BSN ACADEMY

Excellence in Orthopedics

Through Education

ORTHO-GLASS®

ORTHO-GLASS® Comfort

Splinting Manual, including competency log, lecture outline and applications

Tenth Edition

BSN medical

Table of Contents

Splinting Training Log

Facility:

Clinical Instructor:

Date of Certification:

The people below have applied the following splints in a supervised Hands-on Workshop **Name**	Volar	Volar Dorsal	Boxer	Thumb & Wrist	Thumb Spica	Figure-8	Teardrop	Finger Splint	Finger Protector	Reverse Sugar Tong	Elbow	Knee Immobilizer	Posterior Ankle	Ankle Stirrup	Other

Lecture Outline

Provided as an educational service by BSN medical Inc. for the exclusive use of ORTHO-GLASS® and ORTHO-GLASS® Comfort Synthetic Splinting System.

For Information on Splinting Workshops, Call 1-800-552-1157.

The information in this manual is intended to be used only as a general guideline. Always consult the physician in charge before applying and positioning the splint.

1. Goals of splinting:

2. Instructions for use:

3. Tips for better splinting:

4. Bandaging selection and wrapping technique:

5. Size selection:

6. Patient monitoring skills:

7. Care of splint and injury:

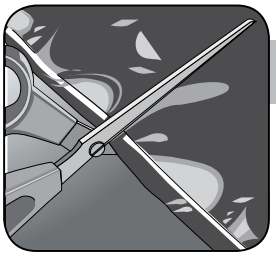
8. Hands-on applications:

9. Other Notes:

Uses for different sizes of ORTHO-GLASS® / ORTHO-GLASS® Comfort Splinting System

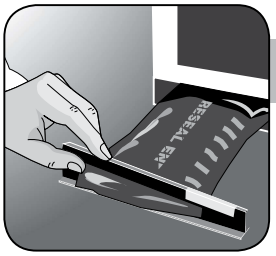
Sizes	Uses	Possible Indications
1"	Finger Injuries	Lacerations, Sprain, Jammed Finger, Finger Fracture
	Thumb Injuries	Lacerations, Sprain, Jammed Finger, Finger Fracture
	Pediatric Splints	IV Arm Board, Sugar Tong, Forearm, etc.
	Figure 8 Thumb	Game Keeper or Jammed Thumb
2"	Pediatric Sugar Tong Arm	Fracture Forearm / Wrist
	Child's Clavicle	Clavicle Injury / Fracture
	Finger Splint	Fracture / Laceration / Strain
	Child's Ankle Stirrup	Ankle Sprain
3"	Ankle Stirrup	Ankle Sprain
	Child Posterior Leg Splint	Lower Leg / Ankle / Metatarsal
	Sugar Tong—Arm	Forearm / Colles / Wrist Fracture
	Volar Cockup Splint	Wrist Sprain / Carpal Tunnel
	IV Arm Board	IV
	Two Finger Splint	Fracture / Laceration / Sprain
	Thumb Spica	Navicular / Scaphoid Fracture
	Volar Dorsal	Severe Wrist Sprain / Non-displaced Distal Forearm Fracture
4"	Ankle Stirrup	Ankle Sprain
	Small Adult Posterior Leg Splint	Nondisplaced Fracture
	Sugar Tong Arm	Forearm / Colles / Wrist Fracture / Humeral Fracture
	Large Volar Cockup Splint	Wrist Sprain / Carpal Tunnel Synd. / Lacerations
	Two Finger or Buddy Splint	Finger Sprain / Fracture / Lacerations
	Thumb Spica	Thumb Sprain / Navicular / Scaphoid Fracture
	Boxer or Gutter Splint	4th or 5th Metacarpal / Fracture / Sprain
	Knee Immobilizer—Child	Lacerations / Knee Injuries / Strains
	Gutter Splint or Teardrop Splint	Whole Hand Injuries
	Posterior Elbow	Elbow Injuries
	Thumb and Wrist Immobilizer	Proximal Thumb / Hand Injuries
5"	Posterior Leg—Adult	Lower Leg / Ankle / Metatarsal / Fracture /
	Knee Immobilizer—Adult	Sprain Knee Injuries / Strains
	Posterior Elbow	Prox. Forearm / Elbow / Humeral
6"	Same as 5" Indications (Large Adult)	
	Whole Hand Splint	

Preparation Guidelines



1

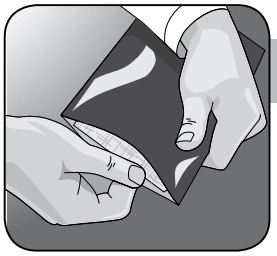
Select splint width and cut to desired length.



2

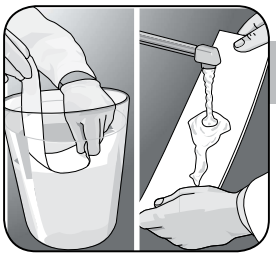
Immediate reseal foil on roll with clip:
1) Fold or push remaining roll back into foil pouch
2) Push clip down tightly over the end of the pouch making sure foil is smoothly in clip.

Skip this step if using a precut.



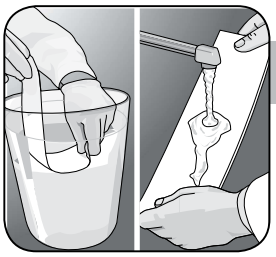
3

Remove splint from foil pouch. Pull padding beyond substrate or trim substrate ½" shorter than padding at both ends. Another option is simply tape cut edges. Substrate should not be exposed beyond padding.



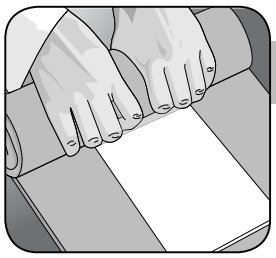
4 With Padding

Pass under cool faucet or dip in cool water (70°–85°F). Roll or fold splint and squeeze out excess water.
CAUTION:
Hot water will increase exotherm during cure.



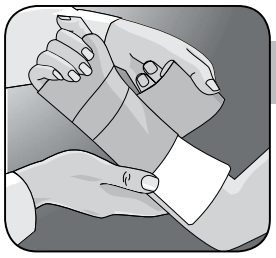
4a Without Padding

For Total Dry Padding Application: Open padding. Remove substrate with gloved hands and activate substrate only with water. After squeezing out excess water replace substrate in padding and close padding.



5

Lay splint on a towel, roll snugly and squeeze to remove additional water. Repeat to remove remaining water.



6

Place splint on patient and wrap with bandage. Mold splint to patient's limb for 2–4 minutes until splint sets. Monitor patient according to standard procedures.

Precautions:

1. The uncured polymer will bond to unprotected skin and clothing. Use gloves if contacting the polymer. Take care to prevent the polymer from touching the patient's skin. If it should come in contact with the skin, blot with alcohol or acetone and wash with soap and water before it cures. Cured polymer should flake off the skin after several days.
2. Hot water will increase the exotherm of the splint as it cures. Instruct the patient that the splint may feel warm as it is being applied and that the patient should report any burning sensation.
3. The finished ORTHO-GLASS® / ORTHO-GLASS® Comfort splint is water resistant and can be cleaned by hand-washing with mild detergent. To dry, blot with a towel and then use a hair dryer.
4. Care should be taken in handling the foil pouch, as punctures will result in premature hardening of the splint material. Store in a cool, dry location.

Tips for Better Splinting

1. Always use cool, clean water.

2. Make sure splint is smooth when placing on patient.

3. Smooth the splint on without squeezing. To mold the splint, use your palms not your fingertips.

4. Simply roll the bandage on the extremity without tension. Overwrapping a splint could lead to circulation and breathability complications.

5. Protect or pad edges of a splint.

6. Leave finger tips exposed to check for circulation.

7. Patient should stay still until the heat subsides from the splint to allow for proper setup.

8. Additional padding may be used for bony prominences or at a clinician's preference.

9. Pre and post splint checks are imperative. Use this formula: F-A-C-T-S - check for:
Function
Arterial pulse
Capillary Refill
Temperature-skin
Sensation

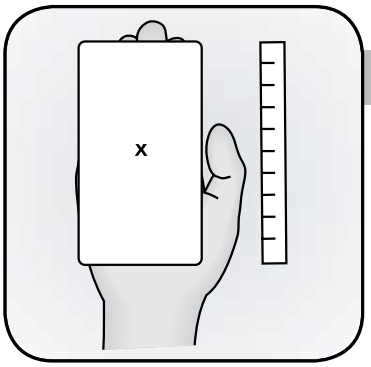
10. Patient discharge instructions:
Review F-A-C-T-S (#9) for patient to monitor. Patient should not remove splint unless OK'd by physician.
Protect splint from getting wet unless directed by physician.
Review R-I-C-E Instructions:
Rest / Ice / Compression / Elevation

Finger Splint

POSSIBLE INDICATIONS
- Finger Fractures
- Finger Lacerations
- Tendon Repairs

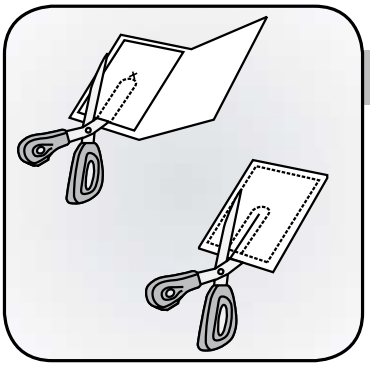
RECOMMENDED WIDTH
- 2", 3" or 4" for most patients

POSITION OF FUNCTION
- Place in flexion (position of function).*



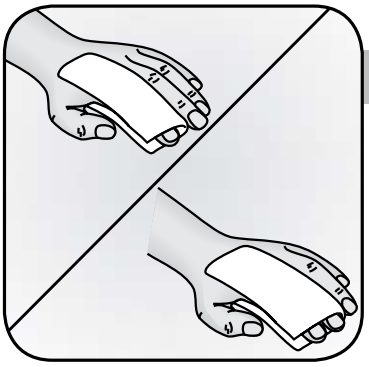
1

Measure from the tip of the injured finger to 1"–2" from wrist joint. Hold the splint up to patient's hand and measure the length of the injured finger. Mark the spot with a pinch at the web space (x).



2

Open padding and cut out a 1" wide strip up the center of the substrate up to the pinch. Close padding and cut up center, leaving a margin of padding on either side.



3

Prepare the splint as directed. Slide the "trouser legs" next to the injured finger, with one "leg" on each side of the hand. Fold the entire splint in one direction, capturing the injured finger. Fingers may be 'buddied' together for additional support.

4

Wrap with bandage to secure the splint. Mold and position as prescribed by physician.

*Always position as prescribed by the physician.

Finger Strip

POSSIBLE INDICATIONS
- Finger Fractures
- Finger Lacerations
- Sprains / Strains

RECOMMENDED WIDTH
- 1" or 2" if including 2 or more fingers in splint

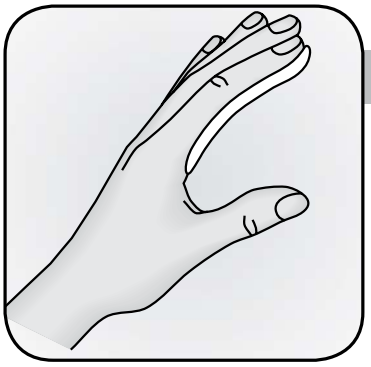
POSITION OF FUNCTION
- Place in flexion (position of function).*

1

Measure from just past the tip of the involved finger to the base of the metacarpal.

2

If support of the metacarpal is desired, measure to base of the thumb. Cut desired length.



3

Cut and prepare splint as directed. Apply to injured finger.

4

Wrap with bandage. Mold and position as prescribed by physician.

*Always position as prescribed by the physician.

Finger Protector

With Window (Optional)

POSSIBLE INDICATIONS

- 2nd, 3rd or 4th Metacarpal Fractures
- Flexor Tendon Repairs or Extensor Tendon
- Crushing Injuries
- Lacerations

RECOMMENDED WIDTH

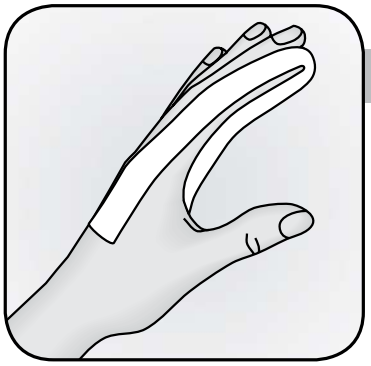
- 1" Single Finger Injuries
- 2" Two Finger Injuries
- 3" Three Finger Injuries
- 4" Four Finger Injuries

POSITION OF FUNCTION

- Depending on the injury, the physician may want the injury in extension or 45 degrees flexion.*

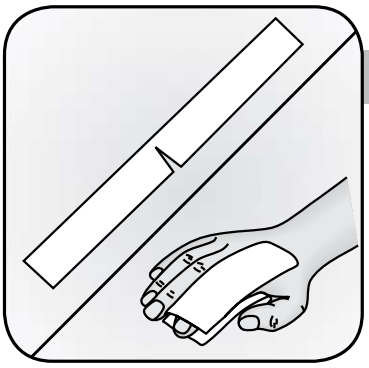
1

Measure from dorsal side of hand, go over the involved finger down the volar side. Length of splint is dependent upon extent of injury and physician's preference. Activate splint as per standard preperation guidelines.



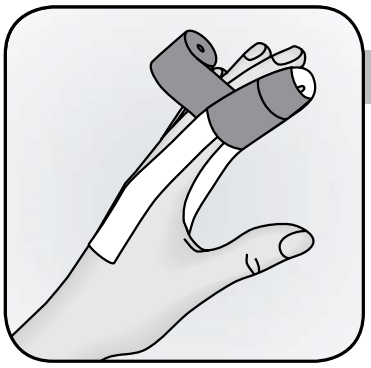
2

Apply splint enclosing finger if desired (if finger tip is injured). Make sure wrist flexion is possible if wrist is not involved.



3

(For window) At half point of splint, cut towards taped side, leaving edge of padding intact. Slide splint on finger, leaving fingernail exposed to check for circulation.



4

Wrap with bandage. Mold and position as prescribed by physician. (Hint: Normally, flex metacarpals to 45° and wrist to 20° extension then tapedown.)

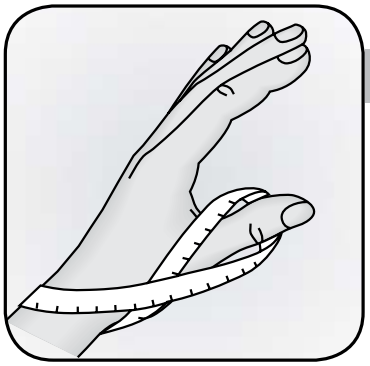
*Always position as prescribed by the physician.

Figure-8 Thumb

POSSIBLE INDICATIONS
- Skier's / Game Keeper's Thumb
- UCL Sprain

RECOMMENDED WIDTH
- 1" Width

POSITION OF FUNCTION
- Place in thumb / finger opposition.*



1

To measure length, use a measuring tape. Wrap tape around the thumb and overlap the end around base of the bony prominence of the wrist (also known as the styloid process of the ulna) in a Figure-8 fashion.

2

Cut this length of material (should be approximately 14"–16"). Center splint on the web space, crossing over the dorsal of thumb in a Figure-8 fashion and overlapping the cut edges around the styloid process of the ulna. Activate splint as per standard preperation guidelines.

3

Wrap with a small bandage, overlaping in a Figure-8 formation. Mold and position as prescribed by physician.

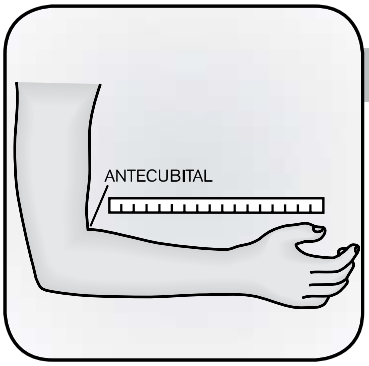
*Always position as prescribed by the physician.

Thumb Spica

POSSIBLE INDICATIONS
- Navicular / Scaphoid Fractures
- Thumb Dislocations
- Ulnar Collateral Ligament Sprains
- Tendinitis

RECOMMENDED WIDTH
- 3" for most patients

POSITION OF FUNCTION
- Place the thumb in a functional position with the wrist in approximately 30 degrees extension and allow thumb and index finger opposition.*



1

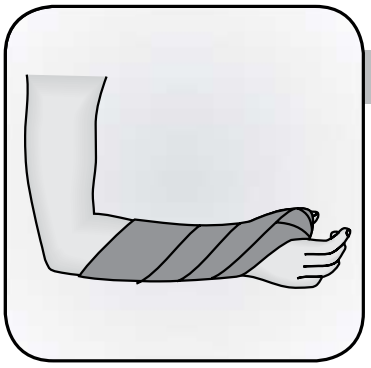
Measure from the tip of the thumb to 2" from the antecubital. Prepare the splint as directed.

2

Apply the splint by placing one end at the tip of the thumb and spiraling the rest over the dorsal aspect of the hand and arm.

3

Wrap by starting at the wrist and making two Figure-8 wraps around the thumb.



4

Mold and position as prescribed by physician.

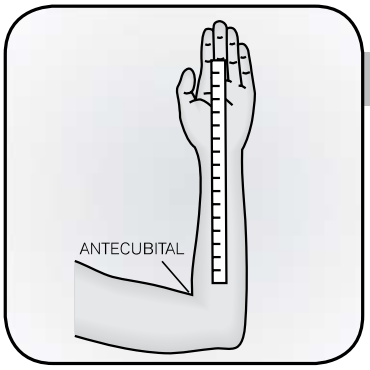
*Always position as prescribed by the physician.

Thumb & Wrist Immobilizer

POSSIBLE INDICATIONS
- Scaphoid Fractures
- Carpal Tunnel
- Proximal Hand, Thumb Injuries / Strains

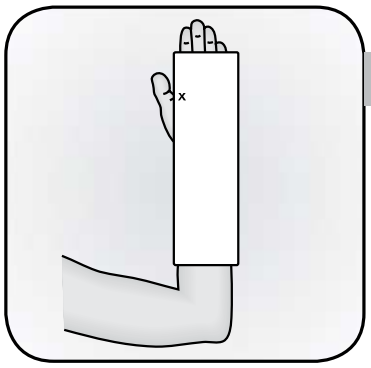
RECOMMENDED WIDTH
- 4" or 5" for most patients

POSITION OF FUNCTION
- Position the wrist at 20 degrees extension and place the thumb and finger in opposition.*



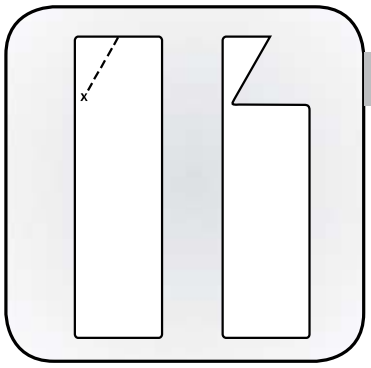
1

Measure from the PIP joint to 2" below the antecubital.



2

Place on patient's hand at the PIP and down the arm. Pinch or mark at the web space of thumb.



3

Cut down from the center end of splint at an oblique angle towards your pinch. Then cut away that corner leaving the thumb portion. Stretch padding or tape over cut edges. Activate splint as per standard preperation guidelines.

4

Place splint on the patient. Wrap the thumb portion of the splint starting at the web space and wrap around the thumb. Anchor splint at wrist with bandage and continue around thumb and down the arm. Position as prescribed by physician.

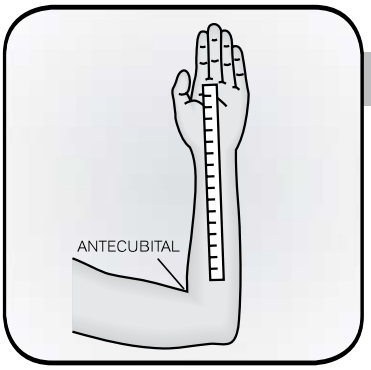
*Always position as prescribed by the physician.

Volar Splint

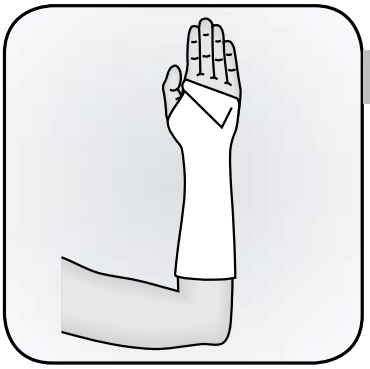
POSSIBLE INDICATIONS
- Wrist Sprains
- Carpal Tunnel Syndrome
- Lacerations
- Night Splints

RECOMMENDED WIDTH
- 3" or 4" for most patients

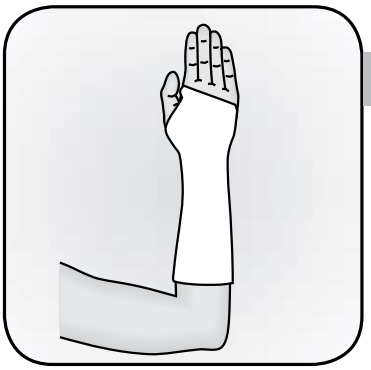
POSITION OF FUNCTION
- Position the wrist at neutral to 20 degrees extension. Allow free motion of all fingers and thumb.*



1
Measure from 1" above the palmar crease to 2" from the antecubital. Prepare splint as directed.



2
Fold one edge of the splint over 1". Place fold at the angle of the palmar crease (follow the life line). Activate splint as per standard preperation guidelines.



2a Optional
Cut distal end of splint at angle to follow palmar crease. Activate splint as per standard preperation guidelines.

3
Wrap with bandage to secure the splint. Mold and position as prescribed by physician.

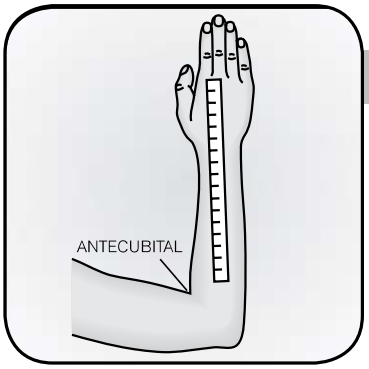
*Always position as prescribed by the physician.

Dorsal Splint

POSSIBLE INDICATIONS
- Wrist Fractures
- Tendon Repairs
- Lacerations

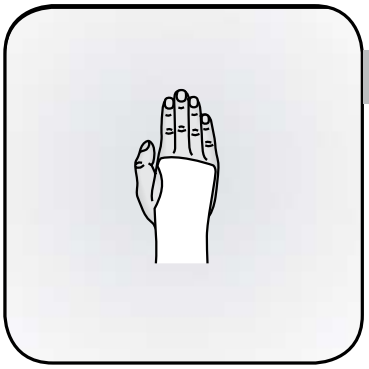
RECOMMENDED WIDTH
- 3" or 4" for most patients

POSITION OF FUNCTION
- Position at neutral or resting position. Slight extension (20 degrees) may be used. Allow for range of motion of digits not being immobilized.*



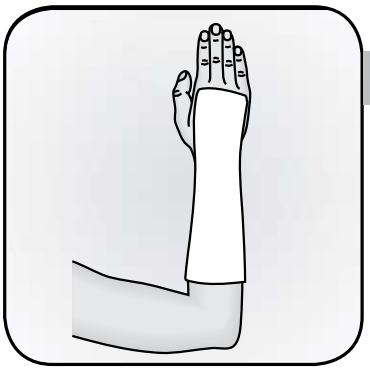
1

Measure from base of metacarpals on back of hand to 2"–3" from antecubital. Prepare splint as directed.



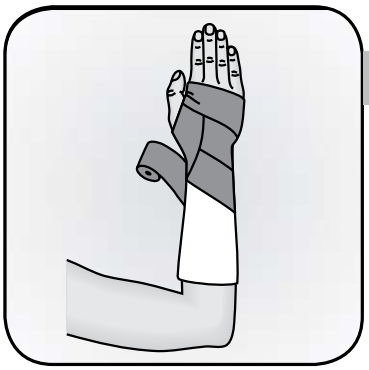
2

Splint may be trimmed to allow for complete range of motion of the thumb. Open padding, trim substrate at taped edge in a curve. Be sure padding covers all exposed edges.



3

Place on dorsal side of hand. Allow for flexion of fingers. Activate splint as per standard preperation guidelines.



4

Secure with bandage, anchoring at the wrist and proceeding around the palm, working distal to proximal down the splint. Mold and position as prescribed by physician.

*Always position as prescribed by the physician.

Volar Dorsal

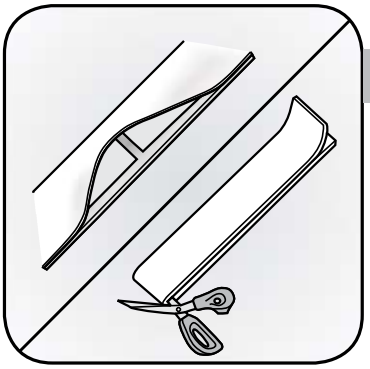
POSSIBLE INDICATIONS
- Severe Wrist Sprain
- Forearm Fracture

RECOMMENDED WIDTH
- 3" or 4" for most patients

POSITION OF FUNCTION
- Position the wrist at neutral to 20 degrees.*

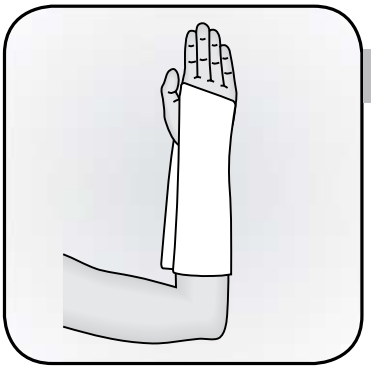
1

Measure from 1" above the palmar crease to 2" from the antecubital. Double this measurement and cut desired length. Stretch padding over exposed edges.



2

At the center point of splint, open the padding at the taped edge and cut substrate in half. Close back up and pull both ends of splint to stretch padding at center point. about 1½". Wet splint and make final cut at center, leaving one edge intact.



3

Place splint on the volar and dorsal side of palm and arm using the hinged edge anchored at the web space of thumb.

4

Secure with bandage, anchoring at the wrist and proceeding around the palm, working distal to proximal down the splint. Mold and position as prescribed by physician.

*Always position as prescribed by the physician.

Teardrop Splint

POSSIBLE INDICATIONS

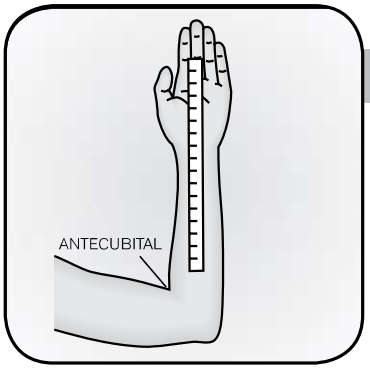
- 2nd & 3rd Metacarpal Fractures
- Flexor Tendon Repairs or Extensor Tendon
- Crushing Injuries
- Lacerations

RECOMMENDED WIDTH

- 4" or 5" for most patients
- 6" for whole hand

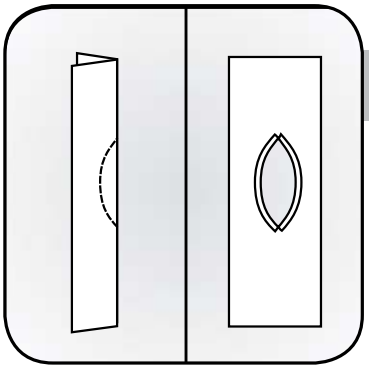
POSITION OF FUNCTION

- Flex metacarpals in 45–70 degree angle and wrist in 20 degrees extension. You may want to use tape to maintain position while setting up.*



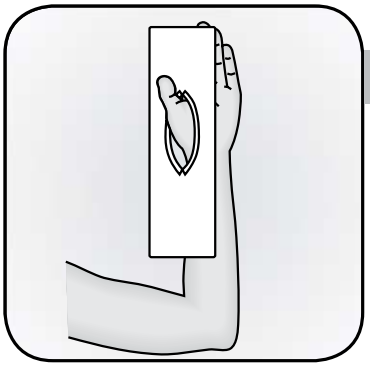
1

Measure from tip of 3rd finger to 2" below the antecubital.



2

Fold splint in half lengthwise and locate the middle. Cut a 2 ½" hole for thumb. Tape the edges. Activate splint as per standard preperation guidelines.



3

Place thumb through the hole and fold over injured fingers. Pad in between fingers. Wrap with bandage.

4

Mold and position as prescribed by physician. (Hint: Normally, flex metacarpals to 40° and wrist to 20° extension then tape down.)

*Always position as prescribed by the physician.

Boxer Splint

(4th–5th Metacarpal Splint)

POSSIBLE INDICATIONS

- 5th Metacarpal Fractures
- 4th Metacarpal Fractures

RECOMMENDED WIDTH

4" or 5" for most patients

POSITION OF FUNCTION

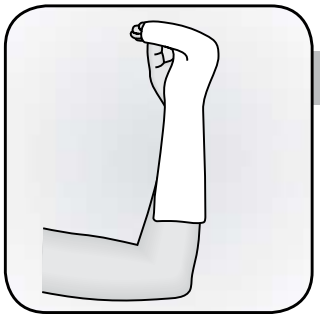
- Position the wrist at 20 degrees extension, and the MCP joint at 45–70 degrees flexion, depending on the injury.*

1

Measure from the tip of the fifth finger to 2" from the antecubital. Prepare splint as directed.

2

Place padding between the fourth and fifth fingers.



3

Apply the splint to the ulnar side of the hand, creating a gutter.

4

Wrap with bandage to secure the splint. Mold and position as prescribed by physician.

5 Optional Cut-Out

Immobilization across palmer crease. Use wider splint and apply cut-out area over non-affected fingers.

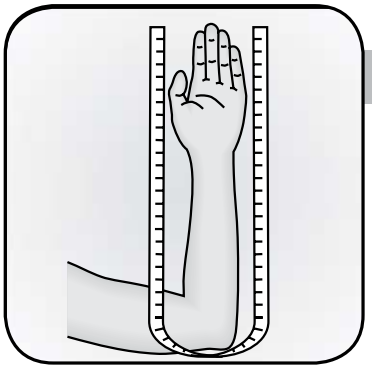
*Always position as prescribed by the physician.

Reverse Sugar Tong

POSSIBLE INDICATIONS
- Colles' Fracture
- Forearm Fracture

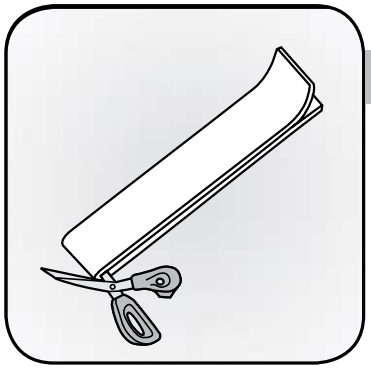
RECOMMENDED WIDTH
- 3" or 4" for most patients

POSITION OF FUNCTION
- Position the wrist at neutral and the elbow flexed at 90 degrees.*



1

Measure from behind the elbow coming up both sides of the arm to the tips of the fingers.



2

Fold the splint in half. Cut across the splint at the fold leaving approximately ½" attached. Pad the edges with tape. Prepare splint as directed.

3

Place the splint on the patient's arm by sliding the cut section over the fingers, with the attached section in the web space, between the thumb and forefinger.

4

Wrap with bandage to secure the splint. At the elbow, fold one side of the excess material behind the elbow and overlap with the other side. Lock in place with a series of Figure-8 wraps.

*Always position as prescribed by the physician.

Elbow Splint

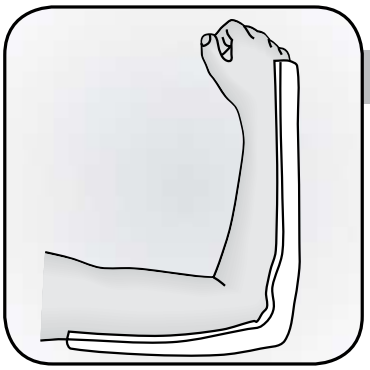
POSSIBLE INDICATIONS
- Supracondylar Fractures
- Elbow Sprains / Strains

RECOMMENDED WIDTH
- 4" or 5" for most patients

POSITION OF FUNCTION
- Position the wrist at neutral and the elbow at 90 degrees.*

1

Measure from 2"–3" from the axilla to the base of the fifth metacarpal. Prepare the splint as directed. Roll twice in a towel.



2

Apply the splint to the patient. Before wrapping the elbow, overlap the corners of the splint to make a dart. Take care not to push in and cause a pressure point.

3

Wrap with bandage to secure the splint. Wrap once in the web space to prevent splint from sliding down. Mold and position as prescribed by physician.

4

Tip: To hold the patient in position use the taping technique: attach one end at the base of the fifth metacarpal, continue in a Figure-8 up and around the top of the splint at the axilla. Twist the tape where it crosses. Apply an arm sling and adjust.

*Always position as prescribed by the physician.

Dorso-Lateral Elbow Splint

POSSIBLE INDICATIONS

Post-Traumatic:

- Radial Head Fractures (Physician may request that position be in supination)
- Non-Displaced Midshaft Humerus Fractures
- Elbow Strains and Sprains
- Occult Olecranon Fractures

Post-Operative:

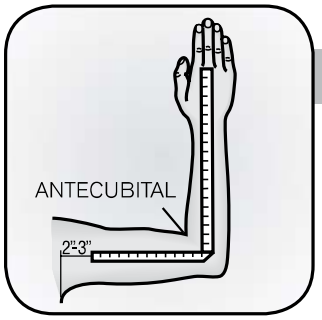
- Occult Olecranon Fractures
- Bicep Tendon Repair
- Ulnar Nerve Transposition

RECOMMENDED WIDTH

- 2" Child
- 3" Adult
- 4" XLarge Adult

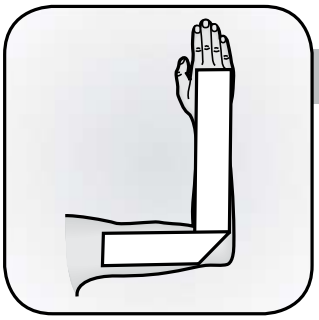
POSITION OF FUNCTION

- Position the wrist at neutral and the elbow at 90 degrees unless otherwise instructed.*



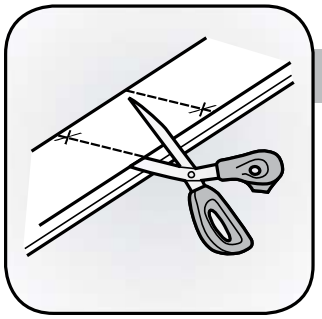
1

Measure from 2"–3" distal to the axillary region to the metacarpal heads dorsally. Cut off amount of product needed and stretch padding over exposed edges.



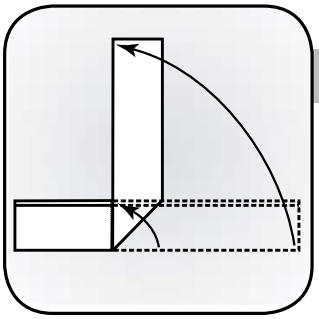
2

Place dry ORTHO-GLASS® slab on patient, positioned the same way (measured). Mark with a pen at the two edges where the splint overlaps. Fold the material at the elbow to achieve a 90° angle.



3

Cut and remove the top layer of padding between pen marks, creating a square of exposed substrate where the material was folded.



4

Wet along the length of the entire splint. Remove water in usual manner by squeezing in a towel twice, refold, creating a triangle of substrate on the elbow.

5

Activate splint as per standard preperation guidelines. Reposition ORTHO-GLASS® on extremity. Secure the splint entirely with anbandage, working distal to proximal.

6

Use figure of 8 taping method to hold the position of the splint. Tape can be removed and replaced by a sling for patient comfort.

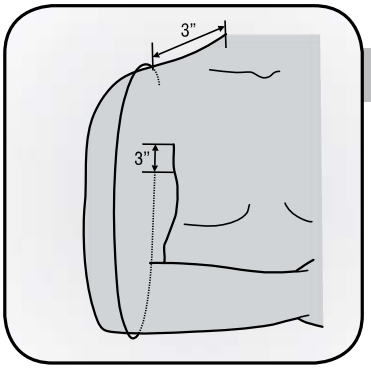
*Always position as prescribed by the physician.

Coaptation Splint
(Humeral)

POSSIBLE INDICATIONS
- Midshaft Humeral Fracture

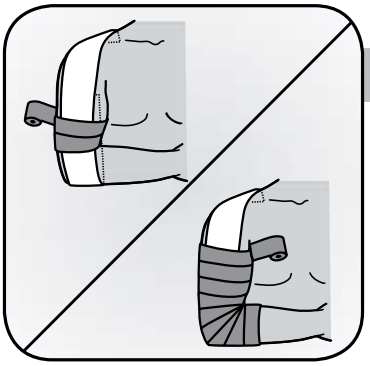
RECOMMENDED WIDTH
- 2" Pediatric
- 3" Adolescent / Adult

POSITION OF FUNCTION
- Position the wrist at neutral and the elbow at 90 degrees unless otherwise instructed.*



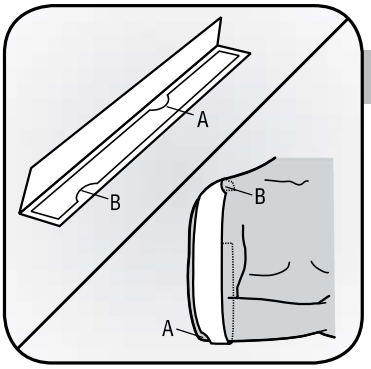
1

Measure from 2–3" under the axilla (armpit), up around the elbow and over the humerus so that the end of the splint covers the top of the shoulder but doesn't dig into the neck. Cut appropriate length. Prepare splint as directed.



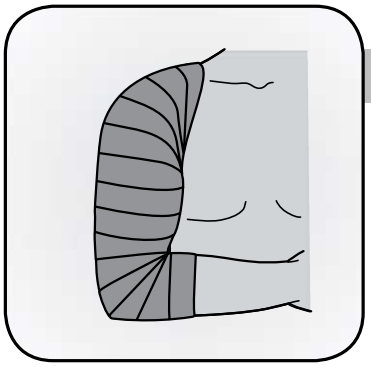
2

Apply splint to arm. Begin wrapping at bicep, capture the elbow and continue wrapping distal to proximal up the humerus.



3

If desired, padding may be opened and substrate trimmed for patient comfort.



4

Mold and position as prescribed by physician, maintaining a 90 degree angle of the elbow. To ensure a good fit over the shoulder, maintain arm close to body.

*Always position as prescribed by the physician.

Coaptation Splint using Actimove® Sling on a Roll (Humeral)

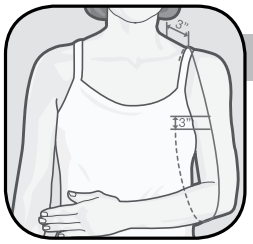
POSSIBLE INDICATIONS
- Midshaft Humeral Fracture
- Shoulder Immobilizer

RECOMMENDED WIDTH
- 2" Pediatric
- 3" Adolescent / Adult
- 4" Adult
- 5" Large Adult

POSITION OF FUNCTION
- Position the wrist at neutral and the elbow at 90 degrees unless otherwise instructed.*

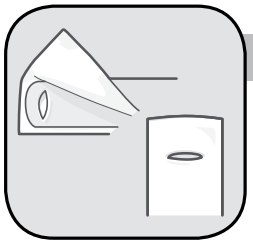
1

Measure for sling starting from the head of the humerus, looping around the neck & opposite shoulder. Cut sling allowing for enough length to secure at wrist. You will apply 2 hook Y-tabs later.



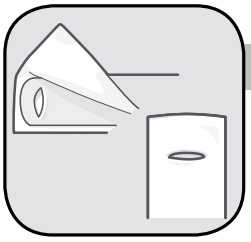
2

Measure, cut & trim proper length of ORTHO-GLASS® / ORTHO-GLASS® Comfort splint as directed in Education Training Manual – "Coaptional (Humeral) Splint".



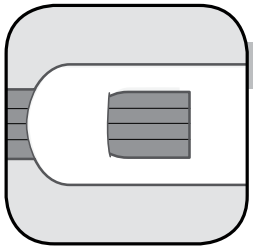
3

Open ORTHO-GLASS® / ORTHO-GLASS® Comfort padding at proximal end of splint (the end placed of the shoulder) and cut approximately a 2" long slit in the substrate about _" wide, leaving the edges of the substrate intact.



4

Close padding, cut slit in padding in the middle of the substrate cut and prepare ORTHO-GLASS® / ORTHO-GLASS® Comfort as directed.



5

Pull the Actimove sling through the proximal slit that has been cut in the ORTHO-GLASS® / ORTHO-GLASS® Comfort splint.

6

Attach Y-tab to sling end and loop to close.

7

Place splint with attached sling on top of shoulder making sure to pull far enough up the shoulder, but so that splint does not irritate the neck. Wrap splint as directed with bandage and mold.

8

Bring sling around opposite shoulder and position between body and wrist.

9

Attach second Y-tab to end of sling and loop around wrist to close. Adjust tab raising hand slightly if required to help reduce swelling.

*Always position as prescribed by the physician.

Knee Immobilizer

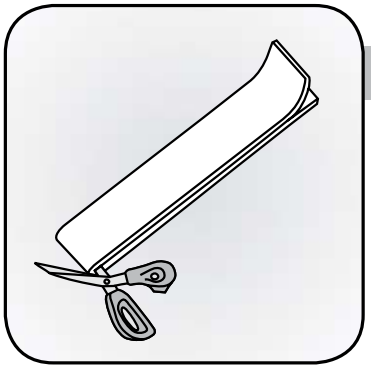
POSSIBLE INDICATIONS
- Knee Injuries and Sprains
- Post-op Knee Surgery

RECOMMENDED WIDTH
- 3" Pediatric
- 4" Child, Small Adult
- 5" Adult
- 6" Large Adult

POSITION OF FUNCTION
- The physician will want to splint the knee fully extended if possible, but for proper gait / crutch walking 15 degrees flexion at the knee may be necessary.*

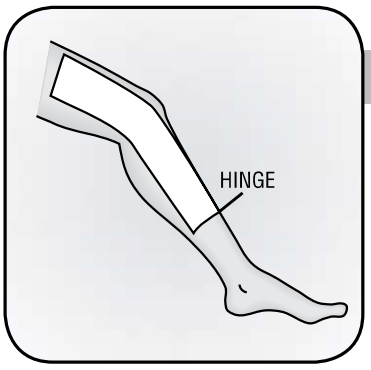
1

Measure 8–10" above and below the patella, then double it (approximately 32"). Size down for smaller patients.



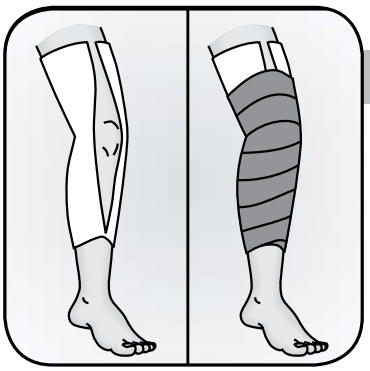
2

Fold the splint in half. Cut across the splint at the fold leaving approximately 1/2" attached. Stretch padding as directed over exposed edges. Activate splint as per standard preperation guidelines.



3

Place padded hinge on the anterior side of the calf and place the splint on the medial and lateral sides of the leg.



4

Wrap bandage from distal to proximal. Mold and position as prescribed by physician.

*Always position as prescribed by the physician.

Ankle Stirrup

POSSIBLE INDICATIONS

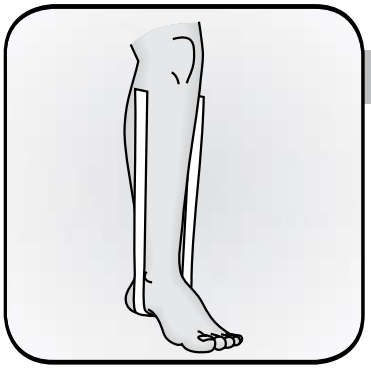
- Ankle Sprain / Strain
- Shin Splints
- Hair Line Fractures

RECOMMENDED WIDTH

- 2", 3" or 4" Width:
  - 2" Child
  - 3" Adult
  - 4" XLarge Adult

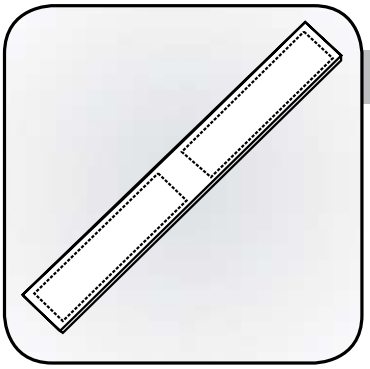
POSITION OF FUNCTION

- The foot should be flexed at a 90 degree angle, unless otherwise directed.*



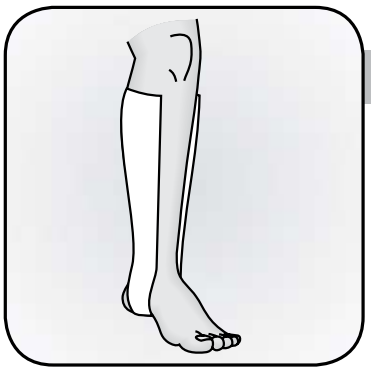
1

Measure from medial to lateral and under the heel of the foot. This measurement should begin and end approximately 2" below the patellar. Reduce the length for less severe sprains.



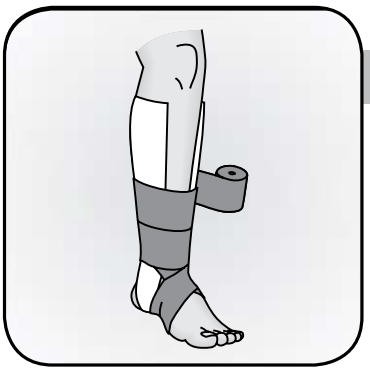
2

Fold in half. Open up padding at center crease and cut the substrate only. Close and stretch padding, creating a 2" gap for the heel to be placed.



3

Activate splint as per standard preperation guidelines and apply stirrup centering on medial and lateral side of leg. Anchor stirrup with bandage just above the ankle.



4

Wrap around the heel and across the talus bone in a figure 8 fashion several times and then proceed with bandage up the leg, working distal to proximal and over-lapping bandage halfway as you wrap the leg.

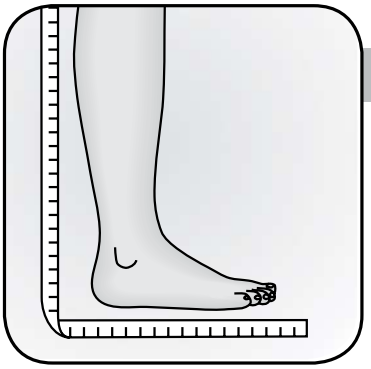
*Always position as prescribed by the physician.

Posterior Ankle
(Darted)

POSSIBLE INDICATIONS
- Distal Tib / Fib Fractures
- Ankle Sprains
- Achilles Tendon Tears
- Metatarsal Fractures

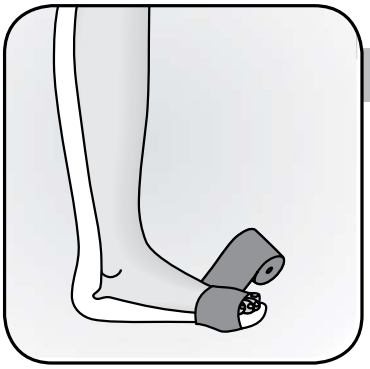
RECOMMENDED WIDTH
- 4" or 5" for most patients

POSITION OF FUNCTION
- Position with the ankle at 90 degrees (neutral), unless otherwise instructed.*



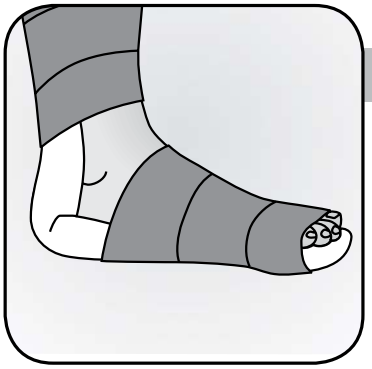
1

Measure from 2" below the popliteal to 2" beyond the toes. Prepare the splint as directed. Roll twice in a towel.



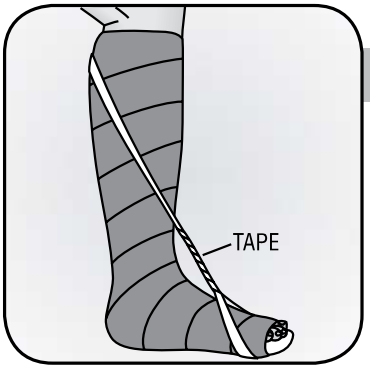
2

Fold the splint under 1" at the toes to make a reinforcing toe plate. Place the splint under the foot, extending slightly beyond the toes and wrap as follows: start at the toes, work up the foot, skip the ankle and wrap behind the achilles.



3

Below the malleolus, overlap corners of the splint. Take care not to push in and cause a pressure point.



4

Wrap the heel and continue wrapping the rest of the leg. Mold and position as prescribed by physician.
Tip:
To hold position, wrap splint with Figure-8 taping technique.

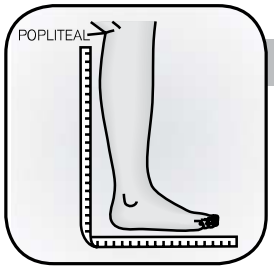
*Always position as prescribed by the physician.

Reinforced Posterior Leg Splint
(Folded)

POSSIBLE INDICATIONS
- Severe Ankle Sprain / Strain
- Metatarsal Fractures
- Hair Line Fractures
- Distal Tibia / Fibula Fractures
- Non Displaced Ankle Fracture

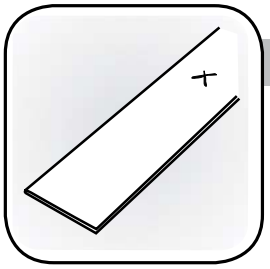
RECOMMENDED WIDTH
- 3" Pediatric
- 4" or 5" Adolescent / Small Adult
- 6" Large Adult

POSITION OF FUNCTION
- Position with the ankle at 90 degrees (neutral), unless otherwise instructed.*



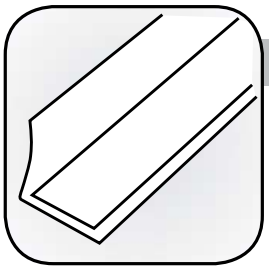
1

Measure from 2" below the popliteal to the end of toes or to 2" beyond the toes for optional toe plate. Cut material needed and remove from foil sleeve.



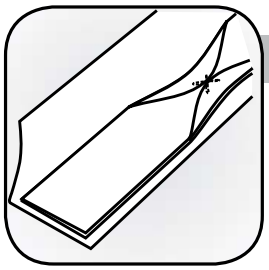
2

Measure from toe to heel base and mark where heel would rest on splint.



3

Open padding at taped edge the entire length, exposing the substrate.



4

Fold substrate material in at heel base to center seam to form a 6" crescent (approximately 3" above and below heel center mark).

5

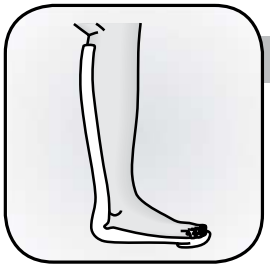
Apply water directly on substrate especially at crescent fold. This will allow for maximum lamination of substrate layers.

6

Smooth down crescent folds with gloved hands to laminate the layers of substrate.

7

Close padding and smooth splint one last time before applying.



8

Fold the splint under 1 inch at the toes to make a toe plate (optional). Place the splint under the foot, extending from the toes and smooth splint on before securing splint with bandage.

9

Mold and position as prescribed by physician.
Tip: To hold position, wrap splint with Figure-8 taping technique.

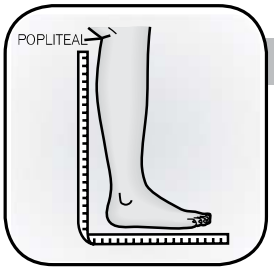
*Always position as prescribed by the physician.

Reinforced Posterior Leg Splint
(Butterfly)

POSSIBLE INDICATIONS
- Severe Ankle Sprain / Strain
- Metatarsal Fractures
- Hair Line Fractures
- Distal Tibia / Fibula Fractures
- Non Displaced Ankle Fracture

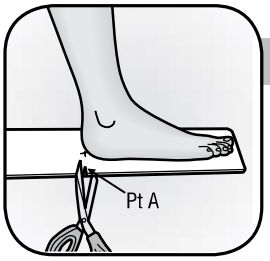
RECOMMENDED WIDTH
- 3" Pediatric
- 4" or 5" Adolescent / Small Adult
- 6" Large Adult

POSITION OF FUNCTION
- Position with the ankle at 90 degrees (neutral), unless otherwise instructed.*



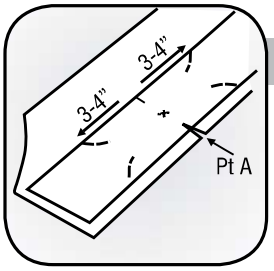
1

Measure from 2" below the popliteal to the end of toes or to 2" beyond the toes for optional toe plate. Cut material needed and remove from foil sleeve.



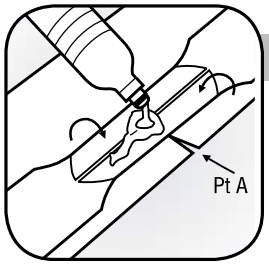
2

At base of heal (Pt A) snip padding to mark 90° angle.



3

Open padding and cut substrate from 3–4" either side of Pt A marked.



4

Wet substrate and fold the "butterfly" in towards center seam (x) at a curve. This creates a reinforced yet open area.

5

Close padding and apply to patient. Be sure to place reinforced side **away** from patient to avoid pressure points.

6

Wrap distal to proximal. Mold and position as prescribed by physician. Ensure that toes are not constricted.

Advantages of the Reinforced Splint:

1. Added strength when folded in half.
2. When wrapping, you no longer have to worry about bulky substrate material to fold around the heel due to it being eliminated by the crescent fold over.

*Always position as prescribed by the physician.

Cadillac

(Stirrup/Posterior Combo)

POSSIBLE INDICATIONS

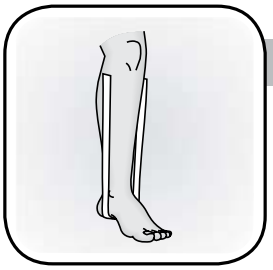
- Severe Ankle Sprain / Strain
- Metatarsal Fractures
- Hair Line Fractures
- Distal Tibia / Fibula Fractures
- Non Displaced Ankle Fracture

RECOMMENDED WIDTH

- Stirrup 2", 3" or 4"
  - 2" Pediatric
  - 3" Adult
  - 4" XLarge Adult
- Posterior 3", 4", 5" or 6"
  - 3" Pediatric
  - 4 or 5" Adolescent/ Small Adult
  - 6" Large Adult

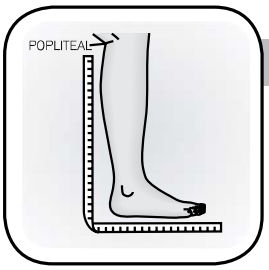
POSITION OF FUNCTION

- Position with the ankle at 90 degrees (neutral), unless otherwise instructed.*



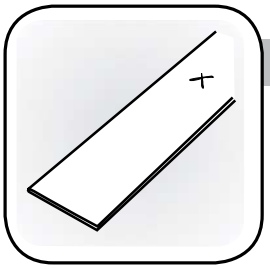
1

Stirrup
Measure from medial to lateral and under the heel of the foot. This measurement should begin and end approximately 2" below the patellar.



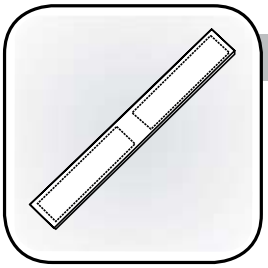
2

Posterior
Measure from 2" below the popliteal to the end of the toes or to 2" beyond the toes for optional toe plate. Cut material needed and remove from foil sleeve.



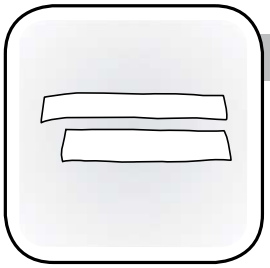
3

Posterior
Measure from toe to heel base and mark where heel would rest on splint.



4

Fold in half. Open up padding at center crease and cut the substrate only. Close and stretch padding, creating a 2" gap for the heel to be placed.

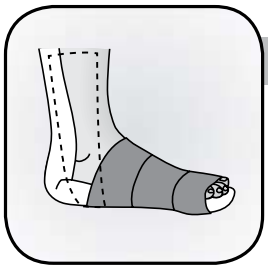


5

You should have two separate splints. No extra cuts needed for posterior splint.

6

Wet both splints and dry in towel. Position both splints under the foot.



7

Wrap with bandage to secure splint. Start at the toes and proceed up the leg wrapping distal to proximal covering both splints. Below the malleolus, overlap corners of the splint. Take care not to push in and cause a pressure point.

8

Wrap bandage in figure of 8 around ankle and continue with 50% overlap to proximal end of splint.

9

Mold and position as prescribed by physician. **Tip:** To hold position, wrap splint with Figure-8 taping technique.

*Always position as prescribed by the physician.

BSN medical Inc. 5825 Carnegie Blvd. Charlotte, NC 28209-4633
Tel. (+1) 704 554 9933 Fax (+1) 704 358 4558 www.bsnmedical.com
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