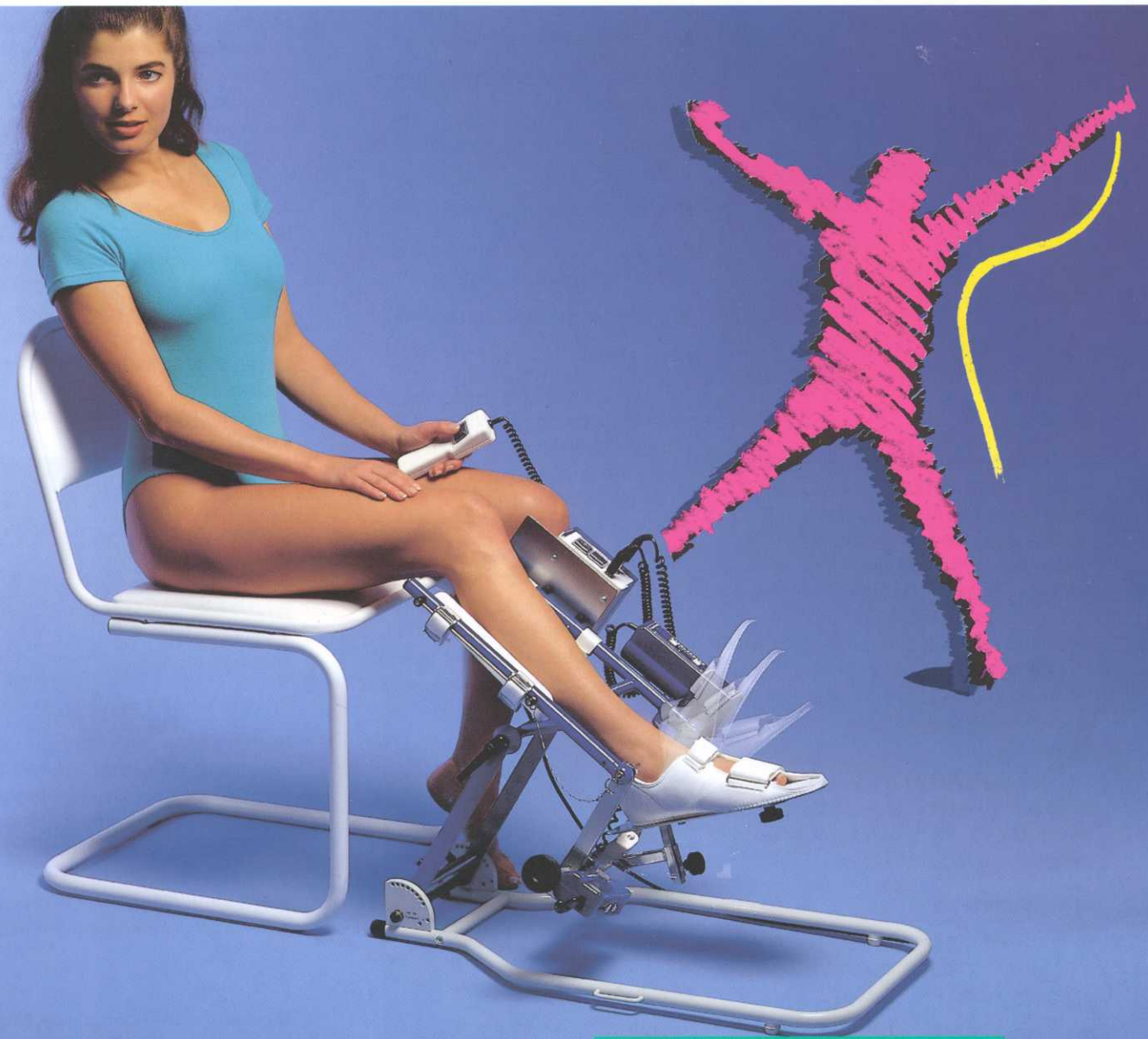


CONTINUOUS PASSIVE JOINT MOBILIZATION



ARTROMOT[®]-SP 2

ANKLE JOINT AND TALOCALCANEO-
NAVICULAR JOINT

ARTROMOT® - SP 2 - ANKLE JOINT AND TALOCALCANEAL-NAVICULAR JOINT



DESCRIPTION

The **ARTROMOT-SP 2** is a motor-operated motion device for postoperative, continuous and passive mobilization of the ankle and talocalcaneal joints. With this device passive dorsal extension, plantar flexion, and inversion/eversion motions can be carried out. The patient can choose to lie or sit during the treatment. The **ARTROMOT-SP 2** ankle devices can be wiped with a disinfectant to meet required standards of hygiene.

INDICATIONS

The **ARTROMOT-SP 2** is indicated in the treatment of most injuries and diseases of the ankle joints as well as for post-operative management after

- arthrotomy
- exercise-withstanding rigid fixation following fractures, pseudo-arthrosis, or osteotomies
- synovectomy
- arthroplastv
- reconstructive surgery on bone, cartilage, tendons, and ligaments
- operations to replace muscle.

THE THERAPY HELPS TO

- improve joint metabolism
- prevent joint stiffness
- rebuild damaged cartilage areas
- promote the healing of damaged ligaments
- increase the tensile strength of the ligaments
- speed up hematoma resorption
- improve blood and lymph circulation and, as a result,
- prevent thrombosis and embolism.

APPLICATIONS

The **ARTROMOT-SP 2** is used as early as possible following joint injury or operation in the sectors of motion which cause no substantial pain.

When treatment is begun, small sectors are chosen, which are then gradually increased over the course of the therapy. One of the factors determining the effectiveness of the passive motion treatment is how long the patient exercises. For best results the patient



DORSAL/PLANTAR 40-0-60 degrees



should exercise a minimum of 3 to 4 hours a day.

With the **ARTROMOT-SP 2** the patient can passively mobilize the right and left ankle and talocalcaneal joints. The device can be converted in just a few easy steps. The height and angle of inclination of the lower-leg rest can be adjusted to allow the patient to choose either a sitting or lying position for the motion therapy. In addition, adjustments can be made in the sagittal and frontal planes to make the rotational axis of the patient's ankle coincide with that of the motion device. This ensures a nearly physiological pattern of motion. For this purpose, a guidepin indicating the rotational axis can be used as a simple and reliable tool. The rotational axis of the motor for the talocalcaneal joint corresponds to normal anatomic conditions.



The **ARTROMOT-SP 2** equipped with one motor

Two efficient motors carry out rotational movements with ranges of **40-0-60 degrees for dorsal extension and plantar flexion** and **40-0-20 degrees for inversion and eversion**. Motion sectors can be freely chosen as desired within these ranges. The two motors can be used separately or in combination.

NOTE

The **ARTROMOT-SP 2** is available with one motor on request. This version is used only for **dorsal extension and plantar flexion between 40-0-60 degrees**. A second motor for inversion and eversion exercises can be easily added to the motion device later on.



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