

DuraBoard

UNSTABLE PLATFORM DEVICE

The Duraboard System is Patended Internationally by Honeywind Pty Ltd

Technical Specifications



Exclusive textured & laminated high density foam surface for grip, durability and sensitivity. Includes attachment points for elastic tubing or

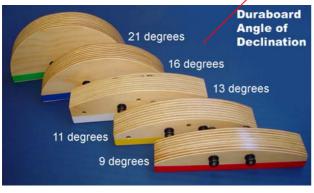
bands

Hand grips with rounded edges and rubbers stoppers underneath to stop fingers being jammed make this safely handled rehabilitation device.



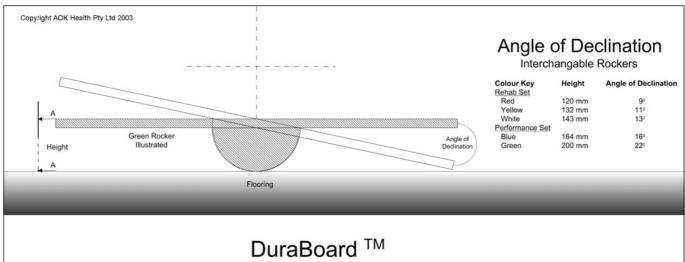
Easily interchangeable rockers for maximum convenience. The rockers are made from high quality hardwood laminates for long life.

All Duraboards are hand crafted for a high quality polished finish. The rocker fixing mechanism is strong, durable & easy to use.



The Duraboard comes with 5 sets of rockers—3 sets for rehabilitation & 2 sets for performance. This is sufficient challenge for the most skilled athlete or chronic/acute client. They are colour coded for easy use.







Ankle ROM Dorsiflexion 20-30 Plantarflexion 30-50

DuraBoard Uses

Motor Control Strategies for Spinal Stability

There are two primary muscular recruitment strategies involved in whole body stability and orientation. These cooperative strategies are enacted in response to goal directed tasks. The two primary strategies are:

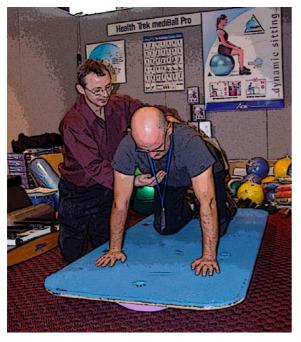
- Spinal segmental muscular stiffness.
- Multi-segmental stability and orientation.

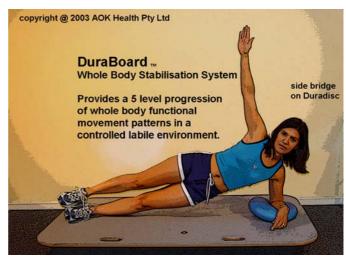
An increasingly popular form of exercise training involves the use of labile (unstable) surfaces upon which an individual performs specific movement routines. This type of exercise program is also known as sensorymotor training.

Examples of labile exercise tools include the mediBall, wobble/rocker boards, foam rollers and Duradiscs. These tools are often used in rehabilitation settings, social exercise environments and professional fitness centers and are used for a wide variety of individual specific health goals.

There is a growing body of recent scientific evidence to strongly support the use of labile surfaces in training and rehabilitating human motor control functions involved in the activation of muscular sling contraction strategies. Labile surfaces are commonly used in rehabilitation settings and have been shown to provide effective outcomes for individuals suffering from low back, knee, shoulder and ankle injuries.

Exercise tools such as mediBalls have been clearly shown to activate muscular contraction strategies differently than on flat earth surfaces. Using mediBalls during exercise improves the speed and intensity of muscular sling responses.





The primary goal in the treatment of multi-segmental instability is to simultaneously:

Reduce the neutral zone in segmentally unstable motion segments during a movement pattern by activating muscular contraction strategies by stabilizer and global stabilizer muscles to reduce the neuro-muscular neutral zone, whilst performing range of motion exercises by the torque production of mobilizers and global stabilizers.

Improve muscle-fascial extensibility and joint range of motion in the direction of the pathologic barrier during a movement pattern.

Improve coordinated functional integration of muscle firing patterns in movement activities.

Improve balance and locus of control in task specific environments.

Restore the preferred motor control strategy

Treatment of multi-segmental instability requires movement skills to be practiced which stimulate restoration of the above mentioned functional skills simultaneously.

The treatment of multi-segmental instability is the last step in the musculo-skeletal approach to functional restoration of locomotor skills. It must be emphasized that the end phase of restoration can only be properly attained after first addressing segmental restrictions, segmental instability and multi-segmental restrictions.

The treatment of multi-segmental instability functionally ties together all the gains from the other treatment modalities and will lead to goal oriented functional restoration