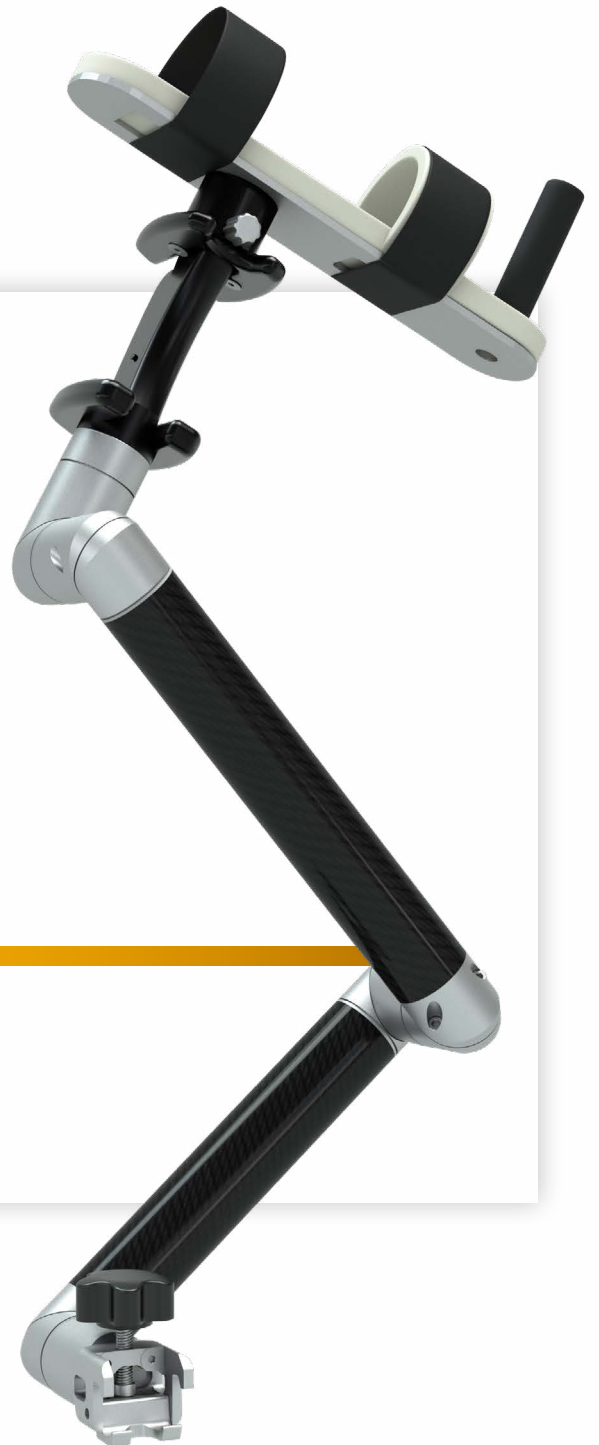


stryker

Adaptable arm positioner

setup guide



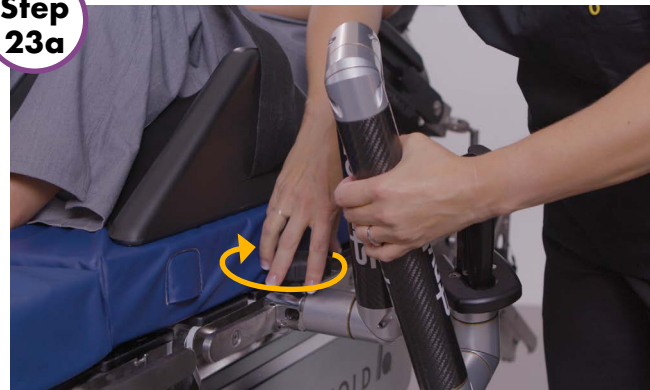
Adaptable arm positioner setup

Step 23



Prior to draping the patient, attach the Adaptable Arm Positioner to the rail of the surgical table by securing the five prong mount clip.

Step 23a



Firmly tighten it to the rail by turning the knob clockwise.

Step 24



The positioner can be secured anywhere on the bed rails. Consider positioning where it will be the most out of the way from where your surgeon stands, while still accommodating range of motion, which may vary by procedure.

Step 24a



It is recommended to test the reach of the positioner for needed surgical range of motion, and reposition on the rail if necessary.

Draping

Step 25



Drape the arm positioner per standard sterile protocol. The design minimizes the potential to contaminate the sterile field, as there are no holes to align.

Step 26



Press the sterile black arm connector onto the draped arm positioner. There is only one orientation that will allow the connector to be secured. The correct orientation has the silver screw lower and the gold screw higher. Once placed, secure the silver screw to tighten the connector onto the arm positioner.

Step 27



Adaptable utilizes patent pending Alumifoam to provide a semi-rigid structure for securing the arm and to prevent arm slippage.

Step 28



Open the velcro straps on the anti-slip alumifoam and slide the pad on to the sterile arm tray as shown.

Step 29



Fold the two foam cutouts through the holes in the arm tray.

Step 30



Insert the metal tab at the bottom of the arm tray into the slot on top of the black connector and secure with the gold screw. If the tab is meeting resistance, verify that the gold screw is sufficiently unscrewed and not obstructing the slot.

Secure the arm

Step 31



Slide the black foam handle grip over the post.

Step 32



Place the prepped patient's arm into the padded arm tray. Tightly wrap the extended piece of alumifoam around the patient's wrist, and secure the arm with both velcro straps.

Step 33



Wrap the arm circumferentially with the provided self-adhesive wrap.

Lateral decubitus

For lateral decubitus, the arm positioner can be mounted on the rail in front of the patient or behind the patient based on the needs of your surgeon.

Step 34



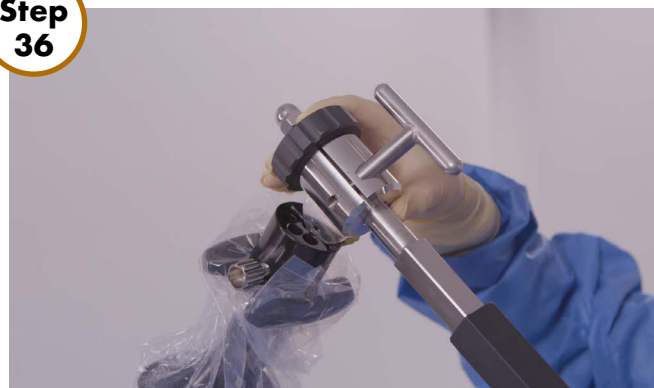
Drape the positioner and insert the sterile connector as previously demonstrated.

Step 35



Secure the prepped patient's arm to a lateral decubitus attachment utilizing the sterile alumifoam as shown. Self-adhesive wrap can be used to further secure the arm to the attachment.

Step 36



Insert the distal silver tab from the lateral decubitus attachment into the connector and tighten with the gold screw.

Step 37



Gross traction is achieved by reorientating the arm positioner by using the lever.

Step 38



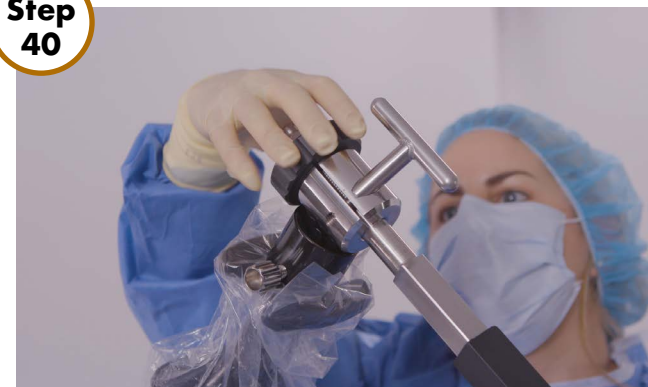
Fine traction will be achieved by turning the black wheel. To prepare for fine traction, first ensure the black dial is unscrewed all the way to the cap nut.

Step 39



Then, slide the silver-based component up against the black dial as shown here.

Step 40



Now turn the black dial for distraction.

Step 41



Internal or external rotation can be achieved by loosening and then re-securing the T-handle.

Arm positioner pearls and tips

Tip 1



When placing the connector on the handle, the silver screw should be on the bottom and the gold screw should be on the top.

Tip 2



As desired, your surgeon can assess range of motion mid procedure by unscrewing the gold screw, which will allow the arm tray to disconnect from the positioner for manipulation. The arm tray can be re-secured to the positioner by reinserting the metal tab and tightening the screw.

Tip 3



Although there is no right or wrong way to orientate the arm positioner prior to draping, consider orienting it so that the release handle is facing the palm of your surgeon. This ensures the stronger part of the palm will be squeezing the release, rather than the fingers.

Sports Medicine

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