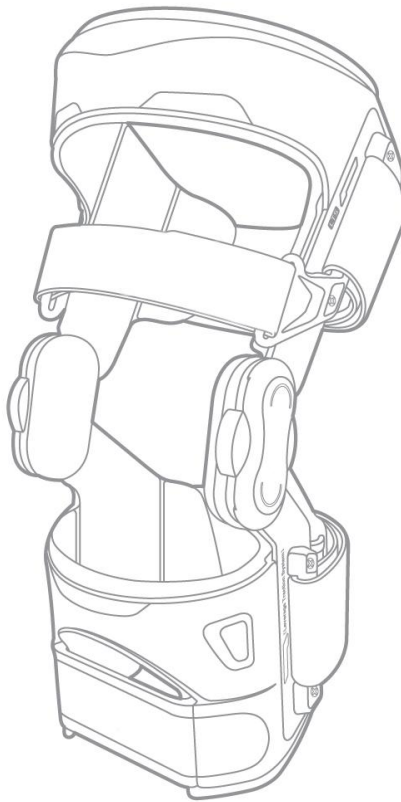




OA Pro TM



Bi-Compartmental OA Knee Decompression Brace

[Please read the manual completely, before attempting to use your brace]

USER MANUAL

Product Description & Overview

Product Description: Bi-Compartmental OA Knee Decompression Brace

Product Name: OA Pro™

Manufacturing Declaration No.: 18-931

Performance Usage: See User Manual

Precautions for Use: See User Manual

Product Weight: S 356g, M 378g, L 400g

Packaging Unit(s): 1 Set

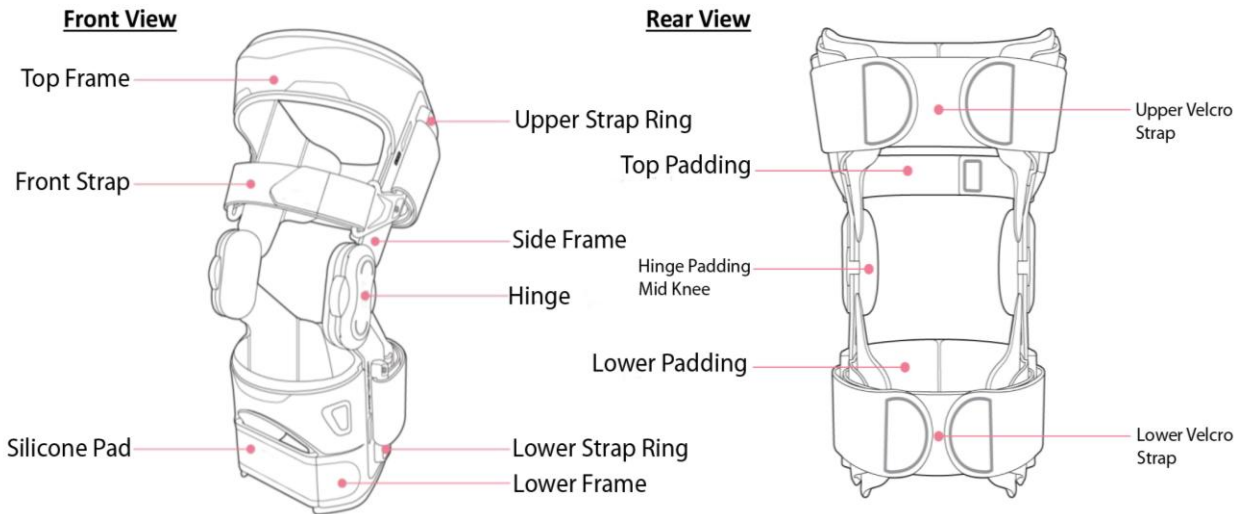
Product Description: The OA Pro™ is a medical device that has been designed for the treatment of osteoarthritis (OA). As a noninvasive (nonsurgical) treatment, this unloading knee brace eases osteoarthritis pain and provides assistance for those with knee arthritis.

Safety & Precaution

In order to ensure safe & proper use of your bracing unit, please read the following steps carefully.

- a. Read your User Manual thoroughly before use of your unit. After reading, always keep the manual in a safe place for easy follow-up and reference.
- b. Always consult your physician before considering our brace for use, especially if you have undergone any type of recent surgery or procedure.
- c. Recommended not to wear braces on both knees at the same time, as this may lead to disruption of your natural walk and create a possibility of personal injury.
- d. Do not attempt to disassemble or modify your unit, as this may cause malfunction.
- e. Contact your physician immediately if you feel any discomfort, pain, swelling and/or poor blood circulation. This is especially important for patients with peripheral vascular disease, neuropathy and/or sensitive skin.
- f. Only use the OA Pro™ for its intended use and do not use in a manner that poses a risk of damaging the unit, or causing potential injury.

Product Structure & Parts



Sizing Chart [Measure the circumference of the specified areas]

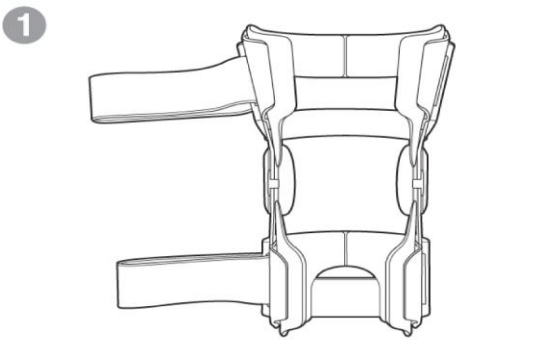
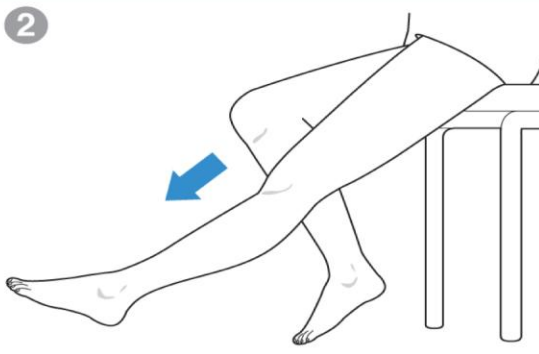

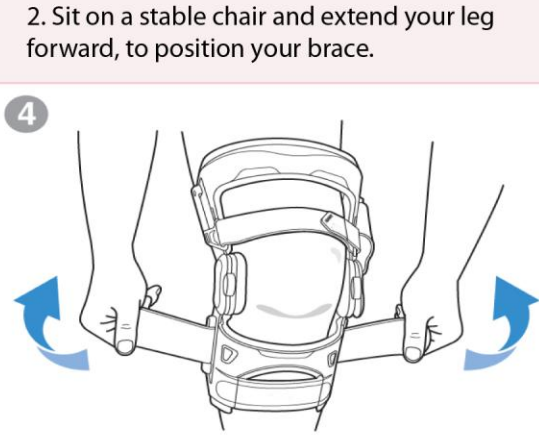
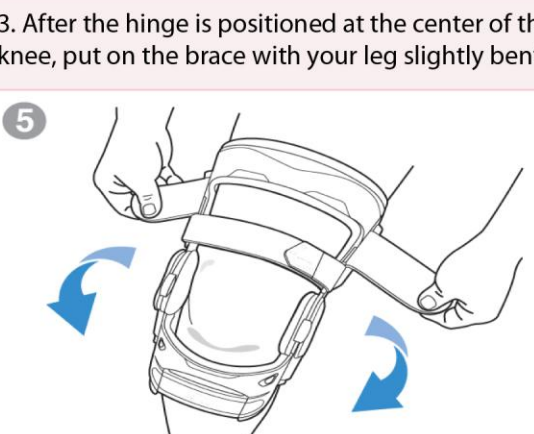
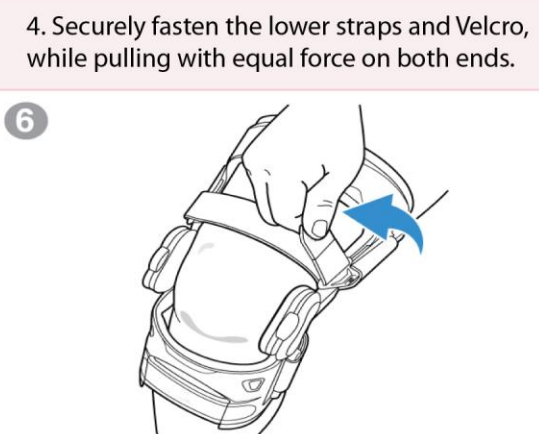
Size	Thigh [6" above the center of the knee]	Center of the Knee	Calf [6" below the center of the knee]
Small	15.5" – 18.5"	12.0" – 14.0"	12.0" – 14.0"
Medium	18.5" – 21.0"	14.0" – 15.0"	14.0" – 16.0"
Large	21.0" – 23.5"	15.0" – 17.0"	16.0" – 18.0"
X-Large	23.5" – 26.5"	17.0" – 19.0"	18.0" – 20.0"

Check Before Use

- Please make sure that each part of the brace is intact and properly attached, according to the *Product Structure & Parts* illustration.
- If there is any foreign matter or substance on the inner hinge, it may interfere with operation of your brace. Please make sure to clear this area and keep it clean during use.
- Double check to make sure that your brace is in correct position and is not upside down, or reversed, before application.

How to Wear Your Brace

- a. Sit on the edge of a stable chair and stretch your leg to straighten your knee. Place the brace on the knee. Center the hinge with the middle of the knee. It is very important that the knee is accurately aligned with the hinge.

 <p>1. Before wearing your brace, open the upper and lower straps on one side.</p>	 <p>2. Sit on a stable chair and extend your leg forward, to position your brace.</p>
 <p>3. After the hinge is positioned at the center of the knee, put on the brace with your leg slightly bent.</p>	 <p>4. Securely fasten the lower straps and Velcro, while pulling with equal force on both ends.</p>
 <p>5. Securely fasten the upper straps and Velcro, keeping your knee at a 90° angle, while pulling with equal force at both ends.</p>	 <p>6. Hold and fasten the front strap over the thigh. Be careful not to pinch the skin.</p>

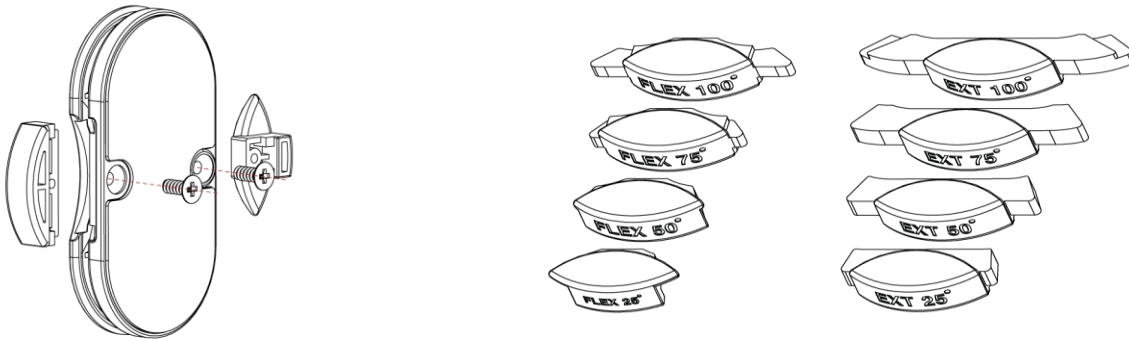
*** After securing the lower straps, please be sure to bend the knee at a 90° angle before securing the upper straps. Please refer to the illustration above, to activate the Decompression function of your brace.**

Angle Lock System

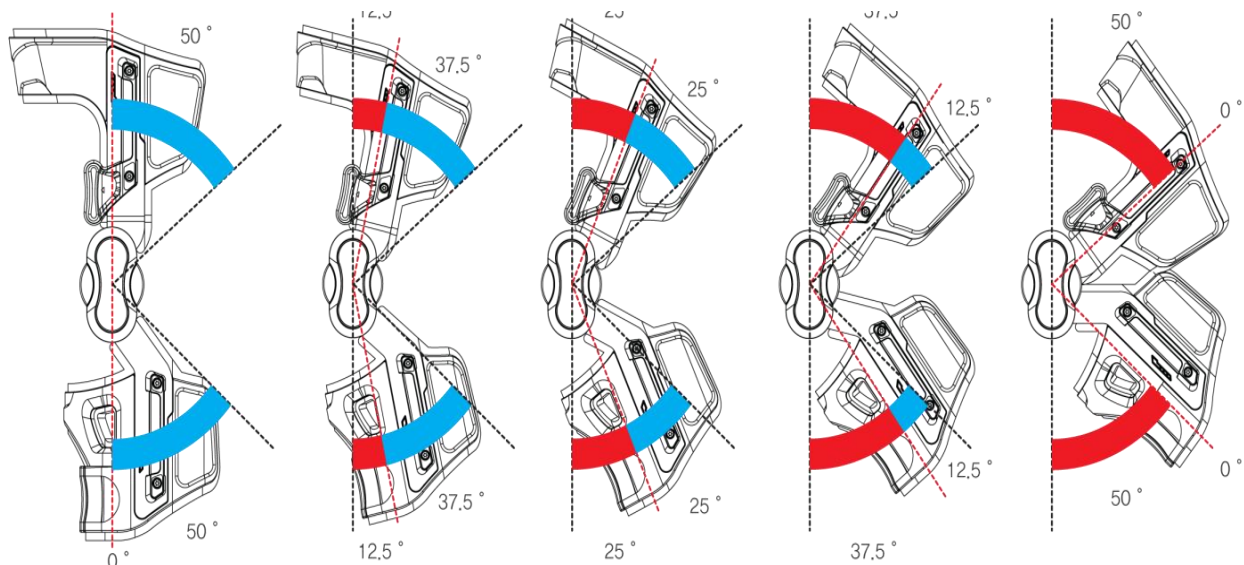
The Angle Lock System controls the angle and the range of motion with respect to knee extension and knee flexion by combining various EXT and FLEX Angle Stoppers. Each Angle Stopper has been created to limit range of motion in angle increments of 25 degrees.

Installation Method

- Please consult your physician before attempting to adjust the amount of Extension and Flexion for your brace.
- Adjustments for straightening/extending your knee, will require "EXT" inserts, while controlling the degree of bending the knee requires "FLEX" angle inserts.
- Be sure to check that you have the correct angle stoppers, with the same degree "EXT" & "FLEX" inserts for both hinges, before installing.
- As shown in the illustration below, the corresponding Angle Stopper are located on the back of both hinges. These can be easily accessed and changed using a screwdriver



- The overall angle range must be equal to 100°, with a 50° max angle on both the top and bottom of the brace. This can be achieved by individually combining the EXT and FLEX inserts on your hinge, to ensure a 100° max range of motion, as seen in the illustration below.



EXT 0°	EXT 25°	EXT 50°	EXT 75°	EXT 100°
FLEX 100°	FLEX 25°	FLEX 50°	FLEX 25°	FLEX 0°

Maintenance / Storage Instruction

Cleaning Care

- Please remove all sponge padding and Velcro straps from the frame before washing.
- Once all padding and straps have been removed from the main frame of your brace, gently clean the frame with a damp cloth. After cleaning, allow the frame to fully dry in the shade before your next use.
- We recommend washing the sponge padding by hand, using a neutral detergent, in lukewarm water below 30°C. Please do not leave in water for an extended length of time.



DO NOT
IRON



DO NOT
BLEACH



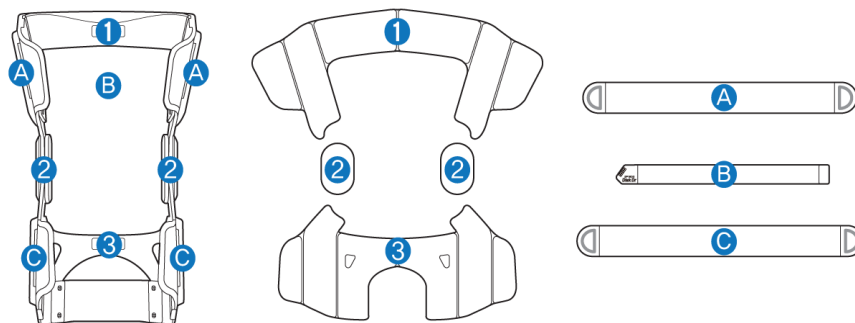
DO NOT
DRY-CLEAN



DO NOT
WRING

Storage Instruction

- After cleaning your brace and all components, reassemble the unit for storage until your next use. Make sure that all sponge padding and straps are completely dry before reassembly.



- Keep your unit in a well ventilated area, away from direct sunlight or heat, and free of moisture.
- Do not fold or bend any part of the brace unnecessarily, in order to avoid damage or deforming of your brace.
- If you will not be using your brace again for an extended period of time, store it inside a container and keep in a cool, dry place.

Warranty Policy

[Limited - 1 Year]

DDS, Inc. prides itself on quality construction and manufacturing of our products. All products undergo strict quality control and inspection processes to guarantee the best product for our customers. However, that being said, we offer a 1 year warranty on our products in the case of a defect in our workmanship or materials.

DDS, Inc. will repair or replace the unit free of charge for a period of 1 year, from original purchase date. In order to qualify for this warranty, you must be sure to submit your completed warranty card at time of purchase. We will also need proof of purchase from yourself or the chosen supplier through whom you obtained our unit. You must contact our staff prior to sending in your product, in order to obtain a **RMA # (Return Merchant Authorization)**. Once we receive your unit, we will conduct a quality inspection over the entire brace to determine the cause of the malfunction. Should we be able to repair your brace, we will do so free of charge and ship your unit back to you. In the case that the issue cannot be fixed by our experts, we will send you a new replacement unit.

This warranty does not apply for any misuse and/or deliberate mishandling of our products. Any implied warranty obligations or liabilities, including but not limited to the structural integrity of the brace, proper function and mechanics and/or quality of construction will qualify under the 1 year warranty. Return shipping fees and method chosen, will be the sole responsibility of the customer. Shipping via a traceable method is highly recommended as DDS, Inc. will not be responsible for any lost and/or unrecoverable merchandise via your chosen courier.

Please contact our offices at orders@ddsmed.com or via phone at 888-496-7440, to obtain your **RMA #** and with any inquiries you may have. More information can also be found at our website at www.ddsmed.com.

WARRANTY CARD

FIRST NAME: _____ MI: _____ LAST: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (DAY): _____ (EVENING): _____

EMAIL: _____

PRODUCT INFORMATION

DATE OF PURCHASE: _____

INVOICE/PURCHASE ORDER #: _____

HOW DID YOU BECOME AWARE OF DDS?

Mail to Service Center:

DDS, INC.

100 Commerce Way, Suite 5

Hackensack, NJ 07601