



DF2[®]

PARENT FAQ





General Questions about the DF2

Why does the brace go above the hips?

- The brace goes above the hips to prevent rotation and motion at the proximal end of the fracture. This stabilization provides additional comfort to the child by reducing motion, which is important during the first 2-3 weeks of the healing process.

Why is the foot plate necessary?

- The foot plate prevents disruption to the fracture site by not only controlling the rotation of the child's leg, but by also providing protection to the leg from getting bumped on by accident. The foot plate does have an ankle joint which allows for your child's ankle to move up and down freely.

How long will the brace be on?

- Approximately 4-6 weeks, but as with any treatment, every child is different so you should always consult your medical professional on bracing treatment timeline.

Why for that amount of time?

- The brace is advised to be used for 4-6 weeks to ensure fracture healing. It is important to remember that upon removal of the brace, a deformity will be visible at the fracture site, on x-ray. This is the callus formation, that signifies that the body has repaired itself by adding more bone at the fracture site to heal it. The callus eventually goes away as the child grows.

Wear and Care Questions

What activities should my child avoid while in the DF2?

- If your child is mobile, movement of the limb is restricted by the brace and walking and running is prohibited until completion of the treatment. Additionally, due to pain, your child will naturally limit certain activities like standing and weight bearing on the affected limb, during the first 2-3 weeks of fracture healing.
- For as long as your child wears the brace, they must avoid activities that will allow for weight-bearing (i.e. standing, walking, pulling to stand assisted, etc), unless specified otherwise by your trained medical professional.
- Activities that could cause a fall should be strictly avoided. These include but are not limited to being pulled on a bicycle, using playground equipment, riding animals, climbing on furniture, etc.
- Braced patients should be protected from any potential falls. Parent supervision is recommended especially when the patient is on the bed or couch.
- It is important to understand that even though your child may begin to feel better before the 6 week mark, the fracture is still very fragile, and cannot withstand weightbearing, falls or a direct blow.

Can I remove the foot plate at home?

- No, the foot plate is important for supporting the leg/fracture and needs to remain on, unless otherwise discussed with your health care provider.

If the swelling in the leg decreases, how do I know if the brace needs to be tightened? Can I tighten it at home?

- Yes, keeping consistent pressure over the fracture site (thigh) is very important for healing, comfort and alignment of the fracture. Use your hands to gently squeeze the plastic over the thigh section and tighten the straps over the thigh accordingly. This is a normal process during the healing process, especially the first few days or week, as the initial swelling in the limb will dissipate. If you are unsure or have any questions about, please contact your doctor.

Should I contact my medical team before making adjustments?

- Yes, if you believe an adjustment needs to be made to any part of the DF2, please contact your medical team prior to attempting any adjusting at home. Do not make any adjustments at home unless directed to by your provider.

What should I do if one of the Velcro straps comes undone?

- Reattach the strap and contact your provider if you have any brace fit concerns.
- If a Velcro securing piece is lost, please contact your provider to walk you through replacing it.

Wear and Care Questions

What happens if my child tries to remove the brace?

- It is natural for your child to be curious about the brace and want to explore it by touching it, but attempting to remove it is rare.
- If your child does try to remove the brace, put clothes over the top of the brace to deter the removal. Baggy pants work well to go over the leg section of the brace, use a shirt to cover the waist section, and make sure to tuck the shirt in to the pants over the waist section of the brace. Remember to always use an undershirt in between the waist section and the skin.

What should I do if the sock gets soiled and needs to be changed?

- Contact your medical team to determine next steps. While it may be tempting to remove the brace to change the sock, always check with your medical team before making any change to the brace, especially if it requires a sock change.
- The socks are machine washable (if the socks are provided in the knit rite packaging, the washing instructions are located on the back of the cardboard insert in the bag. Instructions for the knit rite fracture socks are: machine wash warm, tumble dry medium, do not bleach.)

How do I clean the brace if it gets soiled?

- The brace may be cleaned with a washcloth and warm water. It may be disinfected with rubbing alcohol or mild antibacterial wipes. Make sure that the brace is completely dry before it goes back on your child. Harsh cleaners, like bleach or bleach wipes, are not recommended as the brace is in close contact with the skin.

How do I address skin issues if they arise?

- Since the brace is being worn for an extended period of time, there is a chance some skin irritation may arise. If you notice any skin changes that are persistent and concerning, please contact the medical team to talk you through possible solutions.
- The medical team should check the skin at any/all follow up appointments.
- The posterior (back of) heel is a common place for skin breakdown when a child is lying on their backs for long periods of time. To help prevent this, please make sure to suspend the heel in the air by bolstering under the lower leg section of the brace (calf section) with a soft blanket or a towel. Do not put a towel directly under the heel as that will exacerbate the skin breakdown than prevent it.



Practical Care

How do I change my child's diapers?

Diapers

- When removing and putting on a diaper, it can be mostly accomplished in the normal fashion, except that you will want to avoid lifting the lower back up in the air as it will be uncomfortable for your child. To avoid this, it can be easier to change diapers on a soft surface (like a mattress) where you can push down in to the soft surface to remove the diaper and slide the new diaper up behind the lower back. The soft surface will help facilitate diaper changes without lifting your child's upper legs/lower back into the air.
- Make sure to secure the diaper in between the leg and the metal hip joint.

Are there any toileting accommodations required after bracing?

- For boys a urinal works well. There are portable, bedside urinals that are used in a hospital setting that you can ask your provider about if you are interested.
- When sitting on a toilet, the involved leg that is in the brace will need to be held in the air. This is usually done by a parent or caregiver. If the child is still utilizing a training
- Training Toilets are also a good option. If your child is utilizing pull ups, it may be easier to switch to a traditional diaper which have the velcro straps and avoids having to pull up over the legs.



What clothes should my child wear?

- Baggy pants (like jogging pants), including athletic pants that have the snaps on the sides, work well to go over the brace. Buying 1 to 2 sizes larger than your child's current size is recommended to accommodate the brace.
- Shorts work very well to go over the DF2. Cutting one leg of the pants or shorts, that is on the side of the brace and replacing it with Velcro closures can also be helpful. Using this modified clothing, you do not need to feed the braced foot through the pants and you can simply attach the modified side with Velcro over the brace.
- Any shirt or sweatshirt that is not too tight works well to go over the top of the waist section. It is best to use a soft undershirt underneath, or in between the waist section. You can also utilize a onesie style shirt that can snap underneath the child.
- Anytime you are trying to put pants on your child's leg, make sure to start with the pant leg on the uninjured side first, covering the leg below the knee but not pulling them all of the way up. Then move from the UNINJURED leg towards the injured leg and feed the leg with the brace on it through the pant leg to the same location as the uninjured leg, and now you can pull the pants all the way up. This way you can bring the legs close together to put the pants on while avoiding any extra movement to the injured leg.

How do I remove the hip belt to change clothes?

- The hip belt is easily removed for clothing changes by unfastening the Velcro and feeding the strap back through the metal ring. The part of the waist belt opposite of the hip hinge is made from a soft, flexible plastic and a foam liner. By unfastening the strap and opening the soft side of the waistband, there will be sufficient room to change clothes and/ or diapers as needed.

Where can my child safely sit?

- Your child may sit on any steady surface like chairs, car seats, sofas, in a wagon, etc. It is not recommended to be on a swing or bouncy chair to avoid fall or excessive movement. Fall and excessive movements are not good for the fracture.



How do I travel or move my child safely?

- If your child is no longer using a portable car seat, the best way to move your child around while in the DF2 is in a wagon. Adding a blanket, pillow(s) and toys can make your child more comfortable while in the wagon.
- You can also utilize a jogger or umbrella stroller to move your child safely throughout the house or daycare environment.
- Using a baby carrier while your child is in DF2 is discouraged, to avoid any potential falls.

Are there any recommendations and/or adjustments needed while sleeping?

- It is best to place your child on their back with a soft support (such as a towel, blanket or pillow) under the calf section which will suspend the heel in the air reducing the chances of a heel sore. Your child will begin to sleep better and move more during sleep as the fracture begins to heal and the overall discomfort is reduced.

Should swaddling, sleep sacks, and other sleep accessories avoided?

- If your child uses a sleep accessory, discuss this with your medical provider to determine whether or not it is appropriate to use with the brace.

Contact Person Specific:

Who should I contact if a problem arises?

- Attending doctor (Doctor in charge of the fracture care for your child.)

Who do I contact if the brace needs to be adjusted or refitted?

- Call the provider or facility where you received the DF2.



[Scan for additional resources](#)



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