doffing of unit-facilitates increased compliance
- Programmable force, ROM, and speed to accommodate vast clinical considerations for optimal outcome
- Expand feature for patient warm-up
- Pause feature increases low load prolonged stretch to enhance tissue remodeling



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Vector 1 with MP Block

Manufactured by Lantz Medical, the Vector 1 hand CPM has been well received in the rehabilitation industry due to the device offering superior advantages when considering force, ROM, and ease of donning.

In addition to the aforementioned advantages, the Vector 1 hand CPM now offers a unique MP block attachment in order to address a variety of clinical concerns. (Figure 1)

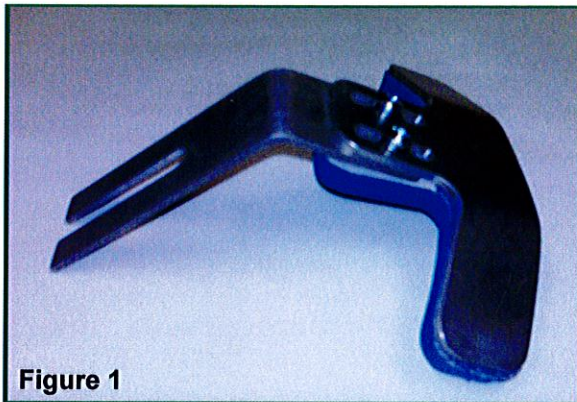


Figure 1

Upon review of clinically relevant hand anatomy, the MP collateral ligaments are short bands of tough but flexible fibrous connective tissue that act to stabilize and guide the normal tracking of the proximal joints in the hand. These ligaments are slack in extension and taut in flexion. (Figure 2)

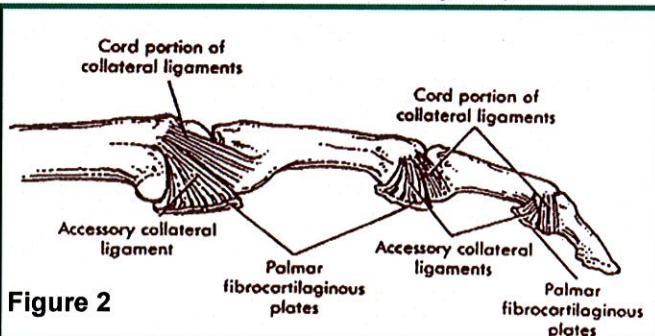


Figure 2

The MP block attachment which mounts below the spine of the dorsal splint (Figure 3) allows the MPs to be held in the critical position of 70-90 degrees of flexion while allowing mobilization of the PIP and DIP joints of digits 2-5. (Figure 4)

The clinical advantage of proximal phalanx positioning in 70-90 degrees of flexion while allowing mobilization of the distal phalanxes is to maintain the MP collaterals in an elongated position to prevent joint contractures. If joint contractures are allowed to manifest at the MPs because of poor post-injury management an intrinsic minus or "ape-hand" presentation may occur.

Inversely, proper post-traumatic positioning via the Vector 1's MP block, allows for maintained MP collateral length while allowing CPM to the middle and distal phalanxes, resulting in the following clinical advantages:

- Tendon Gliding
- Post Injury Edema Management
- Prevention Of Digital Joint Stiffness
- Desensitization / Pain Reduction
- Prevention Of PIP Flexion Contractures (Figure 5)
- Proper Collagen Fiber Alignment

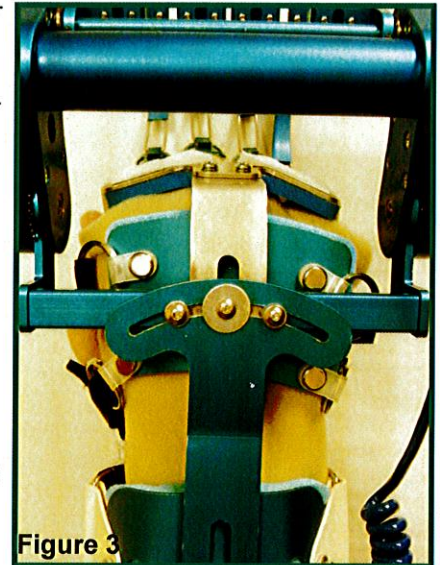


Figure 3

Research has demonstrated that not only do ligaments heal quicker with CPM but that they are also stronger.

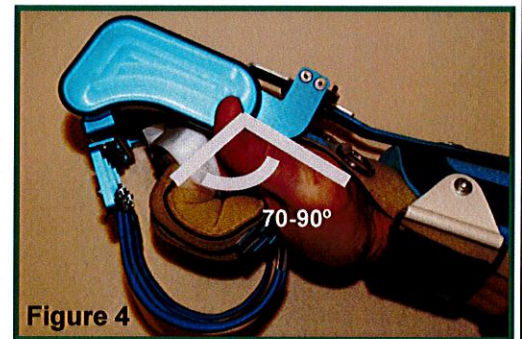


Figure 4

Please consider the addition of Lantz Medical's Vector 1 hand CPM to your treatment armamentarium.



Figure 5