

INFORMATION ON SPLINTS:



WHAT IS...

A Splint?

Splints (also referred to as orthotics) are used to support, control, and help heal the injured area of the body. Splints come in all shapes and forms and can be used on areas such as fingers, hands, elbows and shoulders. Splints can be custom made, which means a therapist can make a special splint molded to fit only you. If the splint is not custom made, it will be prefabricated, which means it is a splint designed in mass production by companies made for the general public. It is important that your therapist fully explains his/her evaluation of the particular situation and

involves you, the patient, in the design and selection of the splint. The splint should meet a functional requirement so you should be able to use your hand when the splint is on you, as long as this is allowed by your medical doctor and is appropriate for your diagnosis. But also the splint should be fashionably acceptable to you so you will not feel self-conscious when wearing it.

Wearing Schedule and Precautions

The therapist will provide a specific wearing schedule for you. Most likely the schedule will either be short time periods initially to be sure that no pressure areas exist or it will be on all the time, just like a cast (this most often occurs following some surgical procedures). Pressure areas are points on which the splint may cause reddening or skin breakdown especially over bony prominences. If redness does not go away after the splint is off (if allowed) for 10-15 minutes then notify your therapist. Changes may be needed to the splint. Once the splint has a good fit (which is determined between you and your therapist) then follow the

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prescribed wearing schedule by your therapist. The number of weeks/months this splint needs to be worn is determined by your specific injury.

Straps should be comfortable and secure so that the splint retains correct position. If it is not tight enough then the splint may have a tendency to slip downward and cause pressure areas. Be aware of possible swelling if the splint or straps are too tight. If this occurs then loosen the straps and elevate the arm above the heart. If the swelling does not decrease, then contact your therapist.


Long periods of wearing the splint can cause stiffness and immobility. Most splints should be taken off at intervals and be part of a maintenance exercise program. Your therapist may recommend that you continue to use the hand with the splint on (unless otherwise indicated by your medical doctor or therapist). Consult your therapist for specific exercises that can be performed.

General Facts on Skin and Splint Maintenance

- **WASHING:** The upper extremity and splint should be washed and dried thoroughly on a daily basis. Splints can be washed with soap and water or rubbing alcohol rinsed with water.
- **ITCHING:** If itching occurs then some hand cream can be put on to decrease the irritation.

Disclaimer: These education topics should not be construed as including all proper methods of care or excluding other acceptable methods of care reasonably directed to obtaining the same results. The final judgment regarding any specific procedure or treatment must be made by the hand therapist in light of all circumstances presented by the patient and the resources available.

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- **SWEATING:** To absorb sweating or perspiration, a thin sock can be worn under the splint or a small amount of baby powder can be sprinkled on the inside of the splint if no open wounds exist.
 - **PUTTING THE SPLINT BACK ON:** Make sure the splint is all the way back on and in the correct position as described by your therapist to avoid pressure areas.
 - **HEAT SOURCES:** Avoid any type of extreme heat source since the splint may lose its shape. Do not leave near a heater or stove, in a hot car or in the direct sun. Do not put in the dryer or use a hair dryer to dry it off.

Please consult your therapist if you have any additional questions regarding your splint.