DONJOY®

UltraSling IV®

The best move in immobilization

DJO™ GLOBAL

UltraSling IV has a 3-point advantage.

UltraSling IV leads the way in comfort and convenience. The three-point strapping system is easy to put on, while its unique design eliminates pressure on the neck, leading to increased patient comfort and compliance. The soft, breathable inner lining with mesh laminate helps improve ventilation. And, a new, contoured cushion provides the needed abduction while relieving pressure on the ulnar nerve.

Ideal for post-operative treatment following Rotator Cuff repairs, Bankart procedures, Capsular shifts, Glenohumeral dislocation/subluxation, and soft tissue repairs/strains.

More compliance

- 3-point strapping system evenly distributes weight and takes pressure off the neck.
- Soft padded, customizable straps provide maximum comfort.

More comfort

- New contoured cushion design eliminates pressure on the ulnar nerve and provides comfortable 15 degrees of abduction.
- Larger vents promote proper airflow.

- Soft liner wicks away moisture and helps increase ventilation.

More convenience

- Color coded stress ball and label by size for quick identification and accurate dispensing.
- Sized, universal sling design converts from right to left, reducing inventory required.

UltraSling ER IV

All the advantages of the standard version, with external rotation

For protocols involving immobilization in external rotation, the UltraSling ER IV was designed to provide a comfortable proper fit—every time. Ideal for preferred positioning following:

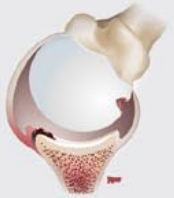
- Capsular shifts
- Post-operative Bankart procedures
- Glenohumeral dislocations and subluxation
- Post-operative care after release of severe anterior capsule contracture
- Adhesive Capsulitis release and manipulation

More options

- 15° and 30° cushions for solid, stable support.
- Cushions switch easily from right to left reducing inventory required.

UltraSling IV and ER IV help improve treatment outcomes. For patients and doctors alike, UltraSling IV is the best move in immobilization.

Axillary View of Glenohumeral Joint



Labral and capsular tear

Bankart lesion displaced with internal rotation

Bankart lesion reduced with the arm in External Rotation in the UltraSling ER

Clinical Research

The Itoi study [1] demonstrates that after dislocation, immobilization of the patients arm in external rotation better approximates the Bankart lesion to the glenoid neck than does the conventional position of internal rotation.

CLINICAL RESEARCH

These studies evaluated the role of immobilization in external rotation for the treatment of dislocation of the shoulder.

Immobilization in External Rotation After Shoulder Dislocation Reduces the Risk of Recurrence: A study to determine the benefit of immobilization in external rotation in a randomized controlled trial.

A New Method of Immobilization After Traumatic Anterior Dislocation of the Shoulder: A Preliminary Study to determine whether immobilization with the arm in external rotation would decrease the role of recurrence after initial traumatic anterior dislocation of the shoulder

Conclusion: The studies demonstrate that immobilization of patients in external rotation after first-time shoulder dislocation had lower recurrence rates than patients immobilized in internal rotation.[2,3] And, the treatment method appears to be particularly beneficial for patients who are thirty years of age or younger.[3]

Measure elbow crease to base of index finger, fits right or left arm	
2 = Small (up to 11")	3 = Medium (11" – 13")
4 = Large (13" – 15")	5 = XLarge (15" +)

Part Number (X = size)	Description
11-0445-X	UltraSling IV
11-1304-X	UltraSling IV ER, 15 Degree
11-1305-X	UltraSling IV ER, 30 Degree
25-0446-3	UltraSling IV, Strap Kit, S/M
25-0446-5	UltraSling IV, Strap Kit, L/XL

References:
1. Itoi E., Sashi R., Minagawa H, et al. Position of immobilization after dislocation of the glenohumeral joint: A study with use of magnetic resonance imaging. (J Bone Joint Surg, 83A: 661-7, 2001)
2. Itoi E., Hatakeyama Y, Kido T, et al. A new method of immobilization after dislocation of the shoulder: A prospective randomized study. (J Shoulder Elb Surg, Vol.12, No.5, 2003)
3. Itoi E, Hatakeyama Yuji, et al. Immobilization in External Rotation after Shoulder dislocation reduces the Risk of Recurrence (J. Bone Joint Surgery, Vol 89-A, No. 10, 2007)

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