

USING FUNCTIONAL BRACES POSTOPERATIVELY!

There has been a recent trend by some physicians to utilize functional braces postoperatively. The trend is certainly understandable. Some insurance programs, as well as the dictates of some HMO organizations, have limited the type and number of braces that are covered for medical reimbursement. However, there are definite problems with this approach. Postoperative patients have very little muscle control. Postoperative braces must be able to support this relatively flaccid muscle tissue during the first two to three weeks postoperatively. Considerable swelling is present in the knee, and the leg will undergo rapid atrophy. The patient's tissue is much more sensitive to point pressures. Postoperative braces are designed with long lever arms and open cell breathable foam wraps. They are intended to be worn 24 hours a day for several weeks. They are designed to be disposable and lower-cost than functional braces.

Functional braces are designed to be a little shorter and much stiffer than postoperative braces. They work best on contracted muscles with good tone. The padding is closed cell to prevent absorption of perspiration and body oils. They are constructed to last longer and withstand much higher forces. Functional braces will not adapt to large variances in the size of the leg as is typical of patients which have atrophy and progress to normal muscle size during rehabilitation. They should be worn for periods of less than 6 to 8 hours per day. The design requirements for functional braces and postoperative braces are completely different. Functional braces will not provide adequate support on flaccid postoperative tissues. Furthermore, they do not have features such as quickly adjustable motion limits within the hinge. The polycentric hinges used on most functional braces are intended to permit much larger ranges of motion without causing abnormal forces on the knee. The single axis hinges used on most postoperative braces were never intended to be used at high angles of flexion since they deviate greatly from the true arc of motion of the knee past 90 degrees of flexion.

The straps and padding found on functional braces is stiffer than postoperative braces. The result is much less comfort. Patients do not tolerate the early

application of most functional braces. This is particularly true after ACL reconstructions where the graft harvest site on the tibial tubercle is very sensitive to pressure. In short, these braces should not be used very early on postoperative legs. The proper time for a functional brace is when the patient begins extension exercise against resistance.

In order to meet the limitations of medical reimbursement, and still provide the patient with the proper product at the proper time, Bledsoe Brace Systems has devised a STAR (Sequential Therapeutic Acl Rehabilitation) program. This program permits the physician to choose whatever functional brace he desires to use at the regular price. Then, he can choose any of our postoperative braces to be included in the package at half price. This package consists of a single line item on the invoice with a single price. In most cases it is considerably less than the cost of a traditional custom-made functional brace. However, it allows the patient to use the proper brace at the proper time. It satisfies the concern of receiving proper reimbursement for only one brace, and it keeps the cost to the patient low. Bledsoe is more concerned about the patient having the proper device for his treatment needs than we are about the loss of profit on the postoperative brace. Simply ask a Bledsoe sales representative about our special STAR package.

There is a difference!

The difference is in the details!