

Chrisofix® AG Ltd technology provides a material that is stable and formable at the same time. It is the first fixation method to allow the rapid application of **semicircular stable fixation**. When the orthosis is combined with our special standalone immobiliser fixation device, it creates **circular stable immobilisation** like plaster of Paris (POP), which we call **CAST-ORTHOSIS**. Manufactured since 1995 in an ISO 13485:2016 accredited facility.

UNIQUE PROPERTIES OF CHRISOFIX® PRODUCTS

- Chrisofix® orthoses ensure semicircular or circular stable fixation, a cast-orthosis.
- Cast-orthoses are adjustable and re-adjustable without water or heat, in seconds.
- They are stable and formable at the same time.



ADVANTAGES OF USING CHRISOFIX® PRODUCTS

- Earlier unrealisable therapeutic ideas become part of daily therapy (e.g. splinting of rib fractures).
- Time-saving compared to thermoplastic products.
- Replacement of POP with Chrisofix® cast-orthosis enables earlier start of physiotherapy and more convenient daily hygiene.

In contrast to conventional splints/orthoses in which the stable component is usually restricted to a lineal (segmental) part (Fig. 1), Chrisofix® products have a unique stable and formable **semicircular core** (Fig. 2) fixed to the limb with textile straps or bandages.

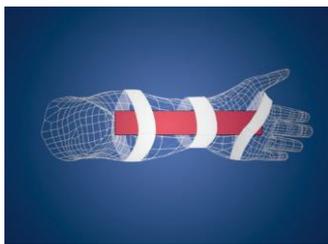


Fig. 1

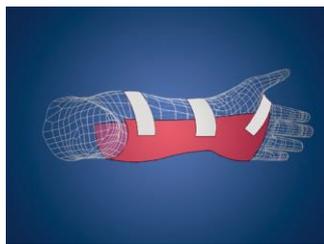


Fig. 2

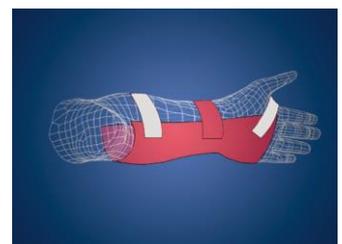


Fig. 3

The combination of semicircular Chrisofix® orthoses with the patented standalone Chrisofix® Fixation Device (Fig. 3) ensures a stable POP-like circular fixation, a Cast-Orthosis. All these products can be applied and re-adjusted within seconds without water or heat. They are breathable, light and comfortable.

Immobilisation after hand surgery and various upper limb fixations for fractures, Chrisofix® Cast-Orthoses may be suitable. Even a slight reduction in POP (gypsum)-fixation time can be very important for the patient's wellbeing and recovery time.

- an earlier start to physiotherapy
- more convenient daily hygiene.



Upper limb fracture-related indications

- Non-dislocated fractures
- Fracture without osteosynthesis:
 - after 5–6 weeks (depending on callus formation) the POP can be changed to immobilising Chrisofix® Cast-Orthosis
- Fracture after internal stabilisation (fixation) with screw or plate:
 - immobilising Chrisofix® Cast-Orthosis can be applied immediately after surgery

The immobilising Chrisofix® Cast-Orthosis can replace all frequently used conventional orthoses in hand surgery. Both the Chrisofix® orthoses and cast-orthoses are simultaneously stable and formable, unlike conventional orthoses where the stable and formable character is restricted to the segmental splint component. Due to their extended stability, Chrisofix® orthoses are also safer to use. They can be applied within seconds without using water or heat.

RESTING ORTHOSES FOR FIRST CARE IN HOSPITALS

Temporary castings are frequently removed and replaced during first care of injured and/or surgically treated extremities. To replace these, Chrisofix® offers unique forms of orthoses. They are applicable and re-adjustable (even directly on the patients). The core of orthosis is simultaneously stable and formable.



The **Orthoses for First Care** ensure stable semicircular fixation with textile straps (our basic version) or POP like circular stable fixation if immobilisation is necessary. This is done by replacing at least one textile strap with the Chrisofix® Fixation Device. Both versions are breathable, covered with green velour and a white cotton layer. While Chrisofix® orthoses for lower limbs are limited to the 'resting period' (not for walking!), an upper limb orthosis that is appropriately selected for first care can be used during the whole recovery period.

POSTOPERATIVE WRIST ORTHOSIS



For immobilisation of the wrist and the basic (MCP) joints of fingers IV-V

The combination of the semicircular stable Chrisofix® orthoses and the Fixation Device ensures virtual immobilisation of the wrist and the basic (MCP) joints of the fingers IV-V, including the metacarpal bones after injuries and following surgery on flexor tendons or osteosynthesis.

SCAPHOID ORTHOSIS



For immobilisation of the carpal bones

Immobilisation of the carpal region after injuries, especially in case of scaphoid fracture. It is also recommended before and after surgery.

INFUSION SPLINTS – Adult and Paediatric



For immobilisation of the wrist and elbow for infusion or dialysis

To provide a comfortable predictable positioning for infusion. The infusion range includes versions for infants, children and adults.

Arterial, cubital/IV-line, haemodialysis and radial artery splint versions are also available.