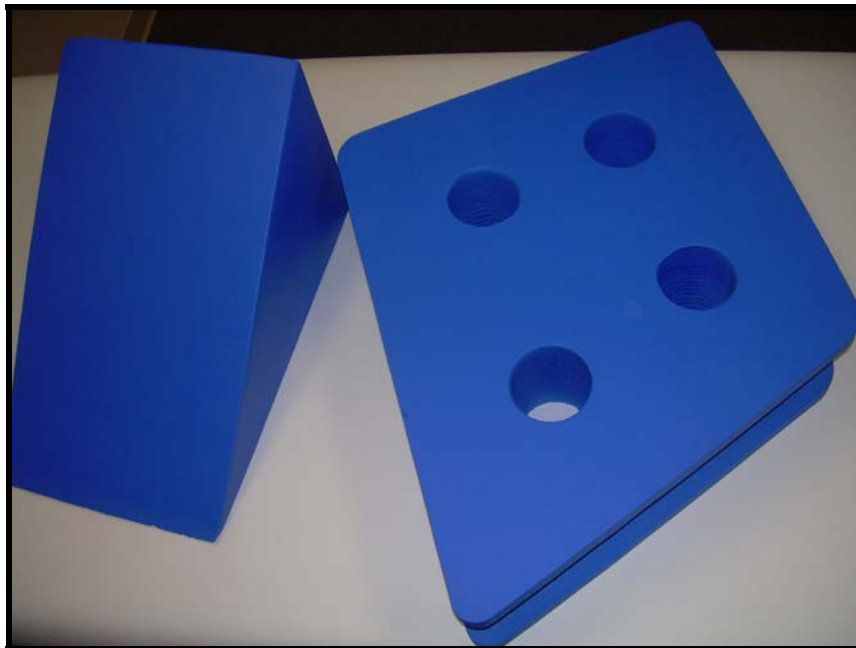
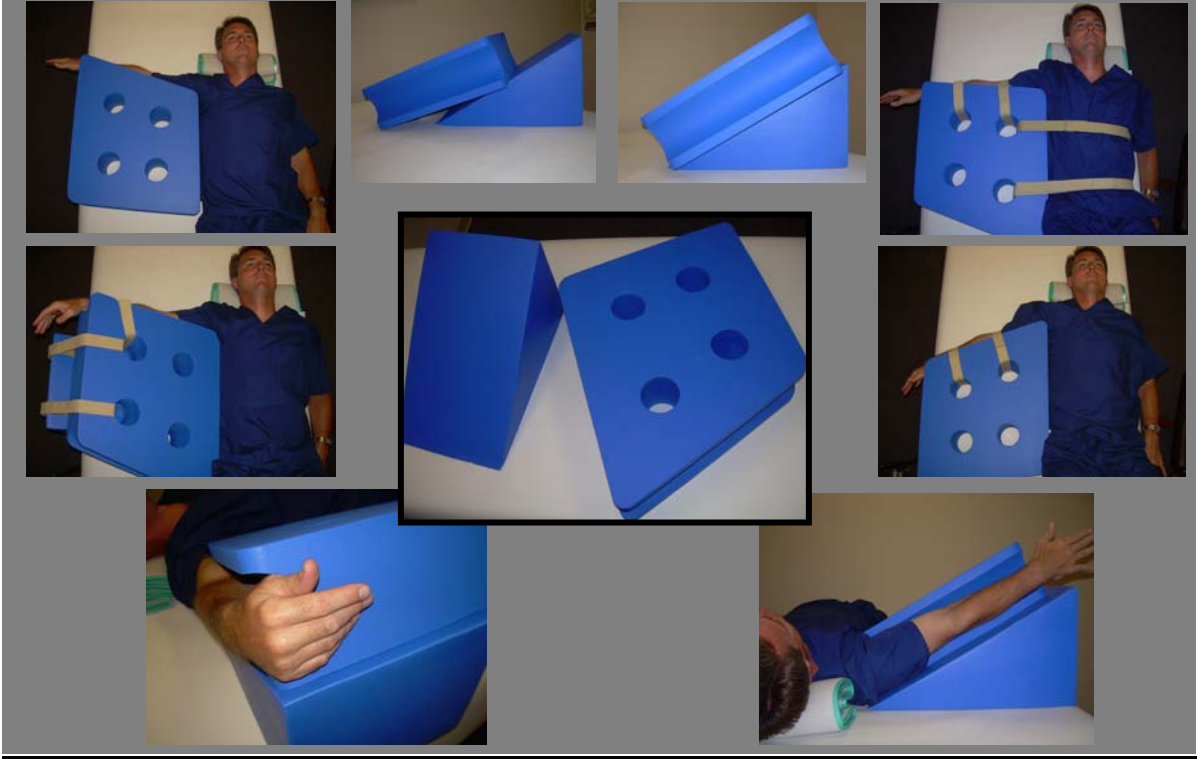


SCAPTION WEDGE KIT

Product Information



Scaption Wedge Kit
Lantz Medical (866) 236-8889



[Scaption Wedge Kit](#)

Lantz Medical, Inc. would like to thank you for choosing our single patient use scaption wedge kit. The device was designed to safely and optimally position your patient post burn to the anterior/posterior axilla area(s).

Burns: Burns to the chest and shoulder region often result in web like bands of scar tissue forming in the axilla, which limit flexion, abduction, and rotation motions. The scaption wedge kit is ideal for use pre and post grafting or early post injury to preserve gleno-humeral (GH) joint motion, and to positively influence scar tissue elongation and mobility. However, unique to this diagnosis, axillary scarring involves skin and soft tissue structures surrounding the joint (skin, muscle etc.), in addition to the GH joint capsule. Because of this, the therapist/MD may want to use the scaption wedge kit in various degrees of abduction and horizontal adduction which can be accomplished by adjusting the 40 or 45 degree triangular foam wedge under the scaption wedge (see photos) for various positions of soft tissue stretch.



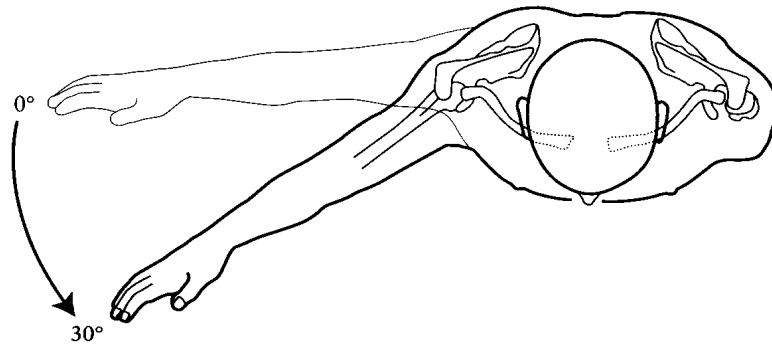
Positioning

Correct positioning of a burned upper extremity is very important during healing. Goals include reduction of swelling through proper positioning and the ability to make it as easy as possible to regain motion. As soft tissue heals, it shortens making it difficult to move joints normally. Utilizing special positioning equipment can help preserve normal motion.

The Brachial Plexus

A large bundle of nerves and blood vessels passing through the axilla or underarm en route to innervate and provide blood supply to the arm and hand. Care must be exercised when positioning the upper extremity to avoid stress on the plexus. Symptoms of compression are tingling, numbness, and coldness in the arm and hand. The brachial plexus is responsible for cutaneous and muscular innervation of almost the entire upper extremity; therefore, lesions of the plexus can lead to severe functional impairment.

NOTE: The glenoid naturally faces forward by ~ 30 degrees, an orientation that allows efficient functional use of the arm in front of the body. Elevation of the arm in this “plane of the glenoid” or ‘plane of the scapula” (POS) is ideal, as it improves joint congruence and minimizes butting and impingement of tissues within the glenohumeral joint. When positioning a patient utilizing the scaption wedge kit, it is best to ask the prescribing MD or therapist what plane(s) they would like the patient’s arm in for positional therapy. With the triangular foam wedge fully positioned under the scaption wedge (see photos) the upper extremity will be positioned in the (POS).



Scaption wedge kit

A scaption wedge kit is used to reduce swelling by keeping the arm elevated above the level of your heart. A second goal for using a scaption wedge kit post burn is to keep the skin around the axilla on stretch.

Scaption wedge kit on bedside table

A scaption wedge kit can also be secured to a bedside table and used when a person is either in bed or sitting in a chair.

Suggestions

- if soiled the scaption wedge should be replaced, cleaned, or an electric knife can be used to remove contaminated area
- scaption wedge may be cut in $\frac{1}{2}$ for pediatric applications
- distal end of scaption wedge may be cut off if needed to accommodate splints
- straps may be utilized to secure upper extremities in the arm troughs which may help prevent antecubital fossa contractures
- velcro may be utilized to secure triangular wedge to scaption wedge which may help avoid brachial plexopathy as well as facilitate desired stretch & correct reapplication post dressing changes
- straps may be utilized to secure scaption wedge to bed which may help prevent shearing
- straps may be utilized to secure scaption wedge around torso via 2 proximal holes if indicated
- the medial sides (short or long) of the wedge may be cut with an electrical knife to decrease/adjust the 70, 90, 95, or 110 degree angles
- when required 4" wide forearm / torso straps are suggested to disperse pressure
- scaption wedge may be positioned away from the torso by anchoring the device via the 2 distal holes to bedrails reducing shear on axilla & torso grafts
- consider posting page 7 in patient's room for specific therapy instructions and ease of applying scaption wedge kit by nursing staff and/or family members
- a clean barrier should be placed between the scaption wedge and the patient to allow a clean environment
- therapy may consider writing directly on scaption wedge kit with permanent marker to guide correct anatomical placement by other staff members
- UE hand splints may be positioned in various degrees of supination by velcro attachments to distal forearm straps

Precautions

- **release or adjust forearm straps if patient reports signs of ulnar nerve compression**
- **monitor patient frequently for numbness, tingling, redness & skin breakdown**
- **monitor for poor capillary refill, diminished pulses, pain, and extremity coolness (consider Doppler)**
- **adjust angle of scaption wedge if numbness or tingling occurs in the upper extremity**

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Scaption Wedge Kit

Indications: For burns crossing both the anterior and posterior axillary region.

Purpose: In an effort to decrease the risk of contractures for burns to the anterior and/or posterior axillary region.

How to Apply:

1. Position the patient's arm(s) at 70, 90, 95 or 110 degrees of abduction by simply flipping over the scaption wedge to utilize the most clinically beneficial arm trough. The angle position will depend on patient tolerance &/or burn acuity. Depending on location of burn and desired tissue stretch +/-15 to +/-45 (~30 degrees = POS) degrees of horizontal adduction may be achieved by inserting the triangular piece of foam under the scaption wedge. Positioning the forearm in supination (palm facing up) is also recommended per patient tolerance.
2. Place the scaption wedge underneath the axilla and along side the patient's thorax. (See clean barrier suggestion)
3. Fasten Velcro straps around the arm and thorax if indicated.

Recommended: Scaption wedge should be worn both pre and post grafting.

Suggested Wear Time: Wearing schedules will vary between burn centers, however, some suggested wearing schedules are as follows:

On 6 hours / off 6 hours.

Up to 20 hours per day as tolerated. Removing scaption wedge kit for 1 hour every 3 hours is optional if patient can tolerate prolonged wear. After grafting the scaption wedge kit should be worn at all times for five days.

Precautions: Monitor for pressure areas, especially along the Velcro straps and under the axilla. Monitor also for complaints of numbness and/or tingling. If any of the above occurs, reposition/adjust or discontinue use and contact therapy staff.



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3. Fasten Velcro straps around the arm and thorax if indicated.

Recommended: Scaption wedge should be worn both pre and post grafting.

Special Instructions / Suggested Wear Time:

Precautions: Monitor for pressure areas, especially along the Velcro straps and under the axilla. Monitor also for complaints of numbness and/or tingling. If any of the above occurs, reposition/adjust or discontinue use and contact therapy staff.



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