

What Clinicians Say About OrthoBike™



GARY, SENIOR PT

I've been looking for this tool for forty years. Until I started using the OrthoBike™ with its adjustable pedal cranks, I had no mechanical modality to give my patients repetitive motion in the first three weeks following surgery to manage swelling, pain, and scar tissue mobilization, and regaining early active-assistive and passive range of motion.

“I've been looking
for this tool for
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Unfortunately, none of these goals could be achieved by the CPM machine or the seated or recumbent bikes on the market. **There is nothing on the market today like the OrthoBike.**

It allows me to **start a patient very early on a bike to get the advantages of repetitive cycling motion** that helps to reduce the swelling and strengthens the quadriceps. It is easy for the staff to learn and to use, helps us do our job better, and makes the patients feel good.

GREG, PT, DPT, ATC, CERT. MDT

My knee patients need that **reciprocal cycling motion when they only have 75 or fewer degrees of flexion**. They can't do this with any of the traditional exercise bikes in the clinic because their pedal cranks are too long.

The OrthoBike's pedal cranks adjust down to 2 inches. With them and the seat adjustment, I can provide my patients **repetitive loading to remodel collagen at an earlier, more beneficial stage**....frankly a stage that not every patient is even capable of reaching without it. They can't get there without it. Because they are laying down scar tissue so fast, or their pain threshold is so low, whatever the situation...this bike allows it. **This is differentiation.**

EMILY, DPT, PT, DPT, CMNT

“An essential part of our daily practice.”

As an outpatient orthopedic physical therapist with over six years of experience using the OrthoBike, I can confidently say that it has become an essential part of our daily practice. and when one of our units recently required maintenance, both staff and patients immediately felt the absence.

The OrthoBike's versatility is unmatched. While it benefits a wide range of diagnoses, it truly excels in the rehabilitation of post-operative hip and knee replacement patients. Its highly adjustable design - including seat height and distance, pedal diameter, and resistance - allows for personalized treatment plans that meet patients exactly where they are in their recovery. These features make it accessible and effective for almost any patient, regardless of their size, strength, or stage of healing.

Its intuitive adjustments make setup simple and efficient, saving time and promoting patient confidence. Many of our patients have experienced accelerated recovery timelines, increased range of motion, and improved comfort while pushing their boundaries safely.

We use our OrthoBike all day, every day. It is a key differentiator for our practice and a tool we consistently rely on for quality outcomes. I highly recommend the OrthoBike to any health-centered facility looking to elevate their standard of care and support their patients' recovery journey with an effective, user-friendly, and adaptable piece of equipment.

RYAN, MS, MSPT, FMS CERT.

We've been wanting some sort of device that allows this early ROM that we can take back to almost 55° of range of motion and we can get them around comfortably. So, the OrthoBike with these patients has allowed us to get them on there and start them at 55° and progressively and systematically take them from 55°, 60°, 65°, and so on. And the patient can monitor their progress.

“The patient can monitor their progress.”

So, the nice thing for the patients that we've had...they can see the improvement as they start to go through. And as anything in life—the psychology behind—once they see success and they get the Aha! moments like these patients have had, then it becomes a very powerful message and they're much more bought into everything else that we want to do.

We've seen that the recovery rate, particularly in those patients that have a difficult time with getting flexion ROM early, whether it is because of fibrosis dysfunction or more importantly because of high tone and protection, by getting them on the bike and moving them early and often, it allows us to transition that into functional walking and gait and allows us to get them moving, active, and functional quicker.

FRANK, SENIOR PT

I start all my knee patients on the OrthoBike. **They get used to rotating their knees in short arcs at the beginning.**

TODD, PT, DPT, MTC, CSCS, FMS CERT.

Getting a patient on a bike early is, in my mind, an integral part of getting them functional early. You have a reciprocal pattern of cycling, you have a reciprocal pattern of knee flexion and knee extension—it doesn't have to be a great amount of range of motion initially, especially for a patient who is coming out of surgery that would be opposed to being on a traditional upright or recumbent bike. The ability to allow that patient to reciprocally flex and extend the knee—in their tolerable range—with little to no resistance initially and then slowly progressing that resistance, it just facilitates that motor pattern in their body.

Anything lower extremity, we'll start them off on the OrthoBike. A lot of times with the lower extremity injury there is some fear of putting too much pressure or bending too much or straightening too much. We can very, very easily, and in a controlled environment, **limit that range of motion to the patient's comfort.**

I have a patient right now who hasn't ridden a bike in at least 35 years. She's performing full revolution cycling on the OrthoBike, and you can see in her face how happy she is. **It's a level of achievement that she hasn't seen in a long time. And so just for her overall well-being, if nothing else, it helps.**

As they do it more and we start to adjust the settings more, they realize they are bending their knee more. **And it doesn't hurt.**

...As the patients' fear goes down while they are on the bike, realizing they *can* pedal, they *can* go through a full revolution, they *can* move their knee or their hip with little to no pain, **that decrease in fear leads to an increase in compliance.**

The patients want to get on the bike because they *know*, they've seen the results of more knee flexion, they've seen the improvements in how their knee feels or how their hip feels. It makes them want to do more, it makes them just so much more compliant with their program as a whole.



“ The patient can monitor their progress. ”

DAKOTA, PT, DPT, CMNT, CEAS.

The OrthoBike does so well for us. **Our patients love it as do we as therapists.**

WILLIAM PARRISH, MD

The **systematic, progressive ROM of the OrthoBike is a critically important tool** for restoring full ROM and quality of life in patients who have found rehabilitation to be more challenging than normal.”

KATIE, PT, DPT.

We kept it at two for this experiment and because **a lot of our patients that use the OrthoBike require a shorter crank than a traditional bike.**

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**A critically
important tool**

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HOME HEALTH PT

The OrthoBike fills a void that was always there: how to do early mobilization therapy. The medical community has certainly moved to more aggressive and earlier therapy and efforts to push mobilization, so **the OrthoBike with the adjustable cranks is what is needed.**

PHIL, PTA

The **OrthoBike's niche is early range of motion therapy.** It provides a path from surgery to more advanced therapy with clearly defined milestones that give the patient positive feedback and satisfaction as they progress. The patients like seeing progress in small steps where otherwise they wait until they get enough flexion and extension to ride the big bike.