PAWSITIONER® POSITIONING AIDS

USER MANUAL



Item no. 605920



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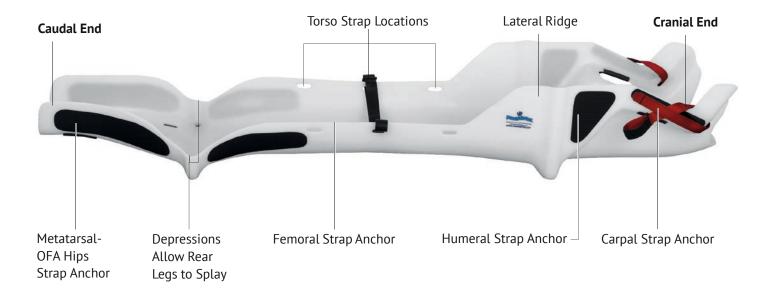
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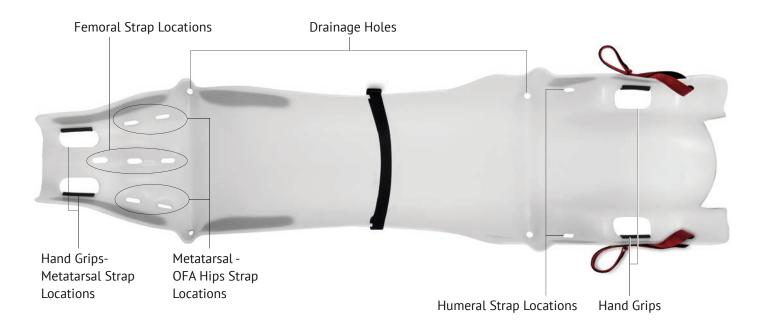
Congratulations! By purchasing this product, you have taken steps to reduce anesthetic time, increase efficiency, safety, and better position your veterinary patients for many routine surgical and radiographic procedures. Please take time to thoroughly review this pamphlet prior to use of the Pawsitioner®. This product was not designed as a restraint system for uncontrollable patients.

IMPORTANT! The use of this product on animals without proper chemical restraint may result in injury to the patient or handler. It is the attending clinician's responsibility to determine the level of sedation, analgesia, or anesthesia required to assure the patient's comfort and safety.

1. ANATOMY OF A PAWSITIONER®

The Pawsitioner® is available in five sizes capable of containing patients from 5 to 120 pounds. Sizing (measured from end to end) ranges from our smallest cradle (size XS) at approximately 24 inches to our largest (size XL) at 58 inches. Shown below and throughout this manual is our 58 inch cradle (size XL) which may differ slightly from other sizes.





2. THREADING THE PAWSITIONER®

Straps included with Set



- 8 Red Looped Carpal/Metatarsal Straps
- 4 Blue Looped Humeral Straps
- 2 Black Femoral Straps
- 2 Black Torso Straps

Note: 5/8" wide nylon material used for smaller size XS and size S 1" wide nylon material used for larger size M, size L, and size XL

Strap Colors

Carpal – Metatarsal	Humeral	Torso – Femoral

For maximum efficiency, some straps should be threaded prior to placing the patient into the Pawsitioner®, particularly when positioning for lateral views. See below.

Note: not all straps are necessary for radiographic positioning, patients are easily maintained in dorsal recumbency with minimal strapping.



Pre-thread femoral sling strap for radiography



Pre-thread right and left humeral straps for radiography. These straps may also be loaded prior to positioning for surgery. Shown above.



RADIOGRAPHIC POSITIONING

Sizing

For a proper fit, the lateral ridges of the positioning shell should roughly correspond to the greater trochanter and to the scapula. Chondrodysplastic breeds such as bulldogs or obese dogs are the exception and may require a larger shell. In this case, the femoral strap would need to be advanced cranially. It is important that their scapulae are seated near the lateral ridges. All straps should be threaded through the proper holes and reflected laterally onto a hook anchor on the outside of the shell.



Placing

A minimum of two people are required to place an animal into the positioning shell. Gently roll the patient into the positioning shell, being sure to keep all of the straps outside. The scapulae should be aligned with the lateral ridge.



Secure Torso Strap

This strap should be secured first to assure the Pawsitioner® will be fastened to the animal's trunk if the animal attempts to escape. Loop through on the opposing side and fold over. The strap will attach to itself. The strap should be snug, but loose enough to not interfere with respiration. There are three locations to secure this strap, depending upon the area being radiographed, although, the strap is radiolucent.



Humeral Straps

Place the looped strap over the humerus. Be sure the black Velcro® loop material is facing the outside of the limb with the strap exiting the nylon loop lock at the cranial aspect of the limb. Snug the loop to the limb being sure not to overtighten, then cinch to the Velcro® anchor.

Be sure the strap is pressed firmly against the Velcro® anchor. Repeat on opposite side.







Femoral Strap

The femoral strap is actually a **one-piece sling** which is anchored to one of the midline holes in the caudal part of the Pawsitioner® with a tri-glide (see strap page). This strap is placed over the hindlimb very loosely and anchored as shown. It will be tightened after the metatarsal strap is secured. Repeat on opposite side.

The strap should exit the midline hole closest to the pelvis.



Do not snug the strap, it will be tightened after the metatarsal strap is secured.



Metatarsal Straps

In dogs with normal conformations, this strap is anchored in the caudal most position. In the photo below, it exits through the hand hold which is in the two larger Pawsitioner® sizes. Cranial to this, there are two exit holes. In the smaller sizes, there are three or four exit holes, depending on the size of the Pawsitioner® being used. The exception to this rule would be chondrodysplastic breeds and obese dogs who require a larger Pawsitioner® and whose legs would be positioned more cranially, or special views such as OFA hips.

Snug the loop lock to the metatarsus as shown below, then pull the strap through the appropriate hole (in this case, the handhold), and secure the strap to the Velcro® anchor. Repeat on opposite side. The straps can then be wrapped around to the opposite side as shown.









Now, tighten the femoral strap which was originally secured loosely. This strap needs to be secured tightly enough to retain the pelvis in place for lateral views. Repeat on opposite side.



Carpal Straps

The carpal straps can be secured any time after the humeral straps.

Like the humeral straps, the loop lock faces cranially and the Velcro® loop material faces the outside. Snug the loop lock to the carpus as shown.





Thread the strap through the carpal exit hole and secure. Repeat on opposite side. Be sure not to pull this strap so tightly that it stresses the shoulder or humerus. The carpus does not necessarily need to be compressed against the front of the Pawsitioner®.



Finished Placing

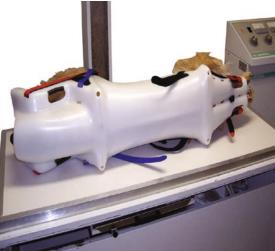
When finished placing the patient in the Pawsitioner®, be sure all straps are snug, but not overly tight or constrictive. Make sure front dewclaws are not touching the face or eyes. If so, pad them with gauze or other suitable material. Check for symmetry. If necessary, readjust the patient's position and tighten/loosen straps as needed. When radiographing, leave unsupervised only to expose the radiograph, then immediately return. Do not leave the patient unsupervised. Video monitoring equipment is highly recommended as well as remote exposure switches.



Lateral Positioning

In lateral positioning, the sagittal plane of the patient should be parallel to the table. Normally, because the lateral ridges of the Pawsitioner® are offset slightly more than 90°, the patient will already be in this position. If not, small foam wedges or polyethylene material can be placed under the sternum to offset the patient for a better view.





Removing the Patient

The straps are removed in reverse order from placing the patient in the Pawsitioner® with one exception, **the torso strap is removed last**. Straps are removed in the following order to minimize the possibility of injury to the patient.

- 1. Metatarsal straps
- 2. Carpal straps
- 3. Humeral straps
- 4. Femoral straps
- 5. Torso strap

Fold the straps back onto their respective Velcro® anchors. **Be sure that no strap is inadvertantly wrapped around any appendage, and that all straps are out of the way.** Gently tip the Pawsitioner® with patient and support the patient on the sternum as he is placed on the surface. Always tip Pawsitioner® towards yourself as shown.





Other Uses

It is beyond the scope of this manual to describe all of the uses of the Pawitioner®, but because of the numerous straps and anchors on this product, there are many possibilities, including OFA hips, skull views, and others. For an OFA pelvic view, the femoral strap is removed and re-positioned proximal to the stifles, around the femurs, as shown below. On anesthetized animals, straps from un-needed locations can be used to reposition the limbs, head or mandible for desired views. For further instructions, refer to the videos on our website, www.pawsitioner.com. If you have specific questions regarding other applications, please e-mail us at info@eickemeyer.com.





4. SURGICAL POSITIONING

Placing the Patient in the Pawsitioner®

Lining the patient up next to the Pawsitioner®, the scapulohumeral and coxofemoral joints should roughly coincide with the lateral ridges. Obese or chondrodyspastic patients require the next size up and some loosening of straps may be necessary. For routine ventral abdominal surgeries, the patient can be secured into the Pawsitioner® by using the carpal straps, humeral straps, or both. The metatarsal and femoral straps are generally not used; especially in ventral laparotomies. The rear legs are allowed to splay out the depressions on each side. On deep-chested dogs that are unstable, the torso strap can be used if it does not interfere with the surgical site.





The torso strap should not be tightened to the point where it interferes with respiration. This strap should also be used when transporting the patient.

The Pawsitioner® also lends itself well to surgeries on the lateral or medial aspect of the stifles because the patient can be shifted slightly to the desired side and the rear leg can be placed in a neutral position for exposure to either side.





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When transporting the patient, be sure that all straps are secure. A minimum of two people are required, particularly with larger patients. Use hand holds on larger sizes (size L and size XL).



If positional occlusion of the IV line occurs, the carpal strap can be loosened to reduce the amount of flexion on the elbow and the humeral strap will maintain stability.

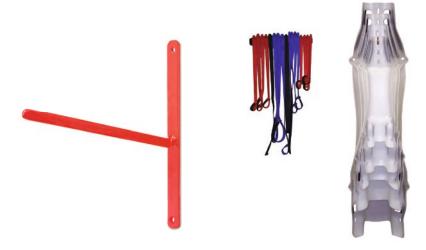


5. PRODUCT CARE

Straps can be either hand or machine washed in cold water and air dryed. The abdominal strap has both hook and loop material on its underside and the femoral strap has a tri-glide dividing it in two halves. The positioning shell itself can be cleaned with most disinfectants such as chlorhexidine. Avoid storage of the Pawsitioner® in direct sunlight.



The included metal hanger can be used to mount the Pawsitioner® set nested against the wall in any location as shown to the right. Straps can be hung next to the set for easy access with the included Velcro® hook material. Note: The hanger must be mounted to a wall stud or location capable of holding a least 40 pounds.



6. WARRANTY

EICKEMEYER® warrants that this product shall be free of defects in materials and workmanship under normal use for one year. The warranty extends only to the original purchaser and is non-transferable. During the warranty period, EICKEMEYER® will, at no additional charge, repair or replace defective parts or, at the option of EICKEMEYER®, replace the entire unit. Our products are manufactured in the USA.



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