

Really Cool



When you need to manage myofascial pain, restricted motion and muscle spasm, or control the pain of injection, use Fluori-Methane®.

Fluori-Methane® is a topical vapocoolant used in conjunction with the Spray & Stretch Technique.

★ Fluori-Methane is **exempt** from the EPA's ban on the non-essential use of chlorofluorocarbons.

Please read the complete prescribing information on the right.

Gebauer Company

CALL FOR INFORMATION

800•321•9348

FLUORI-METHANE® (Dichlorodifluoromethane 15% Trichloromonofluoromethane 85%)

INDICATIONS AND USAGE

Fluori-Methane Spray is a vapocoolant intended for topical application in the management of myofascial pain, restricted motion, and muscle spasm, and for the control of pain associated with injections.

Clinical conditions that may respond to Spray and Stretch include low back pain (due to muscle spasm), acute stiff neck, torticollis, muscle spasm associated with osteoarthritis, ankle sprain, tight hamstring, masseter muscle spasm, certain types of headache, and referred pain due to trigger points. Relief of pain facilitates early mobilization in restoration of muscle function.

PRECAUTIONS

Care should be taken to minimize inhalation of vapors, especially with application around the head and neck. Avoid contact with eyes. Fluori-Methane should not be applied to the point of frost formation.

ADVERSE REACTIONS

Cutaneous sensitization may occur, but appears to be extremely rare. Freezing can occasionally alter pigmentation.

CONTRAINDICATIONS

Fluori-Methane is contraindicated in individuals with a history of hypersensitivity to dichlorodifluoromethane, and/or trichloromonofluoro-methane. This product should not be used on patients having vascular impairment of the extremities.

WARNINGS

For external use only.

Dichlorodifluoromethane and trichloromonofluoromethane are not classified as carcinogens. Based on animal studies and human experience, these fluorocarbons pose no hazard to man relative to systemic toxicity, carcinogenicity, mutagenicity, or teratogenicity when occupational exposures are below 1000 p.p.m. over an 8 hour time weighted average. Contents under pressure. Store in a cool place. Do not store above 120°F. Do not store on or near high frequency ultrasound equipment.

DOSAGE AND ADMINISTRATION

To apply Fluori-Methane, invert the bottle over the treatment area approximately 12 inches (30 cm.) away from site of application. Open dispensable spring valve completely, allowing the liquid to flow in a stream from the bottle.

1. SPRAY AND STRETCH TECHNIQUE FOR MYOFASCIAL PAIN

Spray and Stretch technique is a therapeutic system which involves three stages: EVALUATION, SPRAYING, and STRETCHING.

The therapeutic value of Spray and Stretch becomes most effective when the practitioner has mastered all stages and applies them in proper sequence.

I. EVALUATION

During the evaluation phase the cause of pain is determined as local spasm or an irritated trigger point. The method of applying the spray to a muscle spasm differs slightly from application to a trigger point. A trigger point is a deep hypersensitive localized spot in a muscle which causes a referred pain pattern. With trigger points the source of pain is seldom the site of the pain. A trigger point may be detected by a snapping palpation over the muscle, causing the muscle in which the irritated trigger point is situated to "jump".

II. SPRAYING

- Patient should assume a comfortable position.
- Take precautions to cover the patient's eyes, nose, mouth, if spraying near face.
- Hold bottle in an upside down position 12 to 18 inches (30 to 45 cm.) away from the treatment surface allowing the jet stream of vapocoolant to meet the skin at an acute angle to lessen the shock of impact.
- The spray is directed in parallel sweeps 1.5 to 2 cm. apart. The rate of spraying is approximately 10 cm./sec. and is continued until the entire muscle has been covered. The number of sweeps is determined by the size of the muscle. In the case of a trigger point, the spray should be applied over the trigger point, through and over the reference zone. In the case of muscle spasm, the spray should be applied from origin to insertion.

III. STRETCHING

During application of the spray, the muscle is passively stretched. Force is gradually increased with successive sweeps, and the slack is smoothly taken up as the muscle relaxes, establishing a new stretch length. Reaching the full normal length of the muscle is necessary to completely inactivate trigger points and relieve pain. After rewarming, the procedure may be repeated as necessary. Moist heat should be applied for 10 to 15 minutes following treatment.

For lasting benefit, any factors that perpetuate the trigger mechanism must be eliminated.

2. PRE-INJECTION ANESTHESIA

Prepare syringe and have it ready. Spray skin with Fluori-Methane from a distance of about 12 inches (30 cm.) continuously for 3 to 5 seconds; do not frost the skin. Swab skin with alcohol and quickly introduce needle with skin taut.

HOW SUPPLIED

3.5 ounce amber glass bottle.
Calibrated Fine Spray NDC 0386-0003-04
Calibrated Medium Spray NDC 0386-0003-05

CAUTION

Federal law prohibits dispensing without a prescription.

JAOA

Medi-notes

Link between SIDS and the prone sleep position

A population-based, case-controlled study was conducted to determine whether the prone sleep position was associated with an increased risk of the sudden infant death syndrome (SIDS). Case subjects were infants who died of SIDS in King County, Washington. Control subjects were randomly selected infants born in King County. Up to four control subjects were matched on date of birth to each case subject.

During the study period, November 1992 through October 1994, data on sleeping position were collected on infants who died of SIDS by the King County Medical Examiner's office during their investigation of the deaths. Parents of infants chosen as control subjects were contacted by telephone, and information regarding their infants' sleep position was obtained. Infants who usually slept on their abdomen were classified as sleeping prone; those who usually slept on the side or back were categorized as sleeping nonprone. The adjusted odds ratio for prone sleep position as a risk factor for SIDS was calculated with conditional logistic regression after control for race, birth weight, maternal age, maternal marital status, household income, and maternal cigarette smoking during pregnancy.

Data on sleep position were collected on 47 infants with SIDS (77% of eligible infants) and 142 matched control subjects; 57.4 % of infants who died of SIDS usually slept prone versus 24.6% of control subjects. The unadjusted odds ratio for prone sleep position as a risk factor for SIDS was 4.69. After controlling for potentially confounding variables, the adjusted odds ratio for the prone sleep position was 3.12.

In this study, prone sleep position was significantly associated with an increased risk of SIDS among a group of American infants.♦

Taylor JA, Krieger JW, Reay DT, et al: Prone sleep position and the sudden infant death syndrome in King County, Washington: A case-control study. *J Pediatr* 1996;128:626-630.