

I NO LONGER USE POSTOP BRACES!

When questioned about what postoperative brace they currently use, some physicians will mention that they no longer use postop braces. Upon further questioning, it is often found that they utilize a knee immobilizer, a posterior splint, or an elastic bandage following surgery. Therefore, they still use a brace! This change is usually made to save money. In the process of saving \$40 or \$50 for a surgical procedure that costs many thousands of dollars, a lot of patient difficulties and inconveniences are created. If an incision of at least one inch in length is made during surgery, the patient will experience a loss in proprioception, lack of muscle control, and possible spasms or pain reflex problems which can be easily controlled by some type of external support device. The type of device chosen has other consequences that require careful consideration.

A knee immobilizer is just a brace without a hinge. A posterior splint is also a brace without a hinge. These are all forms of external support devices. However, postoperative braces have the added benefit of rapid adjustment hinges to quickly lock or permit fast changes to range of motion limits. Patients that wear postoperative braces can sit on the toilet without having to keep their knee straight. Have you ever tried to sit on a toilet with a knee immobilizer on your leg? Patients can also enter and exit an automobile much more easily. Have you ever tried to enter an automobile with your leg held straight by a knee immobilizer?

A properly designed postoperative brace is capable of maintaining the knee in a fully extended position when sleeping at night much better than most knee immobilizers. In the most widely used ACL reconstruction protocols, the knee must be held extended at night to prevent a flexion contracture. The postoperative brace can be applied with the leg extended and hinges slightly flexed as they are attached to the foam cuff wrapped around the leg. In this manner, the patient can extend his leg, and then place a little force against the hinges to completely extend them before locking them. This technique applies a little pre-load to the soft tissue to hold the leg absolutely extended. The knee immobilizer will permit considerable bending of the knee. This may be detrimental to the patient! The added cost of physical therapy to eliminate a knee

flexion contracture is much greater than the cost savings of switching to a knee immobilizer, even if only a few patients experience this problem.

Patients can undergo physical therapy without removing their brace. This is not true of a knee immobilizer. The limited motion stops in the postoperative brace hinge may be quickly adjusted to prevent the patient from exceeding certain danger limits during the physical therapy session. The hinges may then be re-adjusted quickly to the normal resting range. The added compression and stiffness of the brace helps proprioception during the early parts of rehabilitation. The knee immobilizer must be removed to perform these maneuvers.

Bledsoe postoperative braces feature a special foam wrap material that provides good padding characteristics while remaining very breathable. Most knee immobilizers are designed for low-cost and do not consider breathable construction to be a necessary feature. If you are a patient that lives in a hot humid climate, you may wish to question this reasoning! The ability to form the hinge arms of the postoperative brace to fit the patient creates greater comfort and better support than a knee immobilizer can provide, while reducing abnormal varus or valgus forces.

These are just some of the reasons why physicians should reconsider utilizing a postoperative brace in lieu of a posterior splint or knee immobilizer. The small cost savings can not justify the problems created for the patient or the lack of features or benefits that many patients require. In the case of insurance reimbursement, the knee immobilizer will not be reimbursed at the same rate as a postoperative brace. Which one is really better for the patient?

There is a difference!

The difference is in the details!