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(54) **GRADUATED COMPRESSION DEVICE FOR THE TREATMENT OF CIRCULATORY DISORDERS**

VORRICHTUNG FÜR STUFENWEISE KOMPRESSION ZUR BEHANDLUNG VON
KREISLAUFERKRANKUNGEN

ÉLÉMENT DE COMPRESSION GRADUÉ POUR LE TRAITEMENT DE TROUBLES
CIRCULATOIRES

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Description

RELATED APPLICATION

[0001] The present invention claims priority to U.S. Provisional Patent Application No. 61/264,213, entitled "Graduated Compression For The Treatment Of Circulatory Disorders", filed Nov. 24, 2009, the entire application is incorporated by reference herein in its entirety.

TECHNICAL FIELD

[0002] The present invention relates to devices that treat circulatory disorders such as lymphedema, edema and venous diseases. US 6,338,723 B1 discloses a device for applying compression to parts of the body for therapeutic reasons. US 4,215,687 A describes a combination or kit for making a body or limb encircling device. US 2,280,025 A discloses a surgical stocking body for engaging about a leg. US 2005/0192524 A1 discloses another therapeutic compression garment.

BACKGROUND OF THE INVENTION

[0003] A common treatment for circulatory disorders such as lymphedema, edema and venous diseases is to wear a compression garment. Current compression garments are available in various ready-to-wear standard sizes. Unfortunately, a wide array of inventory must be kept on hand when distributing ready-to-wear garments in order to accommodate the population majority. Although compression garments have been designed that can be modified in circumference or length to obtain a better fit, the "nearest" size must still be chosen.

[0004] Alternatively, custom made-to-measure garments have also been produced as a form of treatment. Unfortunately, measuring, sizing, and ordering these made-to-measure garments is time consuming and may still not result in a properly fitted compression garment. For limbs that are outside of the standard ready-to-wear size range, custom garments need to be built to match the curvature, length and circumference of the limb. As a result, many measurements are needed to make these custom garments and there is a period between measuring, ordering, production and fitting of the garment where the limb profile may change, which can result in an improper fit due to the time it takes for the patient to receive their garment.

[0005] Various compression garments have tried trimming-to-fit methods where longer bands are cut down from the largest size to fit the patient. Unfortunately, these bands need to be trimmed separately or in pairs and angled in a manner that best conforms to the shape of the limb. This is a slow and time consuming process. Working out the correct lengths and angles of each band can be very difficult, and is often made more difficult due to the fact that the bands need to overlap to obtain complete coverage.

[0006] Other compression modalities such as bandaging have also been used. An advantage of bandaging is that it can be used on 100% of the population with one inventory set. Unfortunately, bandaging is very time consuming and does not have the benefit of quick and easy application as compared to standard compression garments. In addition, bandaging is not guaranteed to provide reliable/consistent compression levels, and cannot be adjusted as the limb shape and compression needs change.

SUMMARY OF THE INVENTION

[0007] It is an object of the present invention to provide a one-size-fits-all compression garment that can easily and quickly be tailored to match the circumference profile of a particular patient's limb.

[0008] This object is achieved by a therapeutic compression garment according to claim 1. Advantageous embodiments of the present invention are described by the dependent claims and the subsequent description.

[0009] In a preferred embodiment, the present invention provides a therapeutic compression garment, comprising: a body portion having a plurality of bands extending from one side; and a spine portion having a plurality of bands extending from one side, wherein the bands extending from the body portion and the bands extending from the spine portion attach the body and spine portions together when the body and spine portions are wrapped around a body limb, and wherein the spine portion is releasably attached onto the body portion such that the spine portion is positionable at different locations on the body portion. The present invention provides therapeutic compression. The spine portion is attached to the body portion at a preferred location, such that the garment best fits the particular patient's limb.

[0010] The therapeutic compression garment may be fit onto a patient's limb by first measuring the circumference of the patient's limb at a top location, at a bottom location, and then the length of the limb. Next, the garment is assembled around the limb by: (i) aligning the spine portion and the body portion using measurement indicia (on one or the other of the body or spine portions); (ii) attaching the spine portion onto the body portion; (iii) optionally discarding an unused portion of the body portion; and then (iv) wrapping the assembled therapeutic compression garment around the patient's limb, thereby securing the bands in their proper location.

[0011] It is to be understood throughout the specification that the present invention may be used on either a patient's arm or leg, and that examples referring to a leg are merely exemplary, and not limiting.

[0012] Preferably, hook and loop fasteners are used such that the body and spine portions are first attached together by hook and loop fasteners. After this has been done, the two piece device will then become a continuous one piece garment. Next, the resulting one piece garment will then be positioned behind the limb and the open front

side will then be wrapped and fastened together around the front of the patient's limb. Preferably, the hook and loop fasteners holding the body and spine portions together are stronger than the hook and loop fasteners holding the bands to the body and spine portions when the garment is applied. Thus, pulling on the bands to tighten, adjust, or remove the garment will not cause the body and spine portions to pull apart. Therefore, the user will be less likely to unintentionally disengage the spine attachments while detaching the other bands.

[0013] In preferred embodiments, the top and bottom edges of the body portion are marked with measurement indicia and a curved edge of the spine portion is aligned with these measurement indicia, as follows. First, the top of the spine portion is aligned with the measurement indicia on the body portion corresponding to the circumference measurement taken at the top location on the patient's limb, and the bottom of the spine portion is aligned with the measurement indicia on the body portion corresponding to the circumference measurement taken at the bottom location on the patient's limb. The spine portion is then attached onto the body portion by one or more hook and loop fastener tabs (positioned along a curved edge of the spine portion). In other embodiments, the measurement indicia are displayed along the mid portions of either the spine or body portions. In the various embodiments of the present invention, these measurement indicia correspond to the circumference of a particular patient's body limb, or to general body limb sizes such as small, medium, large and extra large.

[0014] In various embodiments, after the body and spine portions have been fastened together (but prior to wrapping the garment around the patient's limb), if necessary the user simply discards the unused portion by cutting off the excess.

[0015] An advantage of the present garment is that it can be provided in one size for all patients (since the actual sizing and adjustment of the garment can be done by the therapist or end user or clinician). Another advantage of the present garment is that it is simple to put on and very easy for a clinician or end user to shape, size correctly, and adjust accordingly.

BRIEF DESCRIPTION OF THE DRAWINGS

[0016]

FIG. 1A is an illustration of the garment prior to attaching the body and spine portions together.

FIG. 1B is an illustration of the garment after attaching the body and spine portions together.

FIG. 2A is a close up of the top of the garment showing the alignment of the body and spine portions.

FIG. 2B is a close up of the bottom of the garment showing the alignment of the body and spine portions.

tions.

FIG. 3A is an illustration of a first alignment of the body and spine portions (as suited for a patient having a small ankle and calf).

FIG. 3B is an illustration of a second alignment of the body and spine portions (as suited for a patient having a small ankle and medium calf).

FIG. 3C is an illustration of a third alignment of the body and spine portions (as suited for a patient having a small ankle and large calf).

FIG. 4 is an illustration of discarding an unused portion of the body portion after the body and spine portions have been attached together.

FIGS. 5A and 5B are sequential illustrations of the patient wrapping the garment around their leg.

FIGS. 6A and 6B are a second embodiment of the present invention.

FIGS. 7A and 7B are third embodiments of the present invention.

FIG. 8 is a fourth embodiment of the present invention.

FIG. 9 is a fifth embodiment of the present invention.

FIG. 10 is a sixth embodiment of the present invention.

FIG. 11A is a seventh embodiment of the present invention.

FIG. 11B is a profile view of a band tab hook attachment of the garment of FIG. 11A.

FIG. 11C is a profile view of a portion of the garment of FIG. 11A.

FIG. 11D is a profile view of spine tab hook attachment including stay of the garment of FIG. 11A.

FIG. 12A is a reverse side view of the garment shown in FIG. 11A.

FIG. 12B is a profile view of a portion of the garment of FIG. 12A.

FIG. 13A is an eighth embodiment not belonging to the present invention in an open position (with the bands removed for clarity of illustration).

FIG. 13B is the garment of FIG. 13A in a closed position.

sition (with the bands removed for clarity of illustration).

FIG. 13C is an illustration corresponding to FIG. 13A (with the bands shown).

FIG. 13D is a top plan view corresponding to FIG. 13B.

DETAILED DESCRIPTION OF THE DRAWINGS

[0017] Referring first to FIGS. 1A to 5B, a therapeutic compression garment 10 is provided. Garment 10 comes in two pieces, being a body portion 20 and a spine portion 30. Body portion 20 has a plurality of bands 22 extending from one side as shown. Spine portion 30 similarly has a plurality of bands 32 extending, from one of its sides as shown.

[0018] As will be explained, the bands 22 extending from body portion 20 are juxtaposed between the bands 32 extending from spine portion 30 when garment 10 is wrapped around the patient's limb. Specifically, as seen in FIGS. 5A and 5B, bands 22 are fastened onto spine portion 30 and bands 32 are fastened onto body portion 20. Most preferably, bands 22 and 32 have Velcro®. (i.e.: hook and loop fastener) ends. Similarly, the surfaces of body portion 20 and spine portion 30 are also covered with corresponding Velcro®. (i.e.: hook and loop fastener) surfaces. In some embodiments, bands 22 and 32 may extend past the spine divider (i.e.: the connection point between the body and spine portions) and back onto their own portions respectively.

[0019] In operation, the therapeutic compression garment 10 is fitted onto a patient's limb, as follows. First, the patient (or other person assisting the patient) measures the circumference of the limb at a top location and at a bottom location and the length of the limb. For example, the limb would be the leg, the top location would be the calf, the bottom location would be the ankle, and the leg length from ankle to knee crease would determine the preferred garment length.

[0020] Next, the patient assembles therapeutic compression garment 10 around their limb by: (i) aligning spine portion 30 with the measurement indicia on body portion 20 (as seen in close up FIGS. 2A and 2B); (ii) attaching spine portion 30 onto body portion 20; (iii) discarding any unused portion of body portion 20; and then (iv) wrapping the assembled therapeutic compression garment 10 around their leg (while juxtaposing bands 22 and 32 thereby securing bands 22 onto spine portion 30 and bands 32 onto body portion 20). As a result, the two piece garment shown in FIG. 1A is first changed into the one-piece garment shown in FIG. 1B. Next, as shown in FIG. 4, an unused portion 20A of body portion 20 is discarded. Finally, as shown in FIGS. 5A and 5B, garment 10 is wrapped around the patient's leg.

[0021] As can be seen in FIGS. 3A to 3C, spine portion 30 is releasably attached onto body portion 20. As a re-

sult, spine portion 30 is positionable at different locations on body portion 20. This permits spine portion 30 to be positioned at different locations depending upon the dimensions of the patient's limb. Preferably, body and spine portions 20 and 30 are simply attached together by hook and loop fasteners. As illustrated, spine 30 may have three fastener tabs 34 disposed along the curved edge of spine 30 (opposite to the side from which bands 32 extend). The spacing selected between fastener tabs 34 allows the spine curve (i.e.: the connection along which the body and spine portions 20 and 30 are attached together by fastener tabs 34) to be positioned such that garment 10 starts to take a three dimensional shape (as opposed to simply lying flat). This shaping helps the garment to best fit the contours of the limb.

[0022] As can be seen, body portion 20 preferably has parallel top edge 21 and bottom edge 23. These top and bottom edges 21 and 23 of the body portion are marked with measurement indicia. As seen in the close up view of FIGS. 2A and 2B, the curved edge of spine portion 30 is aligned with the measurement indicia on the top and bottom edges 21 and 23 of body portion 20. Aligning spine portion 30 with the measurement indicia on body portion 20 comprises aligning the top 31 of spine portion 30 with the measurement indicia on the top 21 of body portion 20 corresponding to the circumference measurement taken at the top location on the patient's limb (e.g.: at the calf). Similarly, aligning spine portion 30 also comprises aligning the bottom 33 of spine portion 30 with the measurement indicia on the bottom 23 of body portion 20 corresponding to the circumference measurement taken at the bottom location on the patient's limb (e.g.: at the ankle).

[0023] Fitting is done by measuring the patient's ankle and calf circumferences. These circumference measurements are represented by a range of indicia markings along the top edge 21 and bottom edge 23 of body portion 20. The bottom markings reflect the ankle circumference and the top markings reflect the calf circumference. The hook tabs 34 from spine portion 30 are secured to body portion 20 according to where the patient's ankle and calf circumference measurements fall within the marked ranges. Each tab 34 can be angled independently due to spacing between the tabs and any elasticity in the material used. This allows spine tabs 34 to be further adjusted to create smooth transitions from top to bottom along spine portion 30. The spine's already curved edge aids in mimicking the limb's natural contour. This feature, along with adjustable spine tabs 34, allows the garment to adjust to almost any limb size and shape.

[0024] As seen in FIGS. 3A to 3C, a variety of different alignment positions are possible (since each position will depend upon the exact ankle and calf measurements of the particular patient). Specifically, FIG. 3A illustrates a patient having a small ankle and calf. FIG. 3B illustrates a patient having a small ankle and medium calf. FIG. 3C illustrates a patient having a small ankle and large calf, though any variation of leg proportions can be addressed.

After spine portion 30 has been properly aligned, it is then simply pressed against body portion 20 such that it is held in position by hook and loop fasteners 34. (Note: the side of body portion 20 and spine portion 30 is preferably covered with a hook and loop fastener surface.)

[0025] Next, as shown in FIG. 4, spine portion 30 is simply pulled back aside, and the patient/clinician then cuts off the unused portion (designated 20A) of body portion 20. Thus, the unused portion 20A is removed from a side opposite to the side from which bands 22 extend.

[0026] Next, as seen in FIGS. 5A and 5B, the assembled garment 10 is then wrapped around the front of the leg, thereby securing bands 22 onto spine portion 30, and securing bands 32 onto body portion 20. Thus, bands 22 are simply fastened onto spine portion 30 by hook and loop fasteners. Similarly, bands 32 are attached to body portion 20 by hook and loop fasteners. Preferably, the hook and loop fasteners holding the body and spine portions 20 and 30 together are stronger than the hook and loop fasteners holding the bands 22 and 32 to either of the body and spine portions 20 or 30. As a result, tightening, adjusting, or disengaging bands 22 and 32 at the front of the garment does not pull apart the body and spine portions 20 and 30 at the back of the garment. The preferred difference in hook and loop strength provides the user with additional guidance as to which hook tabs should be disengaged while doffing or adjusting the therapeutic garment. Optionally, one or more reinforcement tabs 40 (see FIG. 11A) can also be used to further secure the body and spine portions 20 and 30 together. Reinforcement tabs 40 can similarly be made of hook and loop fastener surfaces such that they can attach directly on top of body and spine portions 20 and 30 (to reduce the risk of the spine-to-body connection being disengaged along the back of the garment).

[0027] The hook and loop fasteners may be secured directly on to the surface of (i.e.: sewn onto) the ends of bands 22 and 32. In contrast, the hook and loop fasteners may optionally extend from the edges of the body and spine portions 20 and 30. As a result, the addition of the hook and loop fasteners onto the body and spine portions 20 and 30 would not add any significant thickness to the final garment, reducing the risk of accidental spine tab 34 removal.

[0028] As illustrated, there are three tabs 34. It is to be understood that the invention encompasses any number of tabs 34. For example, using additional smaller tabs (e.g.: four or more) can better match the limb profile, however more adjustments would be necessary. The adhesion strength of the spine to body portion connection may also be reduced due to the increased number of spine tabs 34. Conversely, using fewer tabs 34 (one or two) decreases the ability for the spine to contour to the limb because current hook material available is inelastic in nature and doesn't bend easily. If an elastic pliable hook were to be used, the entire curved portion of spine portion 30 could be made from one tab.

[0029] Alternatively, garment 10 may be provided to

the user with portions 20 and 30 already fastened together (via bands 22 and 32 fastened to opposing body portion 20 and spine portion 30). In this situation, fitting would be done by holding the free end of the body portion 20 against the limb and wrapping the garment around the limb so that spine portion 30 encircles the limb and overlaps back onto the outside of the free end of body portion 20. Spine portion 30 is then attached to body portion 20 so that the garment is as snug as possible. Further fitting is achieved by pulling on each individual hook tabs 34 in order to mimic the limb contour and further shape the fit of the garment to match the shape of the limb.

[0030] Once the garment has been fitted and the body and spine portions are fully secured together, the garment is removed by disengaging the juxtaposed bands 22 and 32. Once removed, the body-to-spine attachment can further be secured by smoothing out the material or making minor adjustments for clean transitions between the spine hook tabs 34. The excess material can be trimmed following the inside edge of the spine hook tabs 34.

[0031] FIGS. 6A and 6B illustrate a second embodiment of the invention in which spine portion 30 has a straight edge opposite to the side from which bands 32 extend. Specifically, FIG. 6A shows an interior (i.e.: surface to be put against the skin) of the garment. FIG. 6B shows a corresponding exterior view after bands 22 and 32 have been attached onto the outside surface of the garment. In previous Figures, a curved edge on spine 30 increases the ability of the spine portion 30 to contour to the limb. This is because the circumference at the ankle is generally smaller than the circumference at the calf, which creates a curved contour. Thus, the curved edge spines (seen in FIGS. 1A to 5B) best match the curves of the limb profile. In contrast, the use of a straight spine (FIGS. 6A and 6B) would force the material to stretch and adjust more than with a curved spine. Thus, in the embodiment of FIGS. 6A and 6B, garment 10 is preferably made out of elastic or limited stretch material. As also seen in FIGS. 6A and 6B, body portion 20 may have cut away tabs 23 permitting a user to cut away a top (or bottom) portion of the device, thereby shortening the length of the device on the body limb. Specifically, the user could cut off a portion of the height of the device by cutting horizontally across body portion 20 along dotted line one of dotted lines 27. Similarly, cut away tabs may be found on spine portion 30 to trim the height of spine portion 30. Alternatively, as illustrated, the Velcro® fasteners on the ends of band 32 may have gaps 37 there between. Should the user wish to trip the height of the garment (i.e.: it's length along the body limb), the user could cut off a portion of the height of the device by cutting horizontally across spine portion 30 along one of the illustrated dotted lines.

[0032] Also in this embodiment, body portion 20 has measurement indicia that designate more general sizes such as small, medium, large and extra-large (S, M, L, XL). Lines can be drawn from top to bottom on body 20

such that a user with a "small" leg cuts along a line 24A whereas a user with a "medium" leg cuts along a line 24B to discard portion 20A. Such lines 24A, 24B, etc. provide a "rough guide" as to the size of portion 20A to discard. Note: similar lines (which may either be markings or perforations) could be used with the garment of FIG. 1A as a method of removing a significant portion of the unused body portion 20A prior to performing a final adjustment to the spine location thus allowing the patient to easily test the spine placement before removing the remaining portion of the body portion 20.

[0033] One advantage of the present system is that the need for time-consuming length adjustments is eliminated. Instead, only two predetermined length models (i.e.: body portion 20 and spine portion 30) need to be stocked. This advantageously decreases needed inventory space.

[0034] Currently all adjustable designs in the market rely on trimming band length and/or adjusting its angle to fit the garment to the limb. The current invention adjusts the body of the garment to match the contour of the limb independently of any band adjustment. Current compression garments with spines or a second set of bands that are used for adjustment have overlapping adjustment points which make them difficult to use. In contrast, the present invention requires the securing of only three tabs 34 and the trimming of one piece 20, as compared to the trimming and angling of several bands.

[0035] In existing compression devices, length adjustment is typically done by cutting off a complete set of bands. In contrast, the present invention trims the width of a band so as to keep gradient compression and not to cut through any assembled materials that could fail due to the cut. In addition, the present invention is a one-layer system, as compared to the three or four layers typically used in bandaging approaches.

[0036] Regardless of compression band engagement design (overlap, juxtaposition, interlock, d-ring, etc.), the present design can be converted to a one-size-fits-all garment. It will also match the leg contour regardless of where the fit is made circumferentially on the limb. If the user applies the fitting spine to the shin area while fitting, but then positions it to the back of the calf so the compression bands are easily accessible in the shin area for application, the garment will still match the contour of the limb.

[0037] All previous compression garment models rely on a spine or curve point that is centrally/symmetrically located on the garment. For trim to fit versions, material is cut equally on each side of the garment or from band ends. In contrast, the present invention is unique in that it can quickly and easily be adjusted to match the contour of the limb with or without falling on a central point in the garment.

[0038] Fitting and applying the garment to appropriate compression can typically be done in less than five minutes. This is far superior to the time involved with bandaging a limb, sizing and fitting a standard size garment,

or measuring and producing a custom-made garment.

[0039] Optionally, the present invention also includes a "Built-In Pressure System"™ and guide card. The patient's ankle circumference measurement determines the appropriate range on the Built-In Pressure System card for the patient. This eliminates the need to translate the patient's ankle circumference into a nominal size, furthermore simplifying the fitting process. The Built-in Pressure System card allows the patient to adjust the garment to the prescribed amount of compression.

[0040] FIG. 7A is a third embodiment of the present invention in which garment 10 has D-rings 35 attached to the ends of bands 32. In this embodiment, the ends of bands 22 are placed through D-rings 35 and then attached back onto themselves. As can be seen in this embodiment, the bands 32 can be quite short, and may simply be short projections on spine portion 30 onto which the D-rings 35 are attached. As can also be seen, bands 22 can be quite long in this embodiment as they are long loops of materials that weave through D-rings 35 and then attached back upon themselves. The advantage of such a D-ring system is that it allows the patient to tighten the garment using only one hand. Note as well that the measurement indicia are found on spine portion 30 in this embodiment of the invention. Only two spine tabs 34 are used.

[0041] FIG. 7B is quite similar to FIG. 7A, however, instead of D-rings on the ends of bands, the spine portion 30 instead has holes 38 passing therethrough. Bands 22 are passed through holes 38, and are then looped back upon themselves. FIG. 7B illustrates the fact that the present invention is not limited to devices that have bands extending from both of the body and spine portions. Instead, either of the body and spine portions need not have bands extending therefrom, all keeping within the scope of the present invention.

[0042] FIG. 8 is a fourth embodiment of the present invention in which garment 10 has bands 22 and 32 which are not juxtaposed between one another. Instead, each band 22 is simply fastened onto a respective band 32 (preferably by Velcro® hook and loop fasteners). Body portion 20 has a plurality of numbered perforations (lines 1, 2, 3, 4, 5, 6) allowing unused portion 20A to be removed more easily. This embodiment further includes an elastic wrap 50 for applying compression to an area of the limb that would be difficult to cover (such as the foot or hand), or where flexibility is needed (such as the elbow or knee). Elastic wrap 50 could also be used to cover the junction between garments when using two garments 10 to cover different segments of the limb. It could also be made of a nonslip material to anchor the garment in place and extend from the top of the garment instead.

[0043] FIG. 9 is a fifth embodiment of the present invention in which garment 10 has an intermediary portion 60 is positioned between body portion 20 and spine portion 30. Preferably, intermediary portion 60 is attached to body portion 20 by hook and loop fasteners, and spine portion 30 is attached to intermediary portion 60 by hook

and loop fasteners. Thus, body and spine portions 20 and 30 are connected together by way of intermediary portion 60. A number of intermediary portions 60 can be kept on hand to prevent the waste of cut away portions 20A as the patient's limb changes in circumference over time. As can also be seen, bands 22 and 32 may be made of different widths along the length of the garment (for example with narrower bands at the ankle/wrist and wider bands at the calf/elbow), as shown. Also in this embodiment, bands 32 may have pockets 37 that can be used to hold one side of the garment in place while the other side is wrapped over and attached.

[0044] FIG. 10 is a sixth embodiment of the present invention in which garment 10 has bands 22 having ends that are received through holes 37 in bands 32. Such interlocking bands provide conformity to the shape of the body limb. Also included is an ankle/foot wrap portion 70 for applying compression to the ankle-foot region. As can also be seen, there are indicia (S, M, L, XL) printed on body region 20 (for positioning spine portion 30). Tabs 34 can be attached to connect spine portion 30 onto body portion 20 at the preferred (i.e.: S, M, L, XL) location corresponding to the size of the patient's limb. A tension measuring card 80 may also be included in the device as sold. The tension measuring card 80 has scales relating to the size of the patient's limb. Tension measuring card 80 relates the distance that the garment is stretched to the tension in the garment bands by measuring the spacing between lines printed on the garment as the garment is stretched.

[0045] FIG. 11A is a seventh embodiment of the present invention in which garment 10 (i.e.: both body portion 20 and spine portion 30) are made of a thick material such as foam laminate with directional seams 29 and 39 are sewn in to create alternating channels of high and low pressure running along the interior of the garment along the body limb. Such alternating channels of high and low pressure may facilitate drainage of lymphatic fluids. Velcro® stays 40 may be used to further secure tabs 34 to body portion 20. FIG. 11D shows a close-up profile view of this attachment. FIG. 11B is a profile view of the attachment of band 22 back onto body portion 20 (after the end of band 22 has been juxtaposed between two bands 32). FIG. 11C is a profile view of a portion of the garment of FIG. 11A showing directional seams 29 running along body portion 20. As can be seen, the vertical profile (i.e.: thickness) of the connection in FIG. 11B is higher than the vertical profile (i.e.: thickness) of the connection in FIG. 11D. This can be advantageous in that it makes it easier to detach the bands 22 and 32 than to detach the body and spine portions 20 and 30. In this embodiment, the bands 22 and 32 extending across the front of the body limb adhere with a lesser strength than the attachment of the spine and body portions 20 and 30 across the back of the body limb.

[0046] FIG. 12A is a reverse side view of the garment shown in FIG. 11A. The dotted area 90 is an area where an optional bladder or foam may be added to distribute

pressure. Similarly, area 92 represents a region where an ulcer is often present (just above the ankle) and spot pressure is required. Foam or bladder piece 94 is positioned in dotted area 90 FIG. 12B is a corresponding profile view.

[0047] FIG. 13A is simplified view of an eighth embodiment not belonging to the present invention in an open position. FIG. 13B is the garment of FIG. 13A in a closed position. In this embodiment, garment 100 is a one-piece cylindrical structure. (In FIGS. 13A and 13B, the exterior straps of the garment have been removed for clarity of illustration. The exterior straps are shown in FIG. 13C). The device is first supplied as shown in its "open" position of FIGS. 13A and 13C. An adhesive tab 110 is provided on the outside of the cylindrical device. Garment 100 is either placed on the body limb, and then "closed" to the position shown in FIG. 13B; or alternatively, garment 100 may be closed and then fitted over the body limb. In operation, adhesive tab 110 (which may comprise Velcro®.) is simply pulled forward and attached onto the body of the cylinder, as shown. This causes garment 100 to be folded over onto itself (to the position of FIG. 13B), thereby narrowing the circumference of the garment (such that it applies therapeutic pressure to the limb). Similar to the embodiments described above, the positioning of adhesive tab 110 may be set such that it best conforms to the shape of the particular patient's limb. Therefore, measurement indicia may be printed on the outside of garment 100 (either along the top and bottom edges and/or along the mid section of garment 100). The user therefore simply moves adhesive tabs 110 to a preferred position corresponding to the measurement indicia. For some patients, the top tab 110 may be moved farther forward before being attached to garment 100 (e.g.: if the patient has a thinner calf). For some patients, the bottom tab 110 may be moved farther forward before being attached to garment 100 (e.g.: if the patient has a thinner ankle region). FIG. 13C shows exterior bands or straps 22 and 32 (which are attached to the exterior of the garment on the opposite side as shown in FIG. 13C). Bands 22 and 32 are used to tighten the garment around the patient's limb, using the same system as was described above. FIG. 13D corresponds to FIG. 13B and shows the folded over section 120 when garment 100 is moved to its "closed" position about the body limb. It is to be understood that in various embodiments of the device, folded over section 120 may be trimmed off and removed for patient comfort. This would result in a garment operating essentially the same as a two-piece (spine and body) device as described above.

Claims

1. A therapeutic compression garment, comprising:

a body portion having a plurality of bands extending from one side; and

- a spine portion having a plurality of bands extending from one side and a plurality of fastener tabs positioned opposite the plurality of bands of the spine portion, wherein the bands extending from the body portion and the bands extending from the spine portion attach the body and spine portions together when the body and spine portions are wrapped around a body limb, wherein the body portion and the spine portion each are one-piece, the spine portion is releasably attached onto the body portion by the fastener tabs such that the spine portion is positionable at different locations on the body portion, wherein each fastener tab is angled independently due to spacing between the tabs and any elasticity in the material used so that the body and spine portions are fastened together such that the garment can be adjusted to the contour of the body limb.
2. The therapeutic compression garment of claim 1, wherein the body and spine portions are fastened together by bands positioned across one side of the body limb and by fastener tabs between the body and spine portions along an opposite side of the limb.
 3. The therapeutic compression garment of claim 2, wherein the positioning of the fastener tabs adjusts the garment to the contour of the body limb.
 4. The therapeutic compression garment of claim 1, wherein the body and spine portions are attached together by hook and loop fasteners.
 5. The therapeutic compression garment of claim 1, wherein the body and spine portions are attached together using bands passing through D-rings or through holes in the opposing portion.
 6. The therapeutic compression garment of claim 1, wherein the bands extending from the body portion are juxtaposed between the bands extending from the spine portion when the body and spine portions are wrapped together around a body limb or adhere with a lesser strength than the bands extending from the spine portion.
 7. The therapeutic compression garment of claim 1, wherein the bands extend across the front of the body limb, and the spine portion is attached to the body portion across the back of the body limb.
 8. The therapeutic compression garment of claim 1, wherein the body portion is marked with measurement indicia, wherein optionally the measurement indicia correspond to the circumference of the body limb or wherein the spine portion is aligned with the measurement indicia.
 9. The therapeutic compression garment of claim 1, wherein the spine portion has a curved edge that is attached to the body portion, wherein optionally the curved edge of the spine portion is attached to the body portion by hook and loop fasteners.
 10. The therapeutic compression garment of claim 1, further comprising an inter-mediary portion positioned between the body and spine portions.
 11. The therapeutic compression garment of claim 1, wherein at least one of the body and spine portions have cut away portions for shortening the length of the garment along the body limb.
 12. The therapeutic compression garment of claim 1, wherein the bands extending from the body portion are attached to the spine portion and the bands extending from the spine portion are attached to the body portion when the body and spine portions are wrapped together around a body limb.
 13. The therapeutic compression garment of claim 1, further comprising directional seams in at least one of the body and spine portions to create alternating channels of high and low pressure running along the body limb.

30 Patentansprüche

1. Therapeutisches Kompressionskleidungsstück, umfassend:
 - einen Körperabschnitt mit einer Vielzahl von Bändern, die sich von einer Seite erstrecken, und
 - einen Rückenabschnitt mit einer Vielzahl von Bändern, die sich von einer Seite erstrecken, und einer Vielzahl von Befestigungslaschen, die gegenüber der Vielzahl von Bändern des Rückenabschnitts positioniert sind, wobei die sich vom Körperabschnitt erstreckenden Bänder und die sich vom Rückenabschnitt erstreckenden Bänder den Körper- und den Rückenabschnitt aneinanderbefestigen, wenn der Körper- und der Rückenabschnitt um eine Körperlänge gewickelt sind, wobei der Körper- und der Rückenabschnitt jeweils einteilig sind, der Rückenabschnitt über die Befestigungslaschen freigebbar am Körperabschnitt angebracht ist, so dass der Rückenabschnitt an unterschiedlichen Stellen am Körperabschnitt positionierbar ist, wobei jede Befestigungslasche aufgrund des Abstands zwischen den Laschen und etwaiger Elastizität in dem verwendeten Material unabhängig abgewinkelt ist, so dass der Körper- und der Rückenabschnitt so aneinander befestigt werden können.

tigt sind, dass das Kleidungsstück an die Kontur der Körpergliedmaße angepasst werden kann.

2. Therapeutisches Kompressionskleidungsstück nach Anspruch 1, wobei der Körper- und der Rückenabschnitt mittels Bändern, die über eine Seite der Körpergliedmaße positioniert sind, und mittels Befestigungslaschen zwischen dem Körper- und dem Rückenabschnitt entlang einer gegenüberliegenden Seite der Gliedmaße aneinander befestigt sind. 5
3. Therapeutisches Kompressionskleidungsstück nach Anspruch 2, wobei das Kleidungsstück durch die Positionierung der Befestigungslaschen an die Kontur der Körpergliedmaße angepasst wird. 10
4. Therapeutisches Kompressionskleidungsstück nach Anspruch 1, wobei der Körper- und der Rückenabschnitt über Klettverbindungsrichtungen aneinander angebracht sind. 15
5. Therapeutisches Kompressionskleidungsstück nach Anspruch 1, wobei der Körper- und der Rückenabschnitt unter Verwendung von Bändern, die durch D-Ringe oder durch Löcher im gegenüberliegenden Abschnitt gehen, aneinander angebracht sind. 20
6. Therapeutisches Kompressionskleidungsstück nach Anspruch 1, wobei die sich vom Körperabschnitt erstreckenden Bänder zwischen den sich vom Rückenabschnitt erstreckenden Bändern liegen, wenn der Körper- und der Rückenabschnitt um eine Körpergliedmaße zusammengewickelt sind, oder weniger stark haften als die sich vom Rückenabschnitt erstreckenden Bänder. 25
7. Therapeutisches Kompressionskleidungsstück nach Anspruch 1, wobei sich die Bänder über die Vorderseite der Körpergliedmaße erstrecken und der Rückenabschnitt über die Rückseite der Körpergliedmaße am Körperabschnitt angebracht ist. 30
8. Therapeutisches Kompressionskleidungsstück nach Anspruch 1, wobei der Körperabschnitt mit Messmarkierungen markiert ist, wobei die Messmarkierungen wahlweise dem Umfang der Körpergliedmaße entsprechen oder wobei der Rückenabschnitt auf die Messmarkierungen ausgerichtet ist. 35
9. Therapeutisches Kompressionskleidungsstück nach Anspruch 1, wobei der Rückenabschnitt einen gebogenen Rand hat, der am Körperabschnitt angebracht ist, wobei der gebogene Rand des Rückenabschnitts wahlweise mittels Klettverbindungsrichtungen am Körperabschnitt angebracht ist. 40

10. Therapeutisches Kompressionskleidungsstück nach Anspruch 1, ferner umfassend einen Zwischenabschnitt, der zwischen dem Körper- und dem Rückenabschnitt positioniert ist.

11. Therapeutisches Kompressionskleidungsstück nach Anspruch 1, wobei der Körper- und/oder der Rückenabschnitt weggeschnittene Abschnitte haben, um die Länge des Kleidungsstücks entlang der Körpergliedmaße zu kürzen. 45

12. Therapeutisches Kompressionskleidungsstück nach Anspruch 1, wobei sich die vom Körperabschnitt erstreckenden Bänder am Rückenabschnitt angebracht sind und die sich vom Rückenabschnitt erstreckenden Bänder am Körperabschnitt angebracht sind, wenn der Körper- und der Rückenabschnitt um die Körpergliedmaße zusammengewickelt sind. 50

13. Therapeutisches Kompressionskleidungsstück nach Anspruch 1, ferner umfassend Richtungsnahte im Körper- und/oder Rückenabschnitt, um abwechselnde Kanäle mit hohem und niedrigem Druck zu schaffen, die entlang der Körpergliedmaße verlaufen. 55

Revendications

1. Vêtement de compression thérapeutique, comprenant :

une partie de corps comportant une pluralité de bandes s'étendant depuis un côté ; et
une partie de dos comportant une pluralité de bandes s'étendant depuis un côté et une pluralité de pattes de fixation disposées en face de la pluralité de bandes de la partie de dos, dans lequel les bandes s'étendant à partir de la partie de corps et les bandes s'étendant à partir de la partie de dos fixent ensemble les parties de corps et de dos quand celles-ci sont enroulées autour d'un membre du corps,

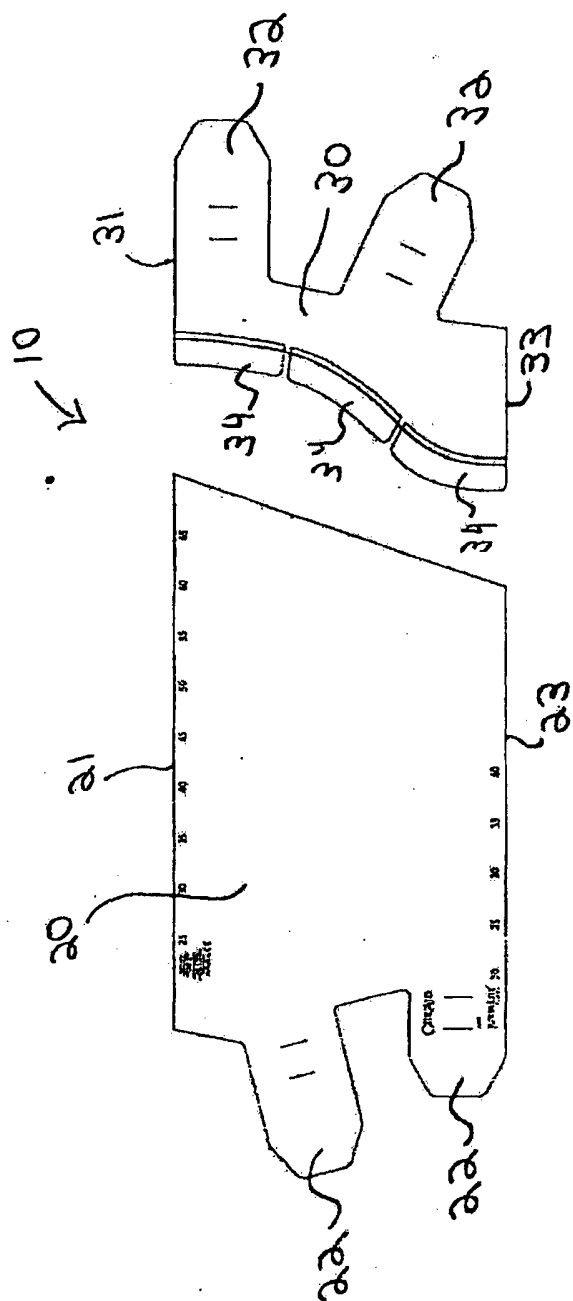
dans lequel la partie de corps et la partie de dos sont chacune d'une seule pièce, la partie de dos est fixée amovible sur la partie de corps par les pattes de fixation de telle sorte que l'on peut placer la partie de dos à différents endroits sur la partie de corps, dans lequel chaque patte de fixation est inclinée de façon indépendante en raison de l'espacement entre les languettes et de toute élasticité de la matière utilisée, de sorte que les parties de corps et de dos sont fixées ensemble de telle manière qu'on peut ajuster le vêtement au contour du membre du corps.

2. Vêtement de compression thérapeutique selon la re-

- vendication 1, dans lequel les parties de corps et de dos sont fixées ensemble par des bandes placées en travers d'un côté du membre du corps et par des pattes de fixation entre les parties de corps et de dos le long du côté opposé du membre.
3. Vêtement de compression thérapeutique selon la revendication 2, dans lequel la mise en place des pattes de fixation ajuste le vêtement au contour du membre du corps.
 4. Vêtement de compression thérapeutique selon la revendication 1, dans lequel les parties de corps et de dos sont fixées ensemble par des fermetures auto-agrippantes.
 5. Vêtement de compression thérapeutique selon la revendication 1, dans lequel les parties de corps et de dos sont fixées ensemble au moyen de bandes passant par des anneaux en D ou par des trous débouchants dans la partie opposée.
 6. Vêtement de compression thérapeutique selon la revendication 1, dans lequel les bandes s'étendant à partir de la partie de corps sont juxtaposées entre les bandes s'étendant à partir de la partie de dos quand les parties de corps et de dos sont enroulées ensemble autour d'un membre du corps ou adhèrent avec une force moindre que les bandes s'étendant à partir de la partie de dos.
 7. Vêtement de compression thérapeutique selon la revendication 1, dans lequel les bandes s'étendent en travers de l'avant du membre du corps et la partie de dos est fixée à la partie de corps en travers de l'arrière du membre du corps.
 8. Vêtement de compression thérapeutique selon la revendication 1, dans lequel des indicateurs de mesure sont marqués sur la partie de corps, dans lequel éventuellement les indicateurs de mesure correspondent à la circonférence du membre du corps ou dans lequel la partie de dos est alignée sur les indicateurs de mesure.
 9. Vêtement de compression thérapeutique selon la revendication 1, dans lequel la partie de dos a un bord courbe qui est fixé à la partie de corps, dans lequel éventuellement le bord courbe de la partie de dos est fixée à la partie de corps par des fermetures auto-agrippantes.
 10. Vêtement de compression thérapeutique selon la revendication 1, comprenant en outre une partie intermédiaire placée entre les parties de corps et de dos.
 11. Vêtement de compression thérapeutique selon la revendication 1, dans lequel la partie de corps et/ou la

partie de dos ont des parties à ôter en coupant pour raccourcir la longueur du vêtement le long du membre du corps.

- 5 12. Vêtement de compression thérapeutique selon la revendication 1, dans lequel les bandes s'étendant à partir de la partie de corps sont fixées à la partie de dos et les bandes s'étendant à partir de la partie de dos sont fixées à la partie de corps quand les parties de corps et de dos sont enroulées ensemble autour d'un membre du corps.
- 10
13. Vêtement de compression thérapeutique selon la revendication 1, comprenant en outre des coutures directionnelles dans la partie de corps et/ou la partie de dos pour créer des canaux faisant alterner haute et basse pression et passant le long du membre du corps.
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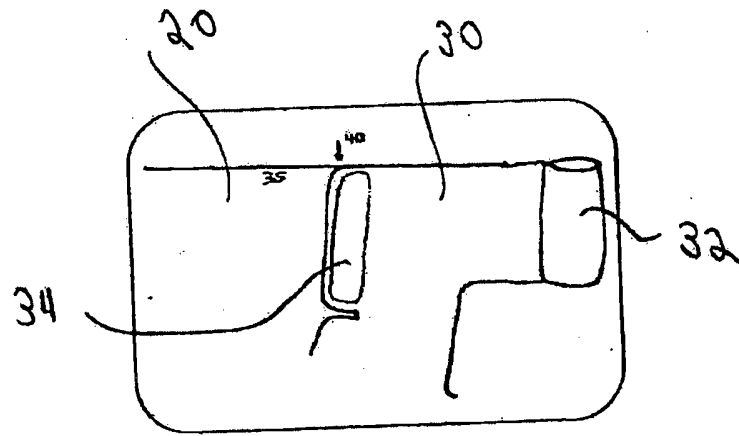


FIG 2A

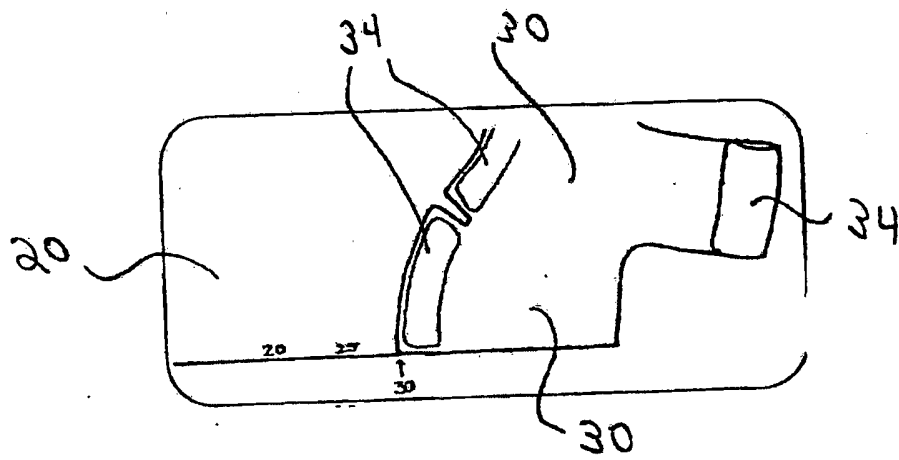
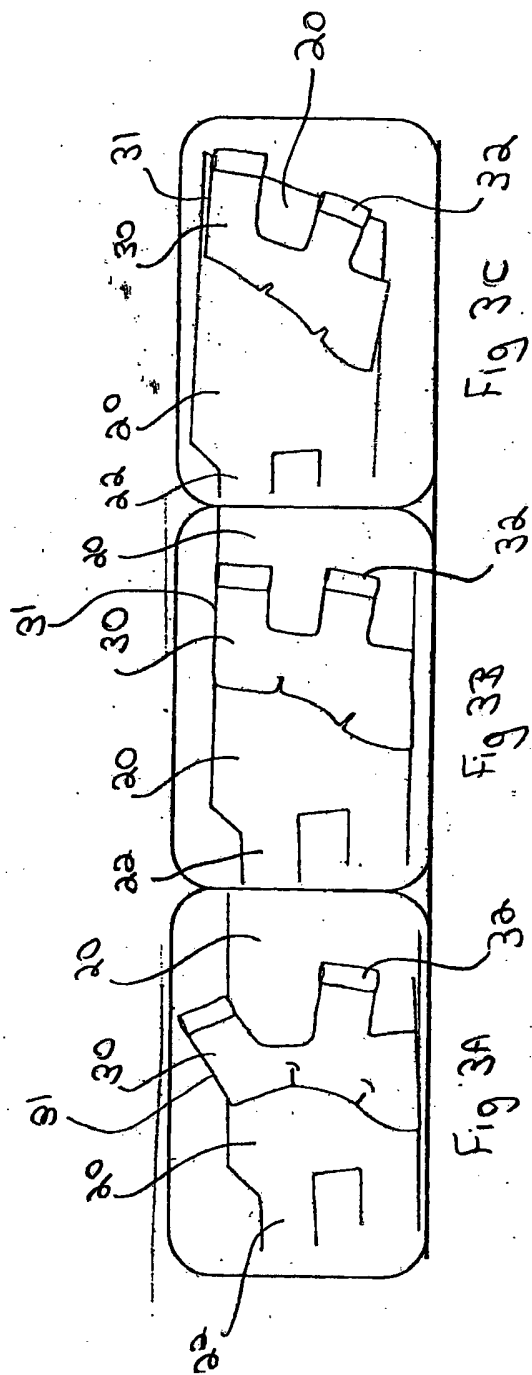
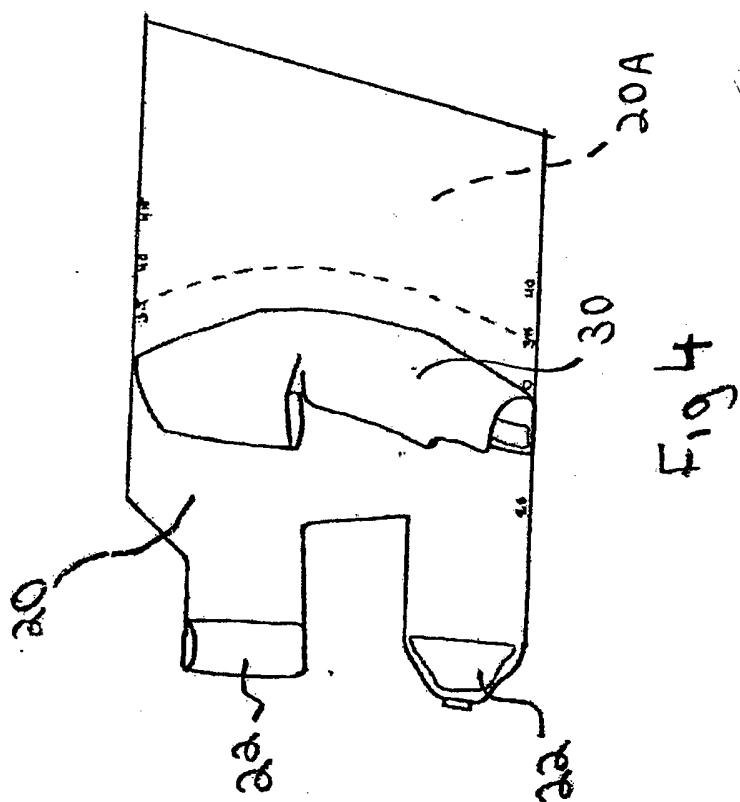


Fig 2B





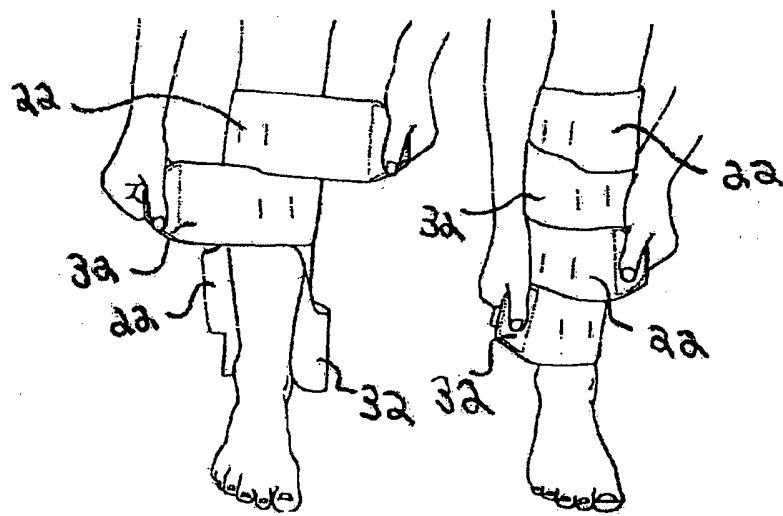
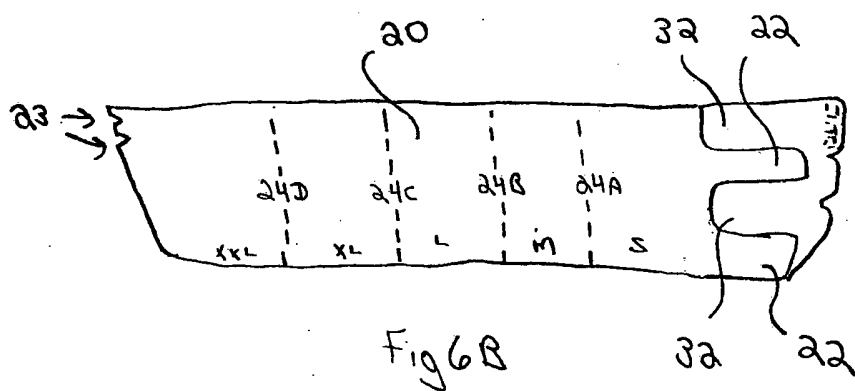
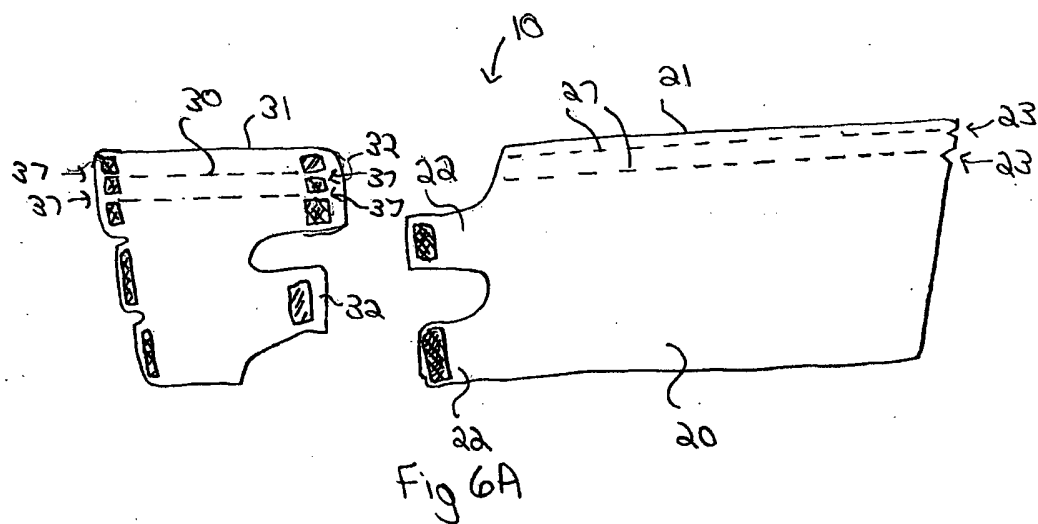
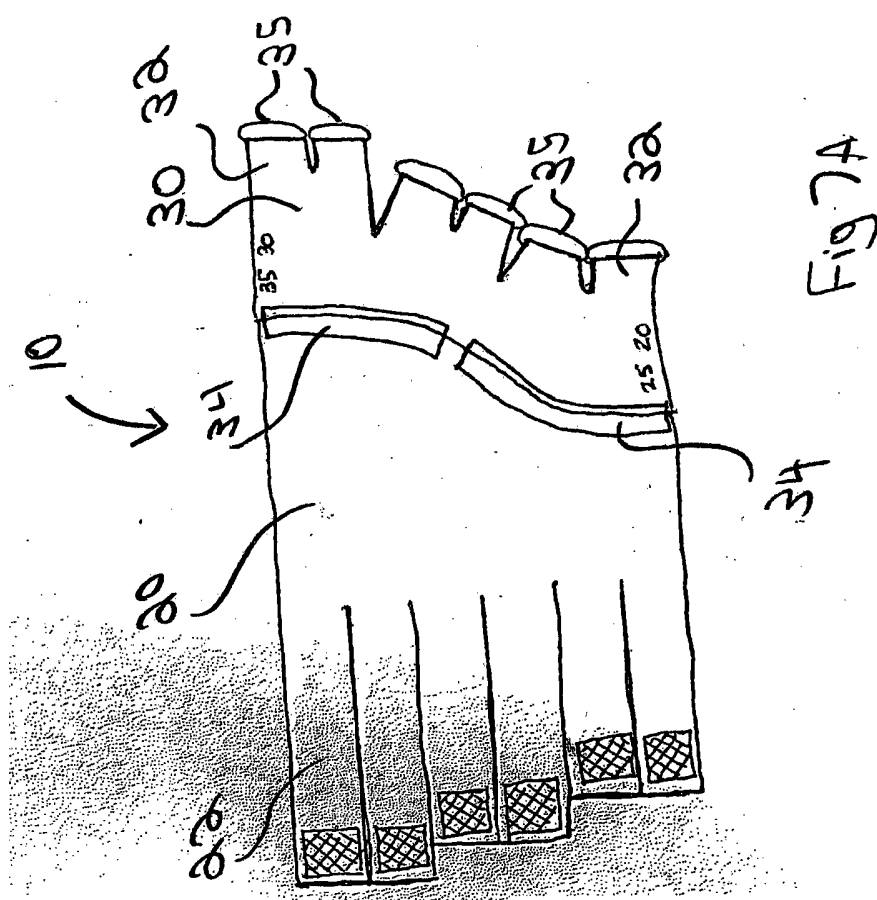
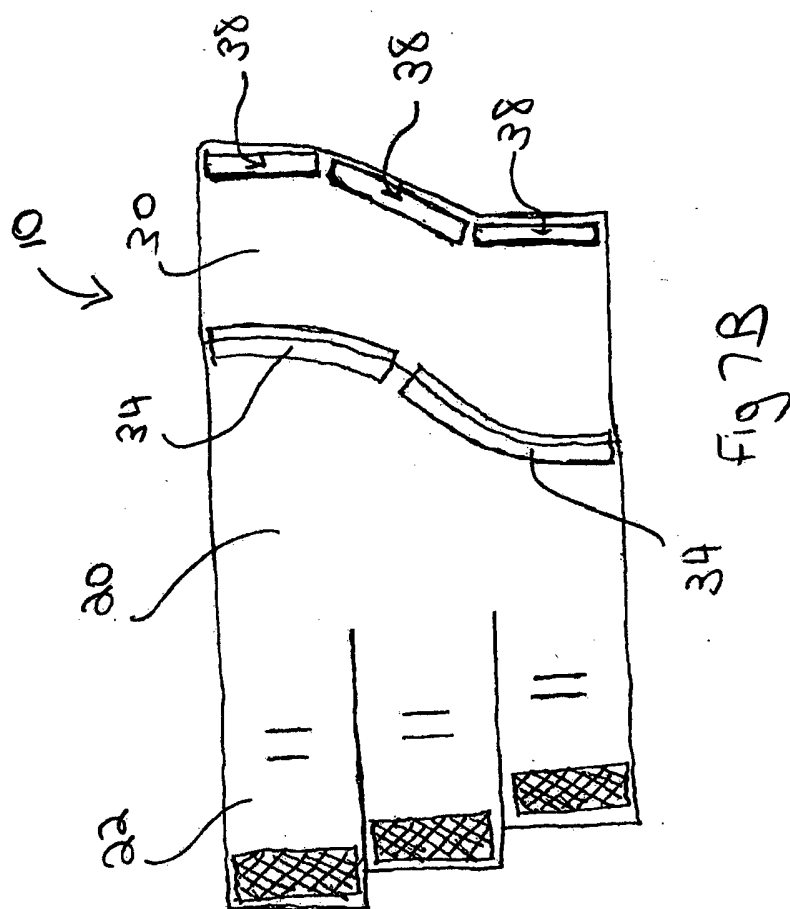


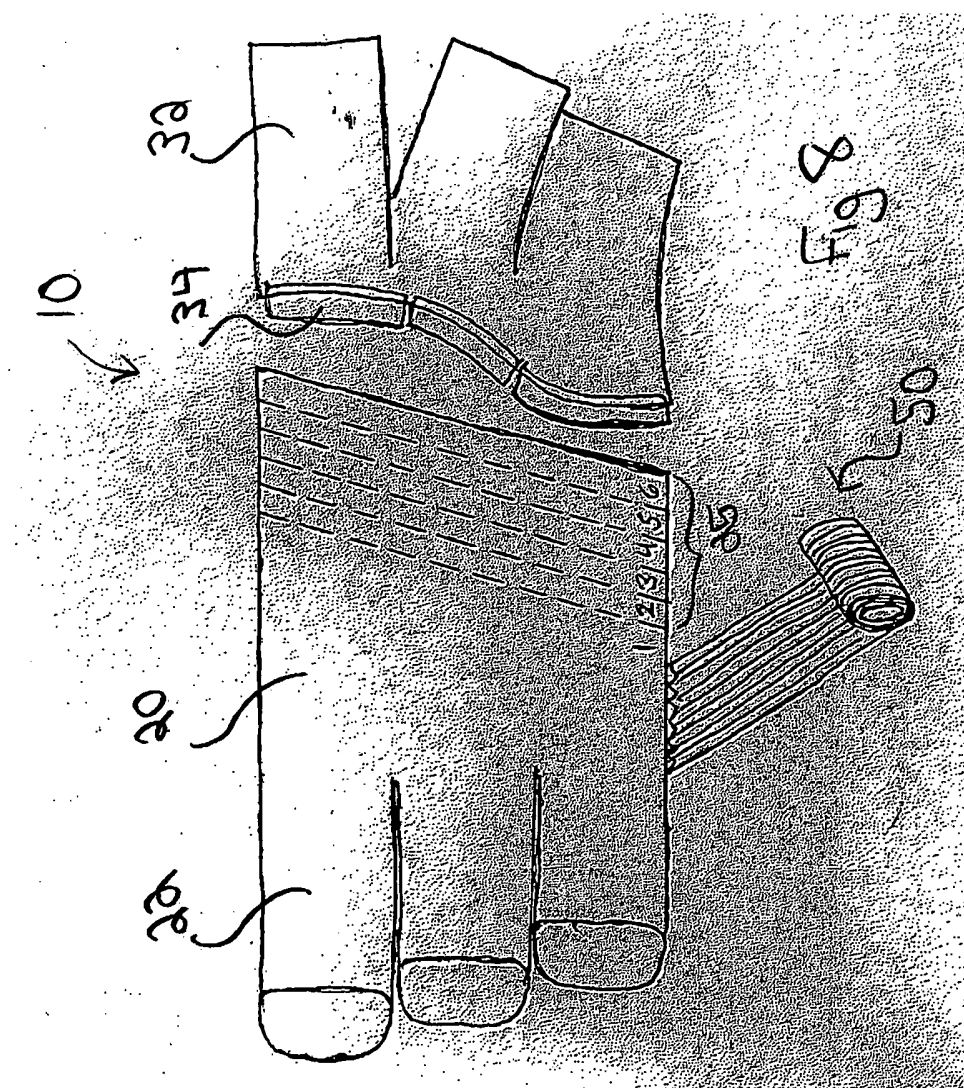
Fig 5A

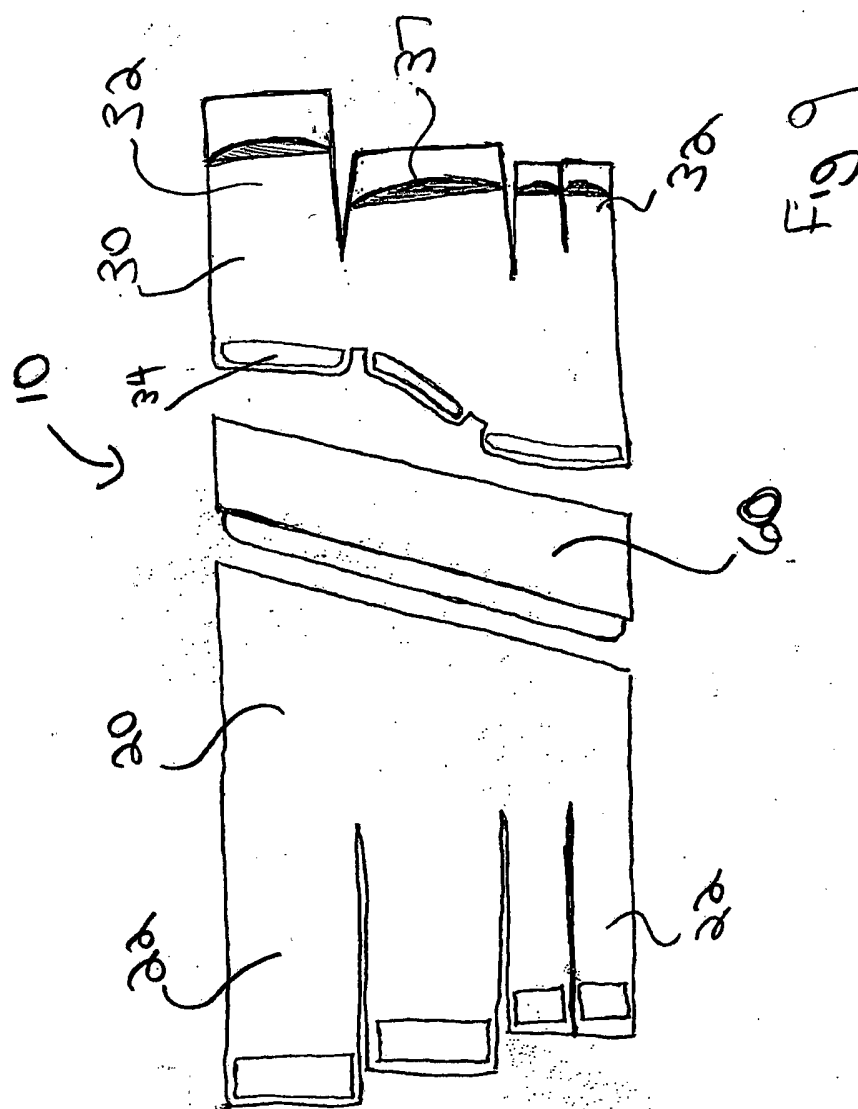
Fig 5B

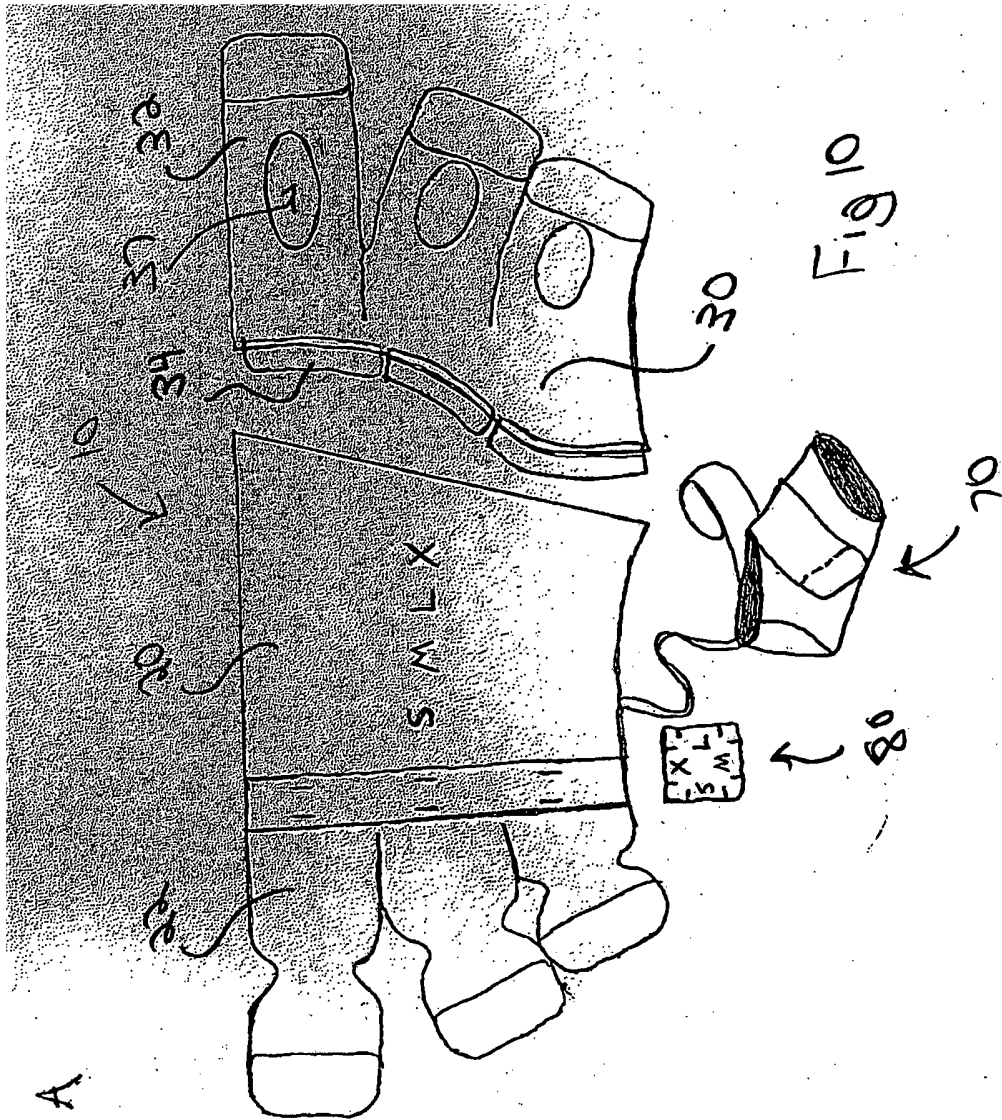


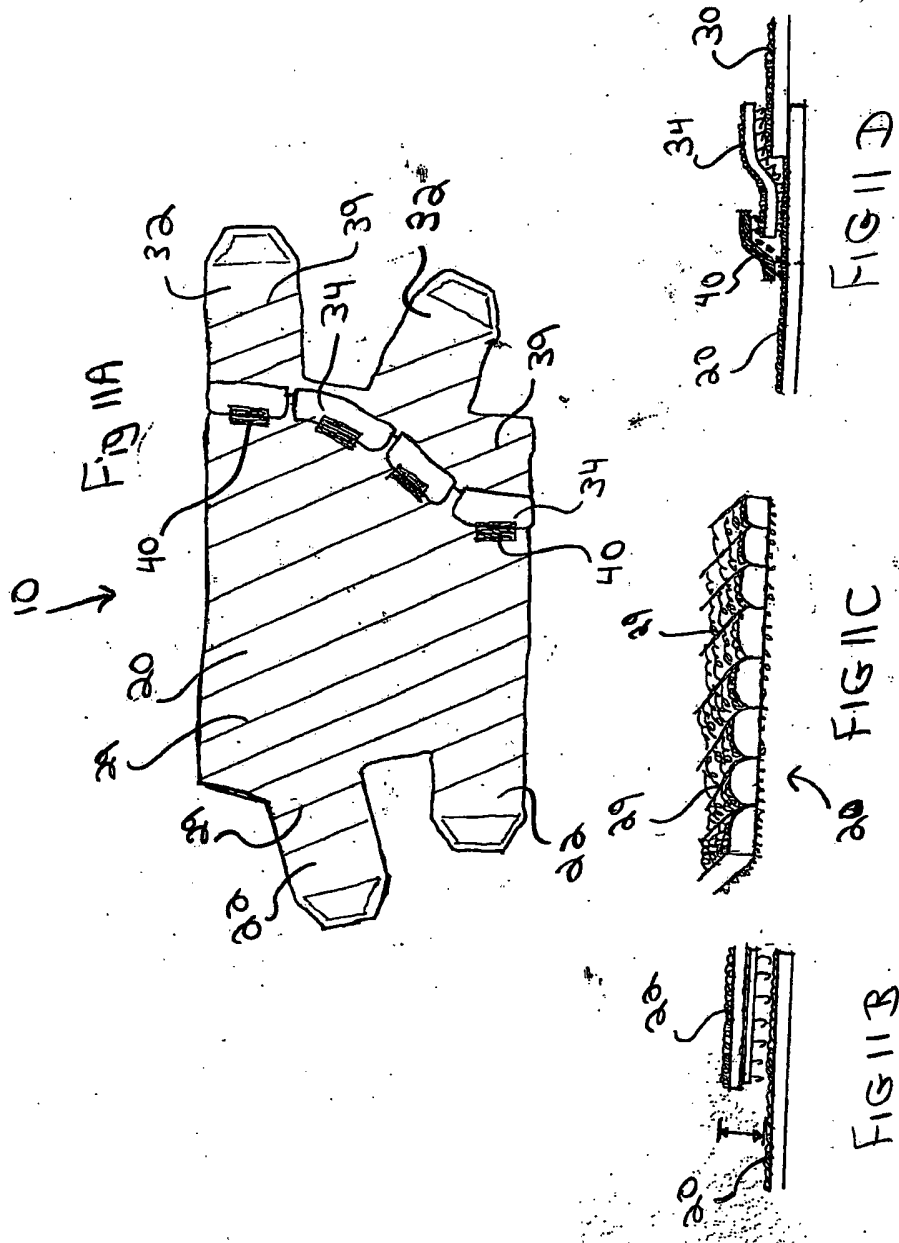


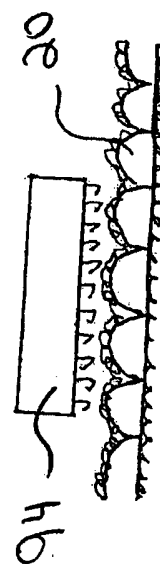
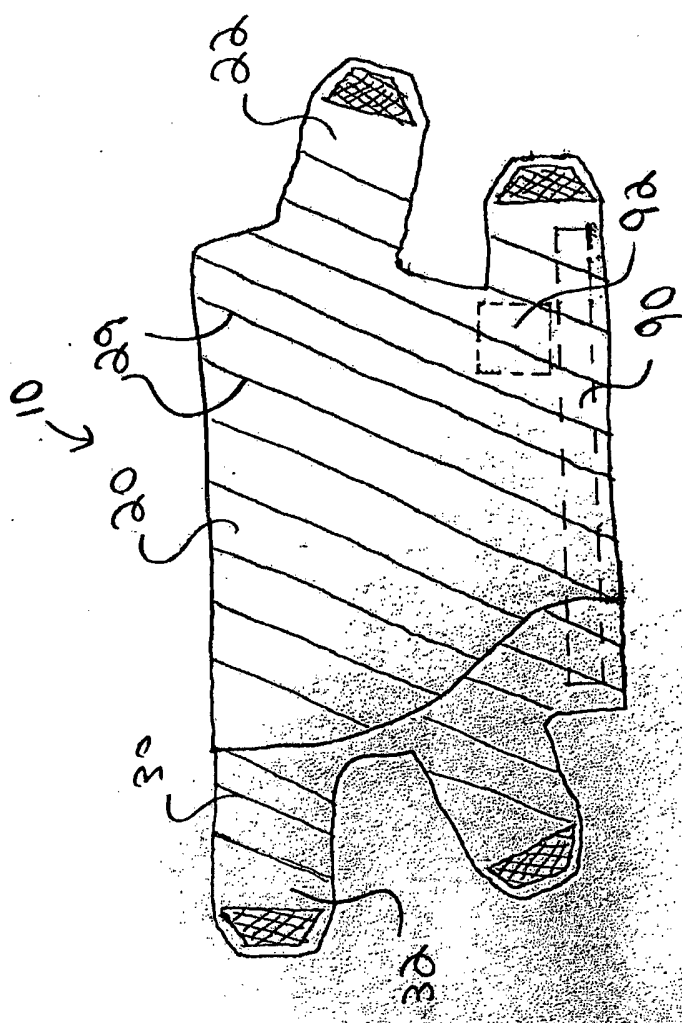












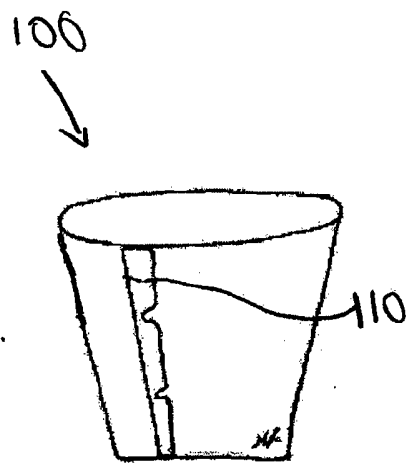


FIG 13A

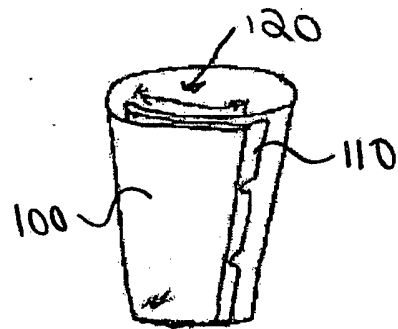
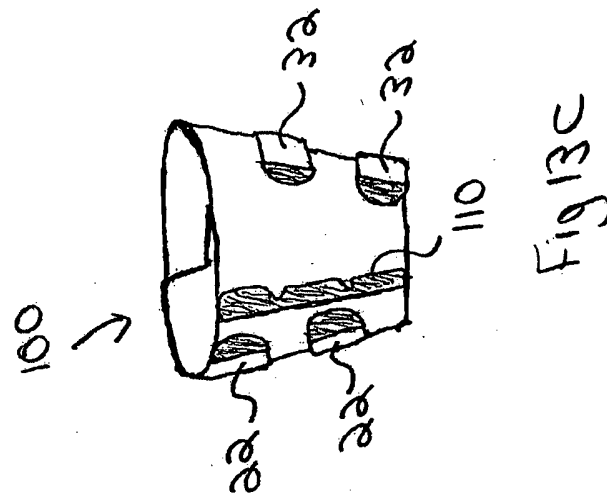
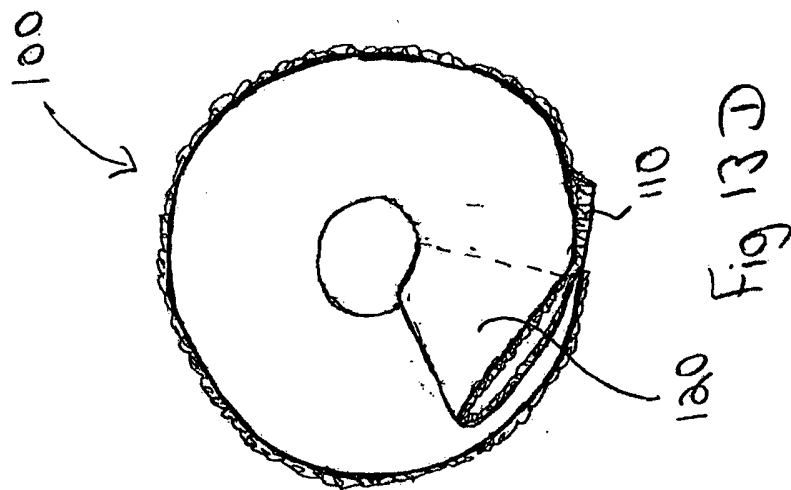


FIG 13B





REFERENCES CITED IN THE DESCRIPTION

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SZABADALMI IGÉNYPONTOK

1. Terápiás nyomókötés, amelynek:

alapszelvényén számos, az egyik oldalból kiemelkedő szalag van elrendezve; továbbá peremszelvényén számos, az egyik oldalból kiemelkedő szalag van elrendezve; továbbá számos rögzítőfüle van, amelyek a peremszelvény szalagjaival szemben helyezkednek el, és ahol az alapszelvényből kiemelkedő szalagok, valamint a peremszelvényből kiemelkedő szalagok egymással összekötik az alap- és a peremszelvényeket, amikor az alap- és a peremszelvények végtag köré vannak pólyálva,

ahol a alapszelvény, valamint a peremszelvény egyaránt egyetlen darabból van kialakítva, és a peremszelvény oldalán van csatlakoztatva a alapszelvényhez a rögzítőfülekkel úgy, hogy a peremszelvény a test különböző helyein pozicionálható, és minden egyes rögzítőfül szöghelyzete egymástól függetlenül állítható be a fülek közötti távolság és az alkalmazott anyag rugalmassága következtében úgy, hogy a test- és a peremszelvények egymáshoz vannak rögzítve úgy, hogy a kötés a végtag kontúrjához igazítható.

2. Az 1. igénypont szerinti terápiás nyomókötés, ahol a test- és a peremszelvények olyan szalagokkal vannak egymáshoz rögzítve, amelyek a végtag egyik oldalán keresztül vannak vetve, és rögzítőfülekkel vannak rögzítve, amelyek a test- és a peremszelvény között vannak elrendezve a végtag egymással átellenes oldalán.

3. A 2. igénypont szerinti terápiás nyomókötés, ahol a rögzítőfülek helyzetbeállításával a kötés a végtag kontúrjának megfelelően van szabályozva.

4. Az 1. igénypont szerinti terápiás nyomókötés, ahol a test- és a peremszelvény tépőzárakkal van egymáshoz rögzítve.

5. Az 1. igénypont szerinti terápiás nyomókötés, ahol a test- és a peremszelvény olyan szalagokkal van egymáshoz rögzítve, amelyek a másik szelvényen elrendezett D-gyűrűkön vagy furatokon mennek át.

6. Az 1. igénypont szerinti terápiás nyomókötés, ahol az alapszelvényből kiemelkedő szalagok vagy a peremszelvényből kiemelkedő szalagok között húzódnak, amikor a test- és a peremszelvények együttesen végtagra vannak felpólyálva, vagy kisebb erővel vannak összenyomva, mint a peremszelvényből kiemelkedő szalagok.

7. Az 1. igénypont szerinti terápiás nyomókötés, ahol a szalagok áthúzódnak a végtag előlő részén és a peremszelvény csatlakoztatva van a alapszelvényhez a végtag hátsó felén át.

8. Az 1. igénypont szerinti terápiás nyomókötés, ahol a alapszelvény mérőjelekkel van megjelölve, és adott esetben a mérőjelek megfelelnek a végtag kerületének, vagy a peremszelvény egyvonalban van a mérőjelekkel.

9. Az 1. igénypont szerinti terápiás nyomókötés, ahol a peremszelvénynek ívelt széle van, amely a alapszelvényhez van csatlakoztatva, és adott esetben a peremszelvény ívelt pereme a alapszelvényhez tépőzárakkal van csatlakoztatva.

10. Az 1. igénypont szerinti terápiás nyomókötés, amely továbbá az alapszelvény és a peremszelvény között elhelyezkedő, középső szelvénnel van ellátva.

11. Az 1. igénypont szerinti terápiás nyomókötés, ahol a kötés hosszának a végtag mentén történő lerövidítése érdekében legalább a test- és a peremszelvények egyikén átmetszett részek vannak kialakítva.

12. Az 1. igénypont szerinti terápiás nyomókötés, ahol az alapszelvényből kiemelkedő szalagok a peremszelvényhez vannak csatlakoztatva, és a peremszelvényből kiemelkedő szalagok az alapszelvényhez vannak csatlakoztatva, amikor a test- és peremszelvények együttesen a végtag köré fel vannak pólyálva.

13. Az 1. igénypont szerinti terápiás nyomókötés, ahol továbbá az alapszelvény és a peremszelvény legalább egyikén váltakozva magas, illetve alacsony nyomású, a végtag mentén futó csatornákat képező irányított varratok vannak elrendezve.