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Partial Digital Amputation  
Leave-behind (Included)

# Positive Outcomes Hand delivered

# Lantz Medical

## Meeting Dr. Salter Ted Brown

Jerry McKeivitt and I had the unique privilege and honor to meet Dr. Robert Salter, the creative genius who invented the concept of continuous passive motion. We met at the Toronto Children's Hospital in Toronto, Ontario last December.

Listening to one of the world-renowned surgeons of our time explaining the importance of CPM and the deleterious effects to the joints, ligaments, tendons, and peri-articular structures when CPM is not initiated made me realize our contribution as providers. We are constantly challenged by therapists, insurance companies, doctors, etc. who say that using CPM really doesn't make that big of a difference 6 months out. Dr. Salter vehemently differed with that perception as the science would prove otherwise.

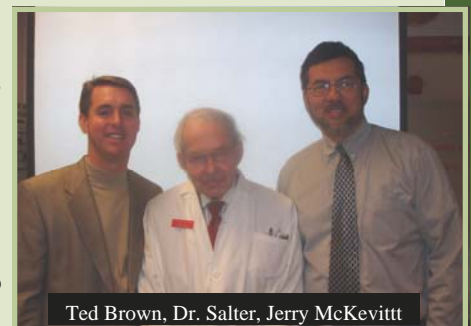


Ted Brown demonstrates the Vector 1 to Dr. Salter

Dr. Salter gave us the same lecture he uses when presenting to his peers in the scientific community. He emphasized the histological impact of CPM on the joint and explained how CPM assists in reducing swelling, eliminating exudates, providing nutrition and reducing pain. His points were clearly demonstrated in the slides he used to substantiate his work and verify his findings over the years. He demonstrated when CPM is used, the surface of the synovial joint does not show the arthritic changes that are often found in joints where CPM is not used. Add in less joint complications, less pain and a faster return to daily activity and the reasons abound for the use of CPM.

Dr. Salter took us on a tour of the hospital and discussed the importance of research for the advancement of medicine, especially for children. We ended up in Dr. Salter's office where he had set up a projector to lecture us on his five decades of research on the importance of CPM. He has been recognized for his contribution to medicine through many of the following awards: **Elected an Honorary Fellow of six Colleges of Surgery in the English-speaking world, Honorary Degrees from four universities, including his Alma Mater, The University of Toronto, Royal College Medal in Surgery (1960), Gairdner International Award for Medical Science (1969), Lawrence Chute Award for Undergraduate Teaching (1971), Nicolas Andry Award (1974), Award for Research (1987), Medec Award for Medical Achievement (1989), Arthur H. Huene International Award of the Pediatric Orthopaedic Society of North America (1992), Ross Award of the Canadian Pediatric society (1992).** (Just to name a few.)

It was a true honor and privilege to meet with Dr. Salter, to sit in his office and absorb the magnitude of his contribution to orthopedics. We at Lantz Medical are proud to be a part of this man's legacy and we look forward to carrying his torch of helping patients regain their functional ROM by providing the best CPM's available in the market.



Ted Brown, Dr. Salter, Jerry McKeivitt

# Vector 1 and Partial Digital Amputation

The Vector 1 Hand Rehabilitation Device offers specific clinical advantages to patients who have experienced partial digital phalanx amputations.

Perry L. Mervar, OT

Hand CPM set-ups, viewed as impossible or at best challenging with other machines in the marketplace, are now accomplished with the Vector 1's unique finger wires and finger plates. The Vector 1's finger components can be adapted to address specific clinical presentations of the post-traumatized hand whether from a crush or torsion injury. Additionally, the elongated glove system may be modified longitudinally to maximize fit in residual digits.



As demonstrated in the photo, the finger plate is positioned more proximally to address the digit with remaining 1st phalanx. (Photo 1, digit #3) This unique set up is also accomplished by bending the malleable finger spring to the desired arc of motion.

The elongated glove system is then modified by cutting longitudinally to the most proximal aspect by the elbow crease on both the radial and ulnar sides of the involved digit. This technique separates the finger sock from the other digits and allows the clinician or vendor to custom fit the residual digit from a length perspective.

Clinically this offers a tremendous advantage when multiple digits have experienced different levels of amputation. The glove finger socks may then be cut with tabs (Photo 1, digits #4 & #5), 1/2 moon (Photo 1, digit #3), or Z-plasty to address edema concerns.

Lantz Medical's Vector 1 hand rehabilitation device continues to meet the challenging scenarios presented to the treating hand clinician.

Your representative looks forward to assisting you and your patient with these unique set-up techniques.

*Place business card here*

The Vector 1 allows for positioning of finger plates for different clinical indications. In this photo, the Vector 1 is addressing PIP range of motion.



# Vector<sub>1</sub>

Innovation In Continuous Passive Motion

**Lantz**  
Medical

*Positive outcomes, hand delivered*

## 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

