

## **DOBBS 2.0 AJUSATABLE SPIRNG TENSION BAR**

### **Model SDCBMD 2.0 Small and Regular**

#### **Indications for Use:**

After your child's foot has been corrected, the Dobbs Bar foot abduction brace prevents relapse by holding the foot in the corrected position.

NOTE: Never apply this brace to an uncorrected foot. The brace does not correct clubfoot, it only holds the correction achieved by the Ponseti Method of treatment (a method that uses a series of serial cast to gradually correct clubfoot).

#### **Instructions for Use:**

The Dobbs Bar should be worn 23 hours a day for the first 3 months and then at nighttime and naps for 2 to 4 years. Bracing is critical in maintaining the correction of clubfeet. If the brace is not worn as prescribed, there is a near 100 percent recurrence rate.

#### **Warnings and precautions:**

***Never use Loctite or other superglue-based thread lock on the screws in the Dobbs Bar. The superglue/Loctite will react with the polycarbonate plastic and cause the plastic to weaken and break.***

## **Setting Up the Dobbs Bar**

#### **Setting the bar width:**

The Dobbs Bar should be set so that the width of the bar is equal to the shoulder width of the child. Measure the shoulder width of the child from the left outside shoulder to the right outside shoulder. Adjust the length of the Dobbs Bar so that the length of the bar is equal to your shoulder width measurement from mid-heel of the left footplate to mid-heel of the right foot plate. It is better to have the bar a little wider than shoulder width rather than too narrow. It is uncomfortable for the child if the bar length is too narrow.

*Using the hex key provided in the package, loosen the hex head screws on the center clamp and slide the width of the bars open until they match the shoulder width of the child. Once the width is correct, retighten the hex head screw(s) to lock the bars firmly in place.*

#### **Setting the external rotation:**

The affected foot or clubfoot should be set at 60 degrees of external rotation, the none affected side should be set at 30 degrees or external rotation. For bilateral clubfoot both feet should be set to 60 degrees. The angle of external rotation should match the degree of external rotation achieved in the last cast. For example, if the physician was only able to correct the affected foot to 50 degrees then the brace should also be set to 50 degrees. *Loosen the hex head screw in the center of the black swivel arm and rotate the quick clip outward until the pointer on the black swivel arm lines up with the correct degree setting on the bottom of the quick clip. Retighten the hex screw to lock in the desired angle of external rotation.*

#### **Setting active spring tension:**

With the Dobbs logo facing away from you. Locate the number dial in the back of the spring housing, this will be your first adjustment. Loosen the rear adjustment hex screw until the dial is released (don't unscrew it all the way, just enough for the green dial to turn). Turn the green dial until

the appropriate white number appears in the setting notch/window. Retighten this screw all the way to set the rear spring setting. Turn the bar over so the Dobbs logo faces you. Loosen the front hex screw until the plastic teeth separate. Turn the serrated black pieces until the white dot lines up with the same spring tension on the number line that you set in the rear setting. Both the back setting dial and the front setting dial need to be set to the same number. Retighten the front hex screw. Repeat these steps on the opposite side of the bar to complete setting up the new Dobbs Bar.

### **Attaching the AFO's**

*Once the angle of external rotation is set, simply slide the black piece labeled "PUSH" into the recessed channel on the bottom of the AFO. The piece labeled "PUSH" will pop up and lock the AFO in place. To take the AFO off, press firmly on the part labeled "PUSH" while pulling backwards on the bar until it slides free of the channel.*