S.W.A.S.H®

For their future...

Sitting Walking And Standing Hip orthosis
S.W.A.S.H.®

• Plastic pelvic section extends from L2/L3 to the coccyx, providing maximum torso support for candidates with flaccidity or very limited trunk control
• Single strap fixed front closure to secure torso support
• 6 mm (size 1) and 7 mm (sizes 2-4) diameter uprights
• Increased posterior and side support
• Proven results in several different independent studies
• "Childproof" thigh cuff closure

...and a better every day

• Is a hip stabilization and sitting orthosis
• Can offer significant benefits for the non-ambulatory child
• Can work for neuromuscular disorders other than just CP
• Can work for children with severe involvement as well as mild

Less abduction

Reduced abduction better accommodates wheelchairs with narrow seat structures and is better tolerated by children with tight adductor muscles. With a more upright posture and increased sitting stability, often the hands will now be free for activities instead of balance.
• can work on infants and older kids
• does not interfere with kids ability to play
• does not interfere with most walkers, wheelchairs, or even standing frames

Malleable spring steel "iliac roll" that rests over the pelvis and is secured in position by attaching to a small plastic reinforced abdominal pad
• Double strap front closure allows symmetrical application
• 8 mm diameter uprights in all sizes - extra strong for extra high tone
• Interchangeable thigh cuff sizes
• Simplified thigh cuff closure for easy application and removal
• Contoured posterior joints reduce interference with posterior walkers and other standing/walking/sitting aids

More abduction

Increased abduction offers maximum opportunity for muscle lengthening in the sitting position, and is also recommended when there is need to influence the trunk toward more spinal extension. With a more upright posture and increased sitting stability, often the hands will now be free for activities instead of balance.

Inclination
• Plastic pelvic section extends from L2/L3 to the coccyx, providing maximum torso support for candidates with flaccidity or very limited trunk control
• Single strap fixed front closure to secure torso support
• 6 mm (size 1) and 7 mm (sizes 2-4) diameter uprights
• Increased posterior and side support
• Proven results in several different independent studies
• "Childproof" thigh cuff closure

What makes SWASH unique to other hip orthoses is that it offers controlled variable abduction. Although it looks like a simple device, it is engineered with a complex series of angles to maintain good hip alignment as the uprights follow the pathways of motion of the femurs. While standing or walking, SWASH provides just enough abduction to prevent scissoring and medial femoral rotation. As the hips are flexed to assume the sitting position, it automatically further abducts the hips to create a tripod base for enhanced sitting stability and more upright posture.

The most visible benefits of the SWASH are readily apparent by improvements in sitting and standing posture and stability, and for the ambulatory user, improvement in gait. However, perhaps the most important benefit the SWASH offers is the improvement in hip alignment.

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Size table S.W.A.S.H® O riginal and S.W.A.S.H® Low Profile

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Sizes</th>
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<tbody>
<tr>
<td>28610-1</td>
<td>O original 115° leg bars</td>
<td>1, 2, 3, 4</td>
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<tr>
<td>28610-2</td>
<td>O original 123° leg bars</td>
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<td>28621</td>
<td>Low Profile 115° leg bars</td>
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<tr>
<td>28622</td>
<td>Low Profile 123° leg bars</td>
<td>1, 2, 3, 4</td>
</tr>
</tbody>
</table>

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SWASH Reference list

- Dianne Russel et al., Canada Child Centre for Childhood Disability Research, Hamilton, Ont., Canada, AAC/PDM Conference, Washington, D.C., 1999
- Danielle Truscott, Philippe Toulet, Philippe Lancert, SWASH Preliminary report published on the French medical publication "Le lettre de medicine physique & de réadaptation" December 1999
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- Paul M. Meyer, MRC, PA, Variable Abduction Brace to Treat Hip Subluxation in Cerebral Palsy, A denbrooke’s Hospital,Cambridge, England
- Jan P.A, Smits,A New Approach for Dynamic Hip Orthotic Management of the Child with Cerebral Palsy

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