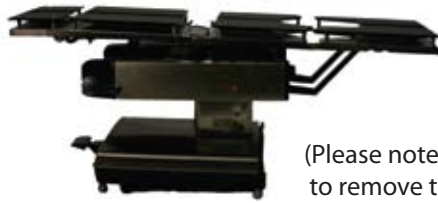


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LEG EXTENSION SYSTEM FOR ANTEROLATERAL TECHNIQUE SET UP INSTRUCTIONS

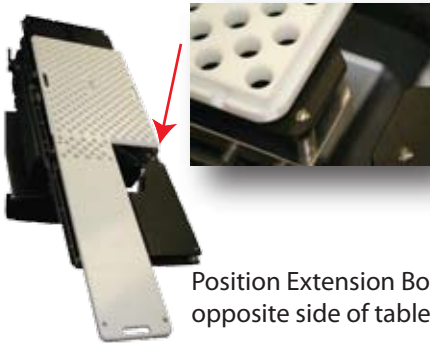
1. Remove OR Table Pads



(Please note it is not necessary to remove the X-ray cassette plates)



2. Position Center Board 1 inch from the end of the center section of the OR table

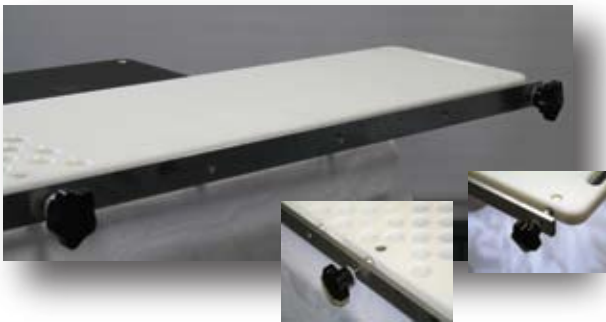


Position Extension Board on the opposite side of table than the operative leg

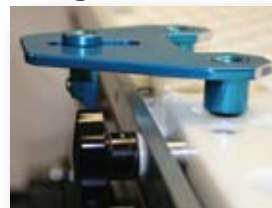
3. Interlock Extension Board onto the Center Board



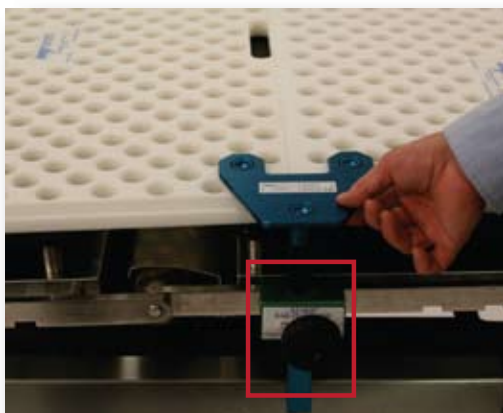
4. Attach the MorphBoard® side rail to the Center Board and Extension Board utilizing 2 black threaded knobs



Using the Adjustable "slotted" Clamping Plate, position the *flat* surface of the vertical bar against the MorphBoard® side rail



5. Slide the vertical bar of the Adjustable Clamping Plate into the side rail clamp on the OR table.



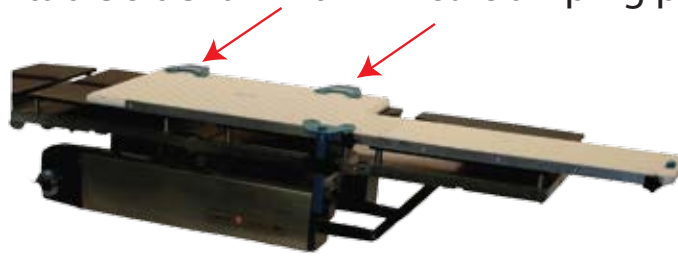
It is important the Clamping Plate is bridging the grooves of the Center Board and Extension Board



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LEG EXTENSION SYSTEM FOR ANTEROLATERAL TECHNIQUE SET UP INSTRUCTIONS CONTINUED

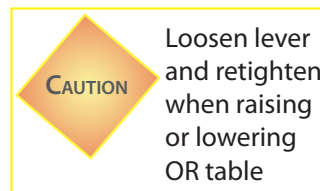
6. Lock Center Board to the OR table side rail with 2 *fixed* clamping plates and OR table rail clamps, located on the opposite side of the Extension Board



7. Tighten the side rail clamps to lock each clamping plate



8. Position "spring loaded" support stand into cutout of the Extension Board



9. Place patient protective pads onto the boards. Innovative Medical Products provides 3 options:

TUFFease® Gel Pad



Slow recovery Foam Pad



Gel & Foam Pads

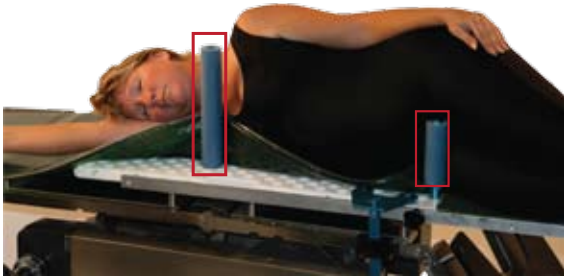


You may now place a draw sheet on top of the protective pads to assist with positioning the patient

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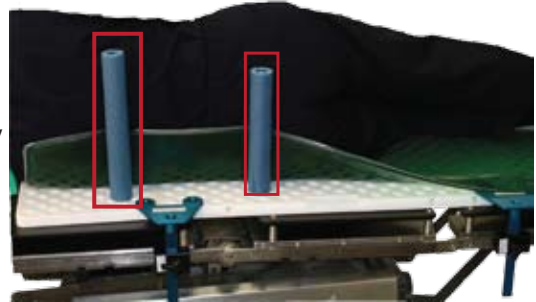
LEG EXTENSION SYSTEM FOR ANTEROLATERAL TECHNIQUE SET UP INSTRUCTIONS CONTINUED

10. Position the patient in the lateral position. Place pegs into protective single-use foam covers and use in the following locations, lifting the patient protective pad and locating the closest hole to the patient



Anterior pegs should be placed with one 8" peg in front of the pubis. Care should be taken to avoid compression of the neurovascular structures. Next, insert one 14" peg directly superior to the pectoral muscle, where care should be taken to allow proper ventilation

Posterior pegs should be placed with one 12" peg in the lumbar region, and one 14" peg in the thoracic region below the scapula



Additional pegs can be utilized for larger patients

11. Lower end of the OR table to provide an anterior dislocation of the hip, positioning the leg posteriorly.



Positioning the leg posteriorly provides an anterior dislocation of the hip.

Set Up is now complete for hospital standard draping and prepping

imp Innovative
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www.impmedical.com

Cleaning of boards & pegs can be accomplished with a standard hospital antiseptic solution



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