



# **Amerisurg Foam**

## **Hip Arthroscopy Post-Operative Sleeping Brace**

External rotation and abduction of the hip joint after hip arthroscopy has lead to post-operative complications of the repaired hip capsule. These movements and resulting complications are likely to occur while sleeping or in the supine position.



### **Secure and Protective**

Worn in the supine position when sleeping or resting. Feet are comfortably and safely secured to each side of the perineal post pad. While in the brace, the surgical side foot is kept upright, preventing the extremity from external rotation. The non-operative side foot being adhered to the brace keeps the surgical side extremity from abduction.

### **Comfortable and Accurate**

Low profile and breathable foot holders provide patient comfort, thus increasing patient compliance. Double secure lock stitching of foot holders to the sleeve ensure consistent, easy, and optimal foot placement.



### **Easy and Clean**

No patient assistance needed with simple foot entry and dual adjustable velcro foot wraps. The bracing unit can be removed from the foam pad and is machine washable to prevent odor and infection.

**\*\*\*US Patent Pending Product\*\*\***

**AM1020RK – Hip Arthroscopy Post Operative Sleeping Brace**

**AM1020RCK – Pediatric Hip Arthroscopy Post Operative Sleeping Brace**

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**“The most important finding of this study was that the 2- and 3-suture constructs resulted in comparable biomechanical failure torques when external rotation forces were applied to conventional hip capsulotomy in a cadaveric model. The 3-suture construct was significantly stronger than the 1-suture construct; however, there was not a significant difference between the 2- and 3-suture constructs. Additionally, all constructs failed at approximately 36 degrees of external rotation.”**

(Jorge Chahla,\* MD, Jacob D. Mikula,\* BS, Jason M. Schon,\* BS, Chase S. Dean,\* MD, Kimi D. Dahl,\* MS, Travis J. Menge,\* MD, Eduardo Soares,\* MD, Travis Lee Turnbull,\* PhD, Robert F. LaPrade,\*<sub>y</sub> MD, PhD, and Marc J. Philippon,\*<sub>yz</sub> MD 2017: AJSM Vol. 45, No. 2)

**“They found that while prior studies supported restrictions on weightbearing and hip mobility in the early postoperative period, specific protocols were widely variable and limited to case series or case reports. The biomechanical results of the present study demonstrate that all capsular repair constructs failed at approximately 36 degrees of external rotation, indicating that postoperative protocols should include this important guideline to protect the capsular repair.”**

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