

Shoulder Brace

BACKGROUND OF THE INVENTION

Field of the Invention:

The present invention relates generally to orthopedic braces, particularly to a shoulder brace for providing support to the shoulder area.

Description of the Related Art:

The ball and socket joint of the human shoulder provides for free movement of the arm. The area of contact between the various bones in the shoulder is minimal and the shoulder joint is dependent upon surrounding muscles, and to a lesser extent ligaments, tendons and fibrocartilage, for its integrity and functionality. The muscular and bone composition of the shoulder is the subject of extensive medical study and while a more detailed discussion of the anatomy of the shoulder is not necessary for the purposes here, such a discussion can be found in most basic human anatomy books. Because of its construction, the shoulder joint is capable of flexion, extension, abduction, adduction, rotation and circumduction movement. Also because of its construction, the shoulder joint is susceptible to a great number of injuries.

Injuries are commonplace in various activities that require constant motion of the shoulder joint or subject the shoulder to stress. For example, the overhand throwing motion used in baseball is an unnatural motion that can cause shoulder muscle strains or tears, including injury to the deep rotator muscles or rotator cuff of the shoulder and arm. Participants in contact sports such as rugby and football often suffer shoulder injuries, e.g., dislocation of the ball and socket joint as well. Once an injury to the shoulder area has occurred, it is frequently necessary to support the joint area to both facilitate the convalescing process in certain situations, and minimize discomfort due to the injury. Additionally, it is advantageous to provide support to the shoulder area to help prevent shoulder injuries to individuals who are particularly susceptible to such injuries.

Anterior shoulder instability most commonly develops when the restraints of the humeral head are inadequate or excessive force is being applied, usually when the shoulder is in abduction, external rotation, and extension. Anterior shoulder stability is usually

maintained by the anteroinferior glenohumeral ligament as well as the subscapularis muscle and the middle glenohumeral ligament. Weakness in these allows excessive anterior translation of the humeral head in the glenoid fossa, the humeral head being the ball and the glenoid fossa being the socket of what is commonly referred to as the ball and socket joint of the shoulder. Since the anteroinferior glenohumeral ligament is especially stressed when the arm is positioned in abduction, extension or external rotation, it is reasonable to assume that preventing or limiting these positions might be beneficial for patients with instability. However, by preventing or limiting those positions, athletes who suffer these types of injuries or weaknesses would be particularly impaired in their ability to perform their respective activity.

There are a number of braces and harnesses known in the art that alleviate pressure on various points of the shoulder joint. For example, U.S. Patent No. 3,906,944 issued to Christian discloses a shoulder harness that prevents damage to the muscles, tendons and ligaments in the shoulder area and also provides support to prevent the dislocation of the shoulder. The shoulder harness disclosed in the Christian patent, however, severely restricts the movement of the upper arm with respect to the shoulder, thereby restricting the movement of the ball and socket joint. Furthermore, existing braces, such as the Christian harness, are cumbersome and difficult for a wearer to put on, particularly because of the shoulder injury. Most known braces and harnesses also neither allow the wearer to increase or decrease the amount of support around the area of the shoulder, nor are capable of being adjusted to conform to the particular body size of the wearer.

Furthermore, known shoulder braces are generally excessively restrictive on arm movement while they provide inadequate support for preventing anterior dislocation of the shoulder joint.

U.S. Patent No. 5,188,587 issued to McGuire et al. teaches an active shoulder brace made of a resilient fabric-like material. The shoulder brace taught by McGuire et al. includes a sleeve portion which is designed to fit around the upper end of the upper arm of a patient and it includes straps that are wrapped over and around the sleeve portion and attached to a torso belt which anchors the straps attached to the sleeve portion. When a patient wearing the shoulder strap taught by McGuire et al. raises their arm, the straps tighten and provide support to the shoulder joint.

However, as with the other known shoulder straps, the shoulder strap taught by McGuire et al. exerts a substantial amount of force to the top of the shoulder and the upper arm when the patient wearing the strap raises their arm and far less pressure or support to the anterior, posterior and medial side of the shoulder joint. The result is that the shoulder strap provides a strong force which inhibits upward movement of the arm of the patient yet provides only moderate or little support or pressure to the anterior, posterior and medial sides of the shoulder joint. As discussed above, patients with chronically dislocating shoulders experience problems with the humeral head of the shoulder moving in an anterior direction out of the glenoid fossa and thereby dislocating. Therefore, the shoulder straps of the prior art provide an excessive amount of force that inhibits motion of the arm while ineffectively preventing the anterior dislocation of the shoulder joint. Therefore, it is desirable to provide a shoulder brace which can compensate for weaknesses in tissues such as the glenohumeral ligament, the subscapularis muscle and the middle glenohumeral ligament, without causing excessive restriction to arm movement.

SUMMARY OF THE INVENTION

It is therefore desirable and an object of the present invention to provide a shoulder brace that provides strong posterior, anterior and/or medial pressure to the shoulder joint of a patient wearing the shoulder strap while not excessively inhibiting motion of the arm. Movement of a patient's shoulder can be broken down into safe zones and danger zones. When a patient moves their arm so that their elbow is above the shoulder joint when the patient is in a standing position, or when the elbow is behind the plane passing between the front and rear side of the body, or when the arm is in excessive external rotation, movements into any such areas would be into a danger zone where the likelihood of an anterior dislocation greatly increases. Furthermore, if such a movement occurs during an athletic activity, where other forces and stresses are exerted upon the shoulder joint, the chances of an anterior dislocation are even greater.

It is a further object of the present invention to provide a shoulder brace that provides anterior and posterior compression of the shoulder joint when the arm of the patient is moved into a danger zone.

It is a further object of the present invention to provide a shoulder brace that is less

intrusive than that of the braces used in the prior art, causing less interference with a patient's movements and allowing greater range of motion.

It is yet another object of the present invention to provide a shoulder brace that can provide anterior and posterior compression of a shoulder joint without inhibiting motion of the patient's arm in the upward direction.

These and other objects are achieved according to the present invention by providing a shoulder brace including a shoulder member mountable to a shoulder of a patient's arm, and a positioning device configured to increase a pressure to the shoulder of the patient in accordance with a position of the user's arm.

In one embodiment of the present invention, the shoulder brace includes a shoulder member mountable to a shoulder of a patient's arm with an open portion forming substantially rigid first and second arms and a positioning device configured to vary the spacing of the first and second arms according to the position of the patient's arm. By constructing the shoulder brace as such, the present invention avoids undue restriction of movement of the user's arm while efficiently transforming the energy directed into the shoulder brace by the movement of the user's arm into a pressure to the user's shoulder.

According to another embodiment of the present invention, the shoulder brace includes a first mounting member mountable to a user's pectoral area, a second mounting member mountable to a user's upper arm, and a connecting member connected to the first mounting member at a first end, and connected to the second mounting member at a second end. Additionally, a positioning device is configured to increase a pressure to the user's shoulder according to the movement of the user's arm. By constructing the shoulder brace as such, the shoulder brace efficiently communicates movements of the user's upper arm to the shoulder brace to thereby effect the pressure directed to the shoulder joint.

BRIEF DESCRIPTION OF THE DRAWINGS

Fig. 1 is a front view of a patient wearing a shoulder brace according to the present invention;

Fig. 2 is a side view of the shoulder brace shown in Fig. 1;

Fig. 3 is a rear view of the shoulder brace shown in Fig. 1;

Fig. 4 is an enlarged view of the shoulder brace shown in Fig. 1;

Figs. 4a, 4b and 4c are cross-sectional views I-I and II-II shown in Fig. 4;

Fig. 5 is a side view of an alternative embodiment of the shoulder brace according to the present invention;

Fig. 6 is a front view of an anchor strap according to the shoulder brace of the present invention;

Figs. 7 and 8 are side views of a further embodiment of the shoulder brace of the present invention;

Fig. 9 is a further embodiment of the shoulder brace according to the present invention;

Figs. 10-15 are side views of further embodiments of biasing and relaxing devices according to the present invention;

Fig. 16 is a further embodiment of the shoulder brace of the present invention;

Fig. 17 is a further embodiment of the shoulder brace of the present invention;

Fig. 18 is an additional side view of the embodiment shown in Fig. 17 according to the present invention;

Fig. 19 is a side view of the embodiment shown in Fig. 18;

Fig. 20 is a front view of a further embodiment of the shoulder brace of the present invention;

Fig. 21 is a side view of the embodiment shown in Fig. 20;

Fig. 22 is a side view of a further embodiment of the shoulder brace according to the present invention;

Fig. 23 is a front view of a further embodiment of the shoulder brace of the present invention;

DESCRIPTION OF THE PREFERRED EMBODIMENTS

Referring now to the nonlimiting example of the drawings, wherein like reference numerals designate identical or corresponding parts throughout the several views, and more particularly to Figs. 1 through 4, thereof, a shoulder strap 10 being worn by a patient 12 is generally shown. Shoulder brace 10 generally includes shoulder joint member 14, and positioning device 20. As shown in Figs. 1 and 2, shoulder joint member 14 is generally annularly shaped so as to fit generally over a shoulder joint 22 of a patient 12. Brace 10 may

optionally include alignment strap 16 which generally has a front end 24 attached to a front arm 26 of shoulder joint member 14 and a rear end 28 attached to a rear arm 30 of shoulder joint member 14. Preferably, front end 24 and rear end 28 of alignment strap 16 are attached to shoulder joint member 14 at a pivot 32. Such a pivot allows the shoulder joint member 14 to rotate relative to anchor strap 16 when a patient raises their arm, without significant impingement or distortion of the strap 16 or shoulder joint member 14. Additionally, strap 16 may be made of elastic, or include an elastic portion (not shown) so as to provide a bias pulling shoulder joint member 14 towards the torso of the patient.

Alignment strap 16 may also include a support strap 34 shown in phantom lines in Figs. 1 and 3, thereby ensuring that alignment strap 16 does not inadvertently fall from a proper alignment for maintaining shoulder joint member 14 in alignment with a patient's shoulder joint 22.

As shown in Figs. 1 and 2, anchor strap 18 is wrapped around a patient's torso 36. Anchor strap 18 is preferably positioned according to the preferences of the patient. As shown in Fig. 1, anchor strap 18 is provided in an upper abdominal region of the patient's torso 36. However, as shown in Fig. 2, anchor strap 18 may alternatively be provided approximately around the patient's waste. Additionally, anchor strap 18 may be provided in other configurations discussed in greater detail later.

Positioning device 20 may be comprised of tension triggering strap 21 and a positioning unit 25. In this embodiment, triggering strap 21 is connected at lower end 38 to anchor strap 18 and connected to front lower end 40 and rear lower end 42 of shoulder joint member 14 at an upper end 44 of strap 21. Tension triggering strap may be constructed out of any flexible material formed into any shape including a woven cable or a band. In this embodiment, positioning unit 25 is constructed of tensioning ring 46 and eyelets 50 which are constructed to receive one end of triggering strap 21. As better seen in Fig. 4, strap 21 is first threaded through tensioning ring 46 at a lower end 48 of tensioning ring 46, then through eyelets 50 formed on lower ends 40 and 42 of shoulder joint member 14 and then through an upper end 52 of tensioning ring 46. More specifically, a first portion 54 of strap 21 is threaded upwards through tensioner ring 46 then through eyelet 50 of front lower portion 40 of shoulder joint member 14 through the upper portion 52 of tensioning ring 46, then through eyelet 50 of rear lower portion 42 of shoulder joint member 14 then again through lower

portion 48 of tension ring 46 wherein a double-back portion 56 of strap 21 is secured to the first portion 54 of strap 21 with a binder 58. Threaded as such, strap 21 is guided through tensioner ring 46 such that when strap 21 is provided with tension when a patient wearing the shoulder brace 10 raises their arm, the positioning device 20 contracts shoulder joint member 14 such that front arm 26 of shoulder joint member 14 is compressed towards rear arm 30 so as to cause an anterior-posterior compression of the shoulder joint. By threading strap 21 through tensioner ring 46 as such, positioning device 20 efficiently transmits the downward pulling of strap 21 through the ring to the eyelets 50 of shoulder joint member 14 in a direction nearly perpendicular to the direction strap 21 enters tensioning ring 46. Thereby, positioning device 20 transmits nearly a 1:1 ratio of compression between eyelets 50 to the length of strap 21 pulled downward through tensioner ring 46. Furthermore, tensioner ring 46 is maintained in the vertical position shown by the tension in strap 21 since strap 21 is threaded through tensioner ring 46 and contacts it at the upper portion 52 of tensioner ring 46, as shown in Fig. 4. However, positioning device 20 may take other forms, such as that shown in Fig. 5, where tension triggering strap 23 is made from a wide strap such as a nylon strap and where positioning unit 25 includes tensioning loop 59 and eyelets 50 wherein triggering strap 23 is connected to loop 59. Also shown in Fig. 5 is an alternative design for eyelets 50 formed on the front and rear lower ends of shoulder joint member 14. As shown there, eyelets 50 are constructed of metal rings connected to ends 40 and 42.

Referring again to Figs. 1 through 4, shoulder joint member 14 is preferably generally annularly shaped with a front arm 26 and a rear arm 30. In order to provide efficient transfer of the pulling force generated in positioning device 20 by the upward movement of a patient's arm into a compression force, preferably an anterior-posterior compression of the shoulder joint by the movement of front arm 26 and rear arm 30 towards each other in the direction of arrows A and B respectively, shoulder joint member 14 includes a flexible portion 60 formed between arms 26 and 30. By providing a flexible portion 60 between arms 26 and 30, shoulder joint member 14 is more easily compressed in the directions of A and B as compared to an annular member with uniform rigidity. Also preferably, front arm 26 and rear arm 30 are constructed so as to be substantially rigid. Constructed as such, the relatively rigid arms 26 and 30 efficiently transfer the compression force in the directions of A and B while flexible portion 60 allows arms 26 and 30 to move in directions A and B without excessive

resistance.

By aligning arms 26 and 30 as such, arms 26 and 30 will apply a direct force in directions of A and B and thereby stabilize the glenohumeral head. It is also conceived, however, that arms 26 and 30, or other members (not shown) could be arranged at other locations on the arm so that a force is can be applied on the arm and close enough to the shoulder joint so that the resultant indirect force would provide sufficient posteriorward force on the humeral head, in an indirect manner.

Shoulder joint member 14 can be constructed from a single piece as shown in Fig. 4. When constructed as such, the rigidity of joint member 14 can be varied along its length by changing its cross-sectional shape. For example, as shown in Fig. 4, the cross-sectional thickness of joint member 14 can be made relatively thick along front and rear arm portions 26 and 30 and relatively thinner at flexible portions 60 between decreasing thickness sections 62 and 64. Flexible portion 60 may have a uniform thickness across its length such as that shown in the broken line in Fig. 4. Alternatively, flexible portion 60 may have a spacing portion 66 which is relatively thicker than flexible portion 60. By providing flexible portion 60 with a spacing portion 66, flexible portion 60 is effectively broken into two flexible portions, front flexible portion 68 and rear flexible portion 70. By constructing the flexible portion 60 as such, impingement of the upper portion of a patient's shoulder can be reduced since the folding or creasing of shoulder joint member 14 is inhibited when front arm 26 and rear arm 30 are moved towards each other in directions A and B, respectively.

Referring now to Fig. 5, flexible portion 60 may optionally be constructed with hinges 72. In the embodiment shown in Fig. 5, flexible member 60 may be constructed with a single hinge 73 or the combination of a front hinge 74, a rear hinge 76 and a spacer element 78. Similar to the function of the front and rear flexible portions 68 and 70 shown in Fig. 4, front and rear hinges 74 and 76 similarly can reduce impingement of the upper part of the patient's shoulder when the front and rear arms 26 and 30 of shoulder joint member 14 are moved towards each other in the direction of arrows A and B, respectively.

As discussed above, in order to produce areas of differing rigidity, shoulder joint member 14 may be provided with cross-sections of varying shape or size along its length. Referring now to Figs. 4a, 4b and 4c, optional cross-sectional shapes are shown for the cross-sections at I-I for front flexible portion 68 for example and cross-section II-II for the rigid

portion of front arm 26. As shown in Fig. 4a, cross-sections I-I and II-II can be of a channel shape wherein the cross-section at I-I is more shallow relative to the depth of the cross-section at II-II. Fig. 4b shows a cross-sectional that is a solid rectangle. Fig. 4c shows a cross-section that is oval wherein the cross-section at II-II is substantially hollow thereby providing for a lightweight design which does not have sharp edges on an outer surface so as to cause unattractive protrusions in the outer clothing of a patient wearing the shoulder strap. By providing for the reduced thickness cross-section at flexible portions 68 and 70, those portions are more flexible and thereby provide the flexation which allows shoulder joint member 14 to compress in the directions of A and B without excessive resistance. Furthermore, by providing front arm 26 and rear arm 30 with increased cross-sectional depth such as those shown in Figs. 4a through 4c, arms 26 and 30 efficiently transfer the compression force imparted upon arms 26 and 30 by positioning device 20 to the anterior and posterior areas of a patient's shoulder joint 22, similar to the operation of a hand-held nutcracker. Although the cross-sections shown in Figs. 4a through 4c are not drawn to scale, they are meant only to illustrate the concept of reducing the width or thickness of the cross-section of the joint shoulder member 14 to provide for relatively rigid portions and relatively flexible portions. Using such a configuration, the shoulder joint member 14 can be made out a variety of materials including thermoplastics and other composite materials such as carbon fiber. Although, when using more brittle or fatigue sensitive materials such as carbon fiber or metals such as aluminum or titanium, it may be necessary to use hinges rather than areas of reduced cross-sectional thickness in order to allow the shoulder joint member to compress in the directions of arrows A and B without excessive resistance.

In order to provide greater comfort to a patient wearing the shoulder strap according to the present invention, the shoulder strap preferably includes cushion 80 which is positioned to be aligned generally with the anterior portion of a patient's shoulder joint 22. Preferably, cushion 80 is shaped to evenly distribute the compression forces transmitted to it by the compression of front arm 26 towards rear arm 30 yet small enough so as to minimize impingement of the pad when the patient moves their arm towards their chest, i.e., adduction. Shoulder joint member 14 may also be provided with a rear cushion 82 so as to provide additional comfort for the patient's back upon compression of front arm 26 and rear arm 30 towards each other in the directions of arrows A and B, respectively. Cushions 80 and 82

may be constructed of any known cushioning material such as foam, rubber compounds, or other soft materials, but are preferably constructed of PDE.

Referring now to Fig. 6, an alternative embodiment of anchor strap 18 is shown therein. As shown in the figure, anchor strap 18 may be constructed as strap 84 such that it wraps diagonally around an upper abdominal region of 86 of a patient. Alternatively, the anchor strap may be constructed as strap 88 which wraps around a patient's waste or hips or finally, anchor strap 18 may be wrapped around a patient's upper thigh as strap 90. In each case, tension triggering straps 21 or 23 would be attached to the anchor strap in an area below the patient's arm as shown in the solid and dotted lines. However, it has been found that straps such as 88 and 90 are less stable, less comfortable and/or are affected by other body motions, and are thereby less reliable in providing tension to shoulder strap member 14 to compress front and rear arms 26 and 30. Therefore, strap 84 is the preferred configuration of anchor strap 18.

Referring now to Figs. 7-15, a further embodiment of the present invention is shown therein. As shown in the figures, positioning unit 25 includes a relaxing device 92 connected between the two open ends 94 and 96 of shoulder joint member 14. As in the previous embodiment, shoulder joint member 14 can be held in place by alignment strap 16, around the shoulder joint of a patient. Optionally, the shoulder brace in this embodiment can include a cushion 80 alone or in addition to a rear cushion 82. In this embodiment, shoulder joint member 14 is biased in a direction so as to compress in an anterior-posterior direction shoulder joint 22 of a patient, so that the front arm 26 and rear arm 30 of shoulder joint member 14 are biased in the directions of arrows A and B respectively. Relaxing device 92 is configured such that when it is urged downward in the direction of arrow C, the open ends 94 and 96 of shoulder joint member 14 are spread apart thereby relaxing the compression in the direction of arrows A and B on the shoulder joint 22. In order to urge relaxing device 92 in the downward direction, tension triggering strap 98 is connected to relaxing device 92 at upper end 100 and attached to anchor strap 102 at lower end 104, as shown in Fig. 8. Connected as such, when a patient has their arm in a lowered position, such as that shown in Fig. 8, tension triggering strap 98 is pulled in a downward direction as viewed in Fig. 8 thereby pulling relaxing device 92 in a downward direction and thereby spreading front arm 26 and rear arm 30 of shoulder joint member 14 in the direction of arrows D and E,

respectively.

As better seen in Figs. 10 and 11, relaxing device 92 comprises a wedge-shaped member 106 that is configured to be received by the open ends 94 and 96 of shoulder joint member 14 such that as wedge-shaped member 106 is pulled downward in the direction of arrow C, to the downward position shown in Fig. 11, open ends 94 and 96 of shoulder joint member 14 are pushed apart thereby relaxing the anterior-posterior contraction of the shoulder joint member 14.

By constructing shoulder joint member 4 so that it biased in a compressive state, and providing a relaxing device for opposing the bias of the shoulder joint member 14, the shoulder brace according to this embodiment operates in a substantially opposite manner as that of the previous embodiment. For example, in the previous embodiment, the energy transferred to the shoulder joint member 14 by the movement of the patient's arm in an upward direction caused the shoulder joint member 14 to be compressed in an anterior-posterior direction which thereby inherently causes at least some resistance to the patient's arm movement. However, in the present embodiment, shoulder joint member 14 is biased toward a compressive state, and is released when the patient moves their arm in an upward direction. Furthermore, because relaxing device 92 maintains tension in tension triggering strap 98 when the patient's arm is in a lowered position, the tension in tension triggering strap 98 aids the patient in raising their arm, while gravity aids in lowering of the arm. This embodiment thereby provides a substantial benefit to patients suffering from a serious injury or disability where any resistance to the movement of their arm in an upward direction would prevent them from moving their arm at all, which thereby enhances the disability, and slows physical therapy and recovery.

As shown in Figs. 12-15, the relaxing device can be constructed in a number of ways. For example, the relaxing device 92 shown in Figs. 12-14, includes a pivot boss 108 which is oriented vertically between the free ends of shoulder joint member 14, as viewed in Figs. 12-14, and a pair of pivot rods 110. Similar to the operation of the wedge-shaped member 106, when the tension triggering strap 98 is pulled in a direction of arrow C, pivot rods 110 are urged to rotate in the direction of arrow C, and therefor push the open ends 94, 96 of shoulder joint member 14 apart in the direction of arrows D and E, respectively, as shown in Fig. 13. Although this embodiment requires a greater number of moving parts, this embodiment

inherently has less frictional resistance compared to the operation of the wedge-shaped member 106. Figures 14 and 15 show further embodiments of the relaxing device 92 where an upper biasing device 112 such as a spring. In this embodiment, shoulder joint member 14 may be constructed of two separate pieces 114 and 116 which are attached at hinge 118. In order to provide a bias to joint member 14, when it is constructed as such, a lower biasing member 120 such as a spring may be used and optionally an additional upper biasing member may be used. This arrangement would be particularly useful when shoulder joint member 14 is constructed of brittle and/or fatigue sensitive materials such as resin-matrix composites such as carbon fiber, or metals such as aluminum or titanium.

Fig. 16 illustrates a further alternative embodiment to the present invention. In this embodiment, the shoulder brace is provided with limiter 122 which is attached to alignment pivot plate 124 which is in turn pivotally mounted to pivot 32. Limiter member 122 extends downwardly from hinge 126 the patient's upper arm, curls along an inside surface 128 of a patient's arm then behind the elbow of the patient's arm at an elbow end 130 of limiter member 122. Limiter member 122 is preferably made of a semi-rigid material which can flex with movement of the user but provides, however, a desired amount of resistance to specified motions. For example, with the configuration as described above, limiter member 122 will provide strong resistance to the movement of the patient's arm in a rearward direction along arrow F shown in Fig. 21. However, because limiter member 122 is hinged to alignment plate 124, which is in turn pivotally attached to shoulder joint member 14, limiter member 122 can freely rotate around pivot 32 so that an upward movement of the patient's arm in the direction of arrow G, as shown in Fig. 20, is not excessively resisted. Hinge 126 also allows a user to move their arm in adduction without excessive impingement. For example, if a user moves their arm from the position shown in Fig. 20 by moving the arm shown so that the elbow moves towards the patient's chest, hinge 26 will allow limiter member 122 to rotate around hinge 126 and thereby allow the patient's arm to move in adduction. Also as shown in Fig. 16, alignment strap 16 is constructed with a telescoping portion 132. Telescoping portion 132 includes a tongue element 134 and the sleeve element 136. Sleeve element 136 is hingedly attached to alignment plate 124 with telescope hinge 138. Constructed as such, the telescoping portion provides greater mobility in that when the shoulders of the patient are shrugged forward, the telescoping portion can contract and sleeve element 136 can rotate

around telescope hinge 138 so that impingement is prevented. This provides greater comfort for a user. Sleeve element 136 may optionally include a biasing device (not shown) such as a spring to bias tongue element 134 into sleeve element 13.

Referring now to Fig. 17, a further embodiment of the present invention is shown therein. As shown in the figure, the shoulder brace is provided with an anti-rotation strap which is wound helically around the upper arm of the patient with at least one turn. Upper end 142 of anti-rotation strap 140 is pivotally connected to pivot 32 and lower end 144 of anti-rotation strap is connected to anti-rotation anchor 146. Arranged as such, anti-rotation strap 140 resists rotation of the patient's arm in the direction of arrow G as shown in Fig. 17. However, anti-rotation strap 140 does not inhibit upward motion of the patient's arm as shown in Fig. 18.

A further embodiment of the present invention is shown in Fig. 22. As shown in this figure, positioning device includes a reference orientation detecting device 148, an arm orientation detecting device 150 and a compression device 152. Orientation detecting devices 148 and 150 can be constructed of inclinometers, for example. In this embodiment, compression device 152 is configured to pull front arm 26 and rear arm 30 in a direction of arrows A and B respectively, when the patient's arm is moved into a "danger zone". Compression device 152 may be constructed of a solenoid or other electronic or hydraulic device. In operation, orientation detecting device 148 can provide a signal corresponding to the orientation of the patient's shoulder since shoulder joint member 14 remains relatively stationary with respect to the patient's shoulder joint 22. Orientation detecting device 150 provides a signal corresponding to the orientation of the patient's upper arm. In this embodiment, a comparator (not shown) which may be incorporated into orientation detecting device 150 or 148, or into compression device 152, compares the orientation signals output by orientation detecting devices 148 and 150 and determines if the patient's arm is in a danger zone. If the patient's arm is in a danger zone, then the comparator signals compression device 152 to compress front arm 26 and rear arm 30 of shoulder joint member 14 in the directions of arrows A and B respectively. In this embodiment, it may be preferable to incorporate hinges 72 into flexible portion 60 so as to minimize resistance to the compression caused by compression device 152 since any resistance will require additional power to be supplied to compression device 152, and therefore require additional weight. This embodiment is also

particularly useful for patient's who have experienced an extreme injury or disability. Since this embodiment does not rely on any motion of the patient's arm to provide energy for compressing or releasing the anterior-posterior compression of the patient's shoulder joint, there is no inhibition of the patient's arm movements. Therefore, this embodiment allows for maximum movement of the patient's arm and therefore aids the patient in the movements that may be required in physical therapy.

Referring now to Figure 23, a further embodiment of the present invention is constructed of a first mounting member 160 configured to fit over at least a pectoral area of a user or patient 12. A second mounting member 162 is configured to be mountable to an upper arm portion 164 of a patient's arm. First mounting member 160 may be constructed out of any material. However, it is preferable that first mounting member 160 is made from at least a semirigid material such as plastic or even light metals such as aluminum. Preferably, only a portion of first mounting member 160 is made from a rigid material, so as to avoid impingement upon the user's skin. The remaining portion 161 of first mounting member 160 could be made from spandex or other materials so as to provide maximum comfort. Second mounting member 162 may also be made of an at least a semirigid material such as plastic or light metals. Similarly, the portion of second mounting member 162 made from the at least semirigid material is preferably made as small as possible, while the remaining portion 163 of second mounting member 162 is made from a fabric so as to maximize comfort.

As shown in Figure 23, a connecting member 166 is attached to a first mounting member 160 at a first end 168 and is attached to second mounting member 162 at a second end 170.

Also shown in Figure 23, are two parallel slots 172 and 174 formed in first mounting member 160. First end 168 of connecting member 166 is slidably connected to slots 172 and 174 via mounting members 176 and 178. Optionally, mounting members 176 and 178 may include threaded fasteners (not shown) for anchoring the connection between the first end 168 of connecting member 166 to first mounting member 160. This allows a user to install the shoulder brace in such a way so as to immobilize the patient's shoulder, which may be desirable immediately after an injury, for example.

As shown in Figure 23, positioning device 180 is formed of two springs 182 and 184 which bias the connecting members towards a medially inward direction, i.e., in the direction

of arrow A shown in Figure 23. By construction of the shoulder brace as such, a patient's weakened glenohumeral ligaments, which may have been weakened by a dislocation injury, are prevented from being stressed by the medially inward bias created by the positioning device 180. Although not illustrated in Figure 23, positioning device 180 may be formed with a single slot and/or a single spring.

One advantage of forming the shoulder brace with slots 172 and 174 and springs 182 and 184, is that when a user rotates their upper arm 164 in the direction of arrow B, mounting member 178 is pushed in the direction of arrow C, thereby adding tension into spring 184, thereby causing additional medially inward pressure, thereby preventing stress being imparted to the glenohumeral ligaments.

As shown in Figure 23, connecting member 166 is in the form of a plate. Preferably, connecting member 176 is made from a semirigid material that allows some flexation, so that a patient may have some mobility. However, for certain injuries, it may be desirable to construct a connecting member 166 from a rigid material having a thickness which would prevent movement of the user's upper arm 164 forward or backwards. On the other hand, by constructing connecting member 166 from a more flexible material, such as a hard rubber, the patient or user is not preventing from moving their upper arm 164 forward or backward, and is thereby provided with some flexibility.

Additionally, the shoulder base may include a second connecting member (not shown) configured to be arranged in essentially an identical configuration shown in Figure 23, but arranged on the user's back. By adding an additional connector member 166 as such, the shoulder brace provides additional support and symmetry to the forces imparted to the shoulder joint.

Obviously, numerous modifications and variations of the present invention are possible in light of the above teachings. It is therefore to be understood that within the scope of the appended claims, the invention may be practiced otherwise than as specifically described herein.

**Claims:**

1. A shoulder brace comprising:
a shoulder member mountable to a shoulder of a patient's arm;
a positioning device configured to increase a pressure on the shoulder of the patient's arm in accordance with a movement of the patient's arm.
2. A shoulder brace according to Claim 1, wherein said shoulder member comprises an open portion forming substantially rigid first and second arms, and wherein said positioning device is configured to vary a spacing between said first and second arms of said shoulder member according to a position of the patient's arm.
3. A shoulder brace according to Claim 2, wherein said positioning device comprises:
a tension triggering strap having a first and second end;
an anchor mountable to a predetermined position on a patient's body; and
a positioning unit communicating with said first and second arms of said shoulder member;
said first end of said tensioning strap communicating with said positioning unit;
said second end attached to said anchor strap such that a tension is generated in said tension triggering strap according to movement of the arm, and said tension triggering strap communicating with said positioning unit according to the tension generated in said tension triggering strap.
4. A shoulder brace according to Claim 3, wherein said positioning unit comprises:
a first eyelet provided on said first arm of said shoulder member;
a second eyelet provided on said second arm of said shoulder member; and
a strap threaded through said first and second eyelets and communicating with said tension triggering strap.
5. A shoulder brace according to Claim 4, wherein said shoulder member further comprises a flexible portion arranged to be adjacent an upper portion of a patient's shoulder; wherein said first and second ends are arranged to be under a patient's shoulder;

wherein said anchor comprises an anchor strap mountable to a portion of a patient's torso below the arm.



6. A shoulder brace according to Claim 3, wherein:

said shoulder member is biased so as to compress a shoulder joint the arm in an anterior-posterior direction;

wherein said anchor comprises an anchor strap mountable to the arm such that a tension is generated in said triggering strap in accordance with a position of the arm;

wherein said positioning unit comprises a relaxing device configured to increase the spacing between said first and second arms of said shoulder member according to the tension generated in said triggering strap.

7. A shoulder brace according to Claim 6, wherein said relaxing device comprises a wedge arranged between said first arm and said second arm of said shoulder member, said wedge connected to said tension triggering strap such that said wedge is moved to urge said first and second arms of said shoulder member apart when tension is generated in said triggering strap.

8. A shoulder brace according to Claim 6, wherein said relaxing device comprises a pivot boss and a pair of pivot rods pivotally connected to said pivot boss and arranged between said first arm and said second arm of said shoulder member, said wedge connected to said tension triggering strap such that said wedge is moved to urge said first and second arms of said shoulder member apart when tension is generated in said triggering strap.

9. A shoulder brace according to Claim 6, wherein said shoulder member further comprises:

a flexible portion arranged between said first and second arms; and

a spring attached to said first and second arms to bias said first and second arms toward each other.

10. A shoulder brace according to Claim 2, further comprising:

a reference orientation detector configured to produce a reference output according to a reference orientation;

an arm orientation detector configured to produce an arm orientation output signal according to an orientation of the arm; and

a comparator for generating a compression signal according to a comparison of said reference output signal to said arm orientation signal;

wherein said positioning device is responsive to said compression signal.

11. A shoulder brace according to Claim 10, wherein said comparator is configured to cause said positioning device to decrease the spacing between said first and second arms of said shoulder member in accordance with an increase of risk of anterior dislocation of said shoulder corresponding to the orientation of the arm.

12. A shoulder brace according to Claim 2, further comprising:

a cushion provided on said first arm of said shoulder member, said cushion arranged to be substantially aligned with an anterior side of a patient's shoulder.

13. A shoulder brace according to Claim 2, further comprising:

a limiter member with a first and second end, said first end of said limiter member hingedly connected to said first arm of said shoulder member, said second end of said limiter member configured to engage a rear side of the arm above an elbow.

14. A shoulder brace according to Claim 2, further comprising:

an alignment strap mountable to an upper torso region of a patient, said alignment strap including a first and second end, pivotally connected to said first and second arm of said shoulder member respectively;

wherein said alignment strap includes a telescoping portion.

15. A shoulder brace according to Claim 1, wherein said shoulder member comprises:

a first mounting member configured to be mountable to a pectoral area of a patient's torso;



a second mounting member configured to be mountable to an upper arm portion of the patient's arm corresponding to the pectoral area; and

a connector member having a first end connected to said first mounting member and a second end connected to said second mounting member.

16. A shoulder brace according to Claim 15, wherein said first end of said connecting member is slidably connected to said first mounting member, and wherein said positioning device biases said connector member in a medially inward direction.

17. A shoulder brace according to Claim 16, wherein said first mounting member includes at least two parallel slots, and wherein said connecting member is slidably connected to said at least two parallel slots.

18. A shoulder brace according to Claim 15, wherein said connecting member is a plate.

19. A shoulder brace according to Claim 15, wherein said positioning device comprises a spring arranged so as to bias said connector member in a medially inward direction.

20. A shoulder brace according to Claim 15, further comprising a second connector member having a first end slidably connected to said first mounting member and a second end connected to said second mounting member.

21. A shoulder brace according to Claim 20, wherein said first connector member is configured to be positioned on a front side a body of the user and said second connecting members configured to be positioned on a rear side of the user's body.

22. A shoulder brace according to Claim 15, wherein said positioning device is configured to be selectively anchored to said first end of said connector member.



23. A shoulder brace according to Claim 20, further comprising a second positioning device connected between said first mounting member and said second connector member, and wherein said positioning device is configured to be releasably engageable to said first end of said second connector member.

24. A shoulder brace comprising:
a shoulder member mountable to a shoulder of a patient's arm; and
compression means for increasing a pressure on said shoulder member in accordance with a movement of the patient's arm.

25. A shoulder brace according to Claim 24, wherein said compression means comprises means for constricting said shoulder member in accordance with a movement of the patient's arm.

26. A shoulder brace according to Claim 24, wherein said compression means increases an anterior-posterior pressure on the shoulder according to an increased risk of an anterior dislocation of the shoulder.

27. A shoulder brace according to Claim 24, wherein said compression means comprises a tension strap configured to be anchored at a first end to a predetermined portion of a patient's body beneath the shoulder and connected at a second end to said shoulder member such that said shoulder member is constricted in accordance with a movement of the arm away from the patient's body.

28. A shoulder brace according to Claim 24, wherein said shoulder member is biased to exert anterior-posterior pressure upon the shoulder, and wherein said compression means further comprises means for expanding said shoulder member in accordance with a downward movement of the arm.

29. A shoulder brace according to Claim 24, further comprising arm orientation detecting means for detecting an orientation of the arm and for generating an orientation signal according to the orientation of the arm, wherein said compression means is responsive



to said orientation signal.

30. A shoulder brace according to Claim 24, further comprising limiting means for preventing the arm from rotating in a rearward direction.

31. A shoulder brace according to Claim 24, further comprising:

an alignment strap for maintaining the alignment of the shoulder member with the shoulder, said alignment strap including telescoping means for telescoping said alignment strap to reduce impingement of the alignment strap.

