

STOP! Quick Reference Tips/Troubleshooting

Warranty could be void if SPL Guidelines are not followed, read your manual carefully to ensure correct installation and usage of the SPL. This quick reference DOES NOT replace the manual.

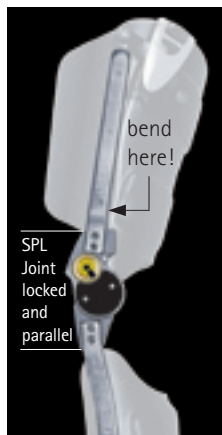
Tips for Success



When casting, add 5° of knee flexion to the patient's full range of knee extension.

- Read the SPL manual for Patient Assessment Recommendations, Casting and Fabrication Guidelines, Adjustment and Maintenance Instructions, and Fitting Procedure / Evaluation.

- When casting, add 5° of knee flexion to the patient's full range of knee extension; this will allow proper locking and unlocking in the SPL. This casting method will ensure the SPL always locks at full extension BEFORE the leg comes to full extension.



DO NOT compensate for flexion by unlocking the SPL joint.

During Fabrication, DO NOT compensate for flexion by unlocking the SPL joint.

- The joint should be locked and set exactly parallel to the plumb line. This will keep the pendulum balanced and prevent the SPL joint from locking or unlocking inadvertently. Bend the upper bar in standard 5° of flexion or as otherwise indicated.

NEVER LUBRICATE THE SPL.

- Use of lubricants will void warranty.
- The joints have Teflon self lubricating surfaces. Under no circumstances should the joint be lubricated.



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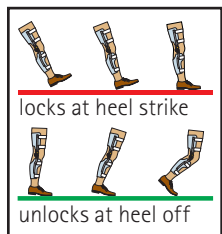
- Adjustments to the cable must be made in the Lock Mode to avoid an incorrect cable length.

Avoiding Noise in SPL Joint

(Popping and Cracking in Laminated Fabrication)

- ALL the resin must be cleaned from the extension stop and bushings.
- Lock Plate must be free from burrs.

Troubleshooting Locking and Unlocking



The lock mechanism is position dependant.

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- During gait, the device LOCKS just prior to heel strike when the correct ANGLE of the pendulum is achieved at FULL knee extension.

- The device will UNLOCK when the correct ANGLE of the pendulum is achieved at heel off and the flexion load is released by FULL knee extension moment.



Remote Control must be in LOCK MODE to adjust cable. Insert cable into End Block at desired length, leave approximately 3/16" beyond end block.

SPL locks when off, but not when on patient.

- A working SPL that will not lock on the patient can be caused by improper upper bar alignment. Upper bar must be retroverted at Terminal Swing to allow pendulum to fall (see tips for success above).

- Fair or Better (Grade 3) Hip Flexors are required to achieve swing-through.

Patient unable to lock SPL in full extension.

- Cable may be too short forcing slide lever out of proper adjustment or if extreme, into unlock mode.

- Additional flexion to the upper bar may be necessary to achieve locking on some patients (patient w/fleshy limb).



Position of Lever Arm when Satellite Slide Lever is properly adjusted in Automatic Lock Position.

Patient unable to unlock SPL.

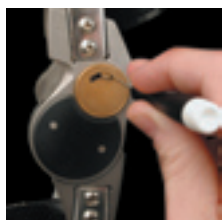
- Make sure patient is Indicated for the SPL. Patients with spasms, central paralysis, hip flexion contracture, or knee flexion contracture more than 10° will be unable to achieve the extension moment required to unlock the SPL.

- If the Cable is cut or comes loose the SPL will remain locked, this is a Safety feature.

- Cable may be too long forcing slide lever out of proper adjustment or if extreme, into lock mode. Make sure Remote Control is in automatic lock mode and shorten Cable Length.

- Applying a dorsiflexion stop is suggested where there may be an insufficient extension moment due to poor hip extensors or poor plantar flexors.

- Moving the pendulum ANTERIOR (FORWARD) in the function unit, allows the SPL to unlock sooner in gait and will also require greater hip flexion to lock.



Function Unit Pendulum Adjustment