

Cervical Collars and a Cervicothoracic Bracing System



Aspen® Cervical Collars minimize skin breakdown while providing substantial motion restriction. The structural elements of the collars have been designed to spread support across broad contact surfaces there by eliminating "hot-spots" that can cause decubitus ulcers. Research has proven that this design enables the collar to maintain skin contact pressures well-below the capillary closing threshold.¹

The motion restriction provided by the Aspen Collar has been scientifically evaluated. Utilizing videofluoroscopy, researchers have documented both the translation and angulation of each vertebral segment through the entire range of motion. Results show the Aspen system to be unsurpassed in its ability to safeguard the patient.²



with Multiple Orthotic Options

The Aspen® Cervicothoracic Bracing System™ provides a fully integrated approach for

quantifiable motion restriction of cervical spine patients. Physicians are now able to prescribe patient therapies based upon the needs defined at specific vertebral levels to ensure the best possible outcomes.

By incorporating design elements that allow the Aspen System to be "stepped down" from a 4 post CTO, to a 2 post model and then to a stand alone collar, it is now possible to tailor the

degree of motion restriction to the specific needs of the patient. And, because no ferrous metal is used, the brace is MRI compatible.

and Proven Performance

Utilizing videofluoroscopic technology, university researchers and practicing clinicians

have quantified cervical motion restriction at each vertebral segment.

Data were compiled for each of the three different orthotic configurations. ²
Numerical results are shown in the table

(Percentage of Unrestricted Centroid Motion)

Flexion Motion Allowed

4-Post 22.0 22.2 25.3 29.9

Collar 37.0 43.4 41.3 47.1 47.7

Extension Motion Allowed

4-Post 25.5 28.0 25.9 22.8 19.7

2-Post 49.5 51.7 52.8 51.5 45.5

Collar 54.4 58.1 58.5 60.3 62.2

C₁₋₂ C₂₋₃ C₃₋₄ C₄₋₅ C₅₋₆

Cervicothoracic Bracing Options

The anterior and posterior red lines represent unbraced range of motion as

to the right. These findings are graphically shown as insets on the photographs to the left. The gold wedges show motion allowed in flexion and extension when moving from the 4 post CTO, to a 2 post CTO, and finally an Aspen Collar.

Segment Specific DataSecure Bracing Solutions

MRI Compatible





you can count on!

- Comfort for Compliance
- Extensive Customer Support
- Better Patient Outcomes

without Skin Breakdown

Aspen's unique CushionFlex Tabs™ allow the collar to conform to each patient as it is tightened for a true custom fit. Tightening the Occipital Support Strap™ further customizes the collar by creating an adjustable, three dimensional "shelf" that cradles the back of the head. Comfort is further enhanced by hypoallergenic, cotton-lined replacement pads that cushion the interface between the "structure" of the collar and the tender skin surface of patients. This attention to comfort results in better patient compliance.

Customer training is also a top priority. Local representatives and in-service nurse educators work closely with facilities to reinforce proper use and ongoing care. When coupled with a comprehensive protocol that includes cervical spine clearance procedures, proper sizing and application, as well as regular hygienic care, Aspen Cervical Collars have been documented to eliminate, or dramatically reduce, collar related skin breakdown,^{3,4} while providing unsurpassed motion restriction.

References:

- 1. Plaisier, B. et al. Prospective Evaluation of Craniofacial Pressure in Four Different Cervical Orthosis.
- 2. Gavin, T., Carandang, G.; Havey, R.; Flanagan, P.; Ghanayem, A.; Patwardhan, A. Biomechanical analysis of cervical orthoses in flexion and extension: A comparison of cervical collars and cervical thoracic orthoses. Journal of Rehabilitation Research and Development. 2003. Vol. 40. No. 6.
- 3. Blaylock, B. Solving the Problem of Pressure Ulcers Resulting from Cervical Collars. Ostomy/Wound Management, May 1996, Vol. 42, No. 4.





Comfortable by Design

Aspen® Replacement Pads are all about comfort. Dense, clickable foam offers superior cushioning to other leading collars⁵ and is your best defense against skin breakdown. While the two-tone color scheme provides insurance against improper pad replacement, the gray, nappy surface makes a great bond with the hook velcro inside the collar to maintain alignment and eliminate migration.

The white cotton, hypoallergenic contact surface draws fluids through itself and into the pads⁶ to minimize moist contact surfaces where problems can begin. And,

because the patient contact side is white, Aspen pads clearly show are as where fluid drainage, or soiling has occurred so it does not go unattended.



Perform Under Pressure

Aspen® Cervical Collars have been evaluated for pressure created at the surface of the patient's skin¹. Utilizing a force sensitive pressure mapping system, readings were taken across the entire contact surface of the pads. Results are shown in the images to the right.

To further reduce localized pressure, an Occipital Support Strap™ allows you to create compound curves to better follow the contours of the occiput. To create these curves, simply peel back the strap, tighten as needed and secure for a contour fit.









Fit Patients and Their Needs

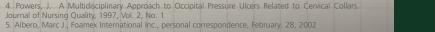
A special "Large Back" allows for proper fitting of extra heavy, or fluid resuscitated patients while an optional "Small Back" panel can be used to minimize contact surfaces on patients requiring prolonged recovery time in a supine position.

Collars can be purchased alone and then used with extra pads or in "sets" with the extra pads already included. By utilizing these options health care professionals can keep patients comfortable and minimize skin breakdown problems when pads are being washed or become too soiled to use.









6. Absorption Comparision Test, Orange County Materials Test Laboratories,

Complete Infant & Pediatric Collar L

Anahiem Ca, May 28,2002

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