Treatment2Go

Exploring Hand TherapyManual

Orthotics: Static Splinting Made Simple









Exploring Hand Therapy, Corporation d/b/a Treatment2Go

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ORTHOTICS FOR IMMOBILIZATION



Materials: Orfit® Classic (1/8"/3.2mm) or Orfit® NS (1/8"/3.2mm)



Materials: Orfit® EASE (1/8"/ 3.2mm)



Materials: Orfit® EASE or Orfit® Classic (1/8"/3.2mm)



Materials: Orfit® Classic (1/8"/ 3.2mm)



Materials: Orfit® Classic Stiff, Orfit® NS Stiff, Orfit Natural NS or Orfibrace™ (1/8"/3.2mm)



Materials: Soft-Fit® or Orfilight® (1/8"/ 3.2mm)



Materials: Orfit® Classic, Orfit® NS, Orfit® Colors NS or NS (1/8"/ 3.2mm)



Materials: Orfit® Colors NS (1/12"/ 2.0mm)



Materials: Orfilight® (1/12"/ 2.0mm or 1/16"/ 1.6mm)



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Debby Schwartz, OTD,OTR/L, CHT is a hand therapist with decades of experience as a practicing clinician. She has joined Orfit Industries America to promote product awareness and splinting education. Debby is an active member of ASHT and has participated in IFSHT meetings as well. She has presented on a variety of hand therapy topics both at national and international conferences and has written a number of articles for hand therapy publications, including the British

Journal of Hand Therapy, ADVANCE for OT and Exploring Hand Therapy Newsletter as well as two research studies for the Journal of Hand Therapy. Debby recently completed her doctoral studies in Occupational Therapy at Rocky Mountain University of Health Professions. Debby travels regularly to conduct splinting workshops and teaches splinting to Occupational Therapy students in university programs. Please contact Debby at debby.schwartz@orfit.com to set up a custom designed splinting workshop for your facility.

Immobilization Splinting (static)

This is a mixed level (beginner to intermediate level) splinting workshop featuring immobilization splints (static) for the upper extremity. The instructional format includes a didactic lecture to include PowerPoint® presentation on the principles of immobilization, up close and personal splint examples, followed by detailed splint demonstrations, splint critique and allotted follow along lab time for participants to fabricate splints. Participants manual will include splint patterns, photos, FAQ, and occupation based principles relating to immobilization splinting. Participants will be introduced to the knowledge requirements of splint fabrication, including upper extremity anatomy, stages of wound healing, and the characteristics of a variety of different splinting materials. Participants will gain knowledge in making clinical decisions regarding the use of appropriate materials for immobilization splints with their clients and how splinting is used in the occupation based approach. Participants will have the opportunity to watch and fabricate immobilization splints for the elbow, wrist, forearm, thumb, and fingers.

Learning Objectives:

- Identify the indications, precautions and contraindications for the use of immobilization splinting with your clients.
- Recognize the mechanical principles involved in fabrication of low temperature thermoplastic immobilization splints for the upper extremity.
- Identify the properties and characteristics of different splinting materials.
- Identify the anatomical knowledge base required to fabricate immobilization splints.
- Delineate the necessary steps required to fabricate and fit immobilization splints to the upper extremity.
- Identify and critique a variety of splinting materials for different purposes.
- Gain knowledge of tips and tricks for the fabrication of mobilization splinting.







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Introduction to Immobilization Splinting

As therapists treating clients with disabilities and disorders of the upper extremity, we recognize our role in helping our clients engage and participate in life's happenings. As we evaluate their needs, desires and deficits, we are aware of the contexts in which they actively live, work and engage in meaningful activities. Occupation based splinting is a treatment approach that helps our clients return to or initiate engagement in these activities. We include immobilization splinting as a treatment to help support and protect injured upper extremities after surgery or trauma, and we also use splinting to balance and position the hand and wrist for enhanced function due to nerve injury. While considering the client as our partner in planning and goal making, we add immobilization splinting to the treatment choices, knowing that we can help our client succeed and reach their desired goals. Proper splint selection for individual clients and successful splint fabrication are skills that we continuously develop throughout our careers. Initially, we learn the basics of splint fabrication along with the selection of the proper lowtemperature thermoplastic materials, and pattern making. We learn new splinting skills at a course or from a colleague. Along the way we see or read about new ideas and master tips and tricks for making successful splints. Every time a client leaves the clinic with a splint that we have fabricated, we have hopefully made a difference in their day to day function. The splints that you fabricate are your calling cards. Take care in their fabrication and take pride in what they can do for your clients!

Debby Schwartz, OTD, OTR/L, CHT

Indications for Immobilization Splinting

As therapists, we determine whether immobilization splinting will help to increase our client's active participation in activities of daily living. Indications include the following:

- 1. Protect healing structures.
- 2. Position the hand for function.
- 3. Reduce spasticity.
- 4. Alleviate pain.
- 5. Preserve joint alignment.
- 6. Aid with active range of motion exercises.

Typically, therapists need to have a referral from a physician to fabricate a splint for a client. The referral directs insurance carriers to pay for the splint (if it is a covered medical expense).

We need the following information from the referring physician:

- 1. Medical diagnosis
- 2. Medical or surgical procedures performed.
- 3. The dates of the injury and of the surgery.
- 4. Precautions
- 5. Timetable for splint wear
- 6. Protocol to follow (if required).
- 7. Splint Specifications

Contraindications for Immobilization Splinting

- 1. Any concerns regarding the status of the client,
- 2. Any concerns regarding the status of the extremity.
- 3. Unclear diagnosis or incorrect diagnosis.
- 4. Questions regarding the splint specifications.
- 5. Lack of clinical skills to fabricate requested splint.

Always use your clinical reasoning skills to determine the appropriateness of the requested splint to the actual client sitting in front of you.

Glossary of Material Characteristic Terms

Choosing the correct low temperature thermoplastic (LTTP) material is easy when we understand what makes each material unique.

Here is a glossary of terms used when describing LTTP's:

- 1. **Rigidity** refers to the strength of the material. High rigidity is necessary for large splints, specific diagnoses such as spasticity, and splints projecting large forces.
- 2. Memory is the ability of the material to return to its original size and shape after being stretched. This is an important concept when frequent remolding of the splint will be necessary, as in serial splinting to increase extension or flexion over time. Memory makes the material more cost efficient. When working with materials possessing excellent memory, remember to let the splint harden sufficiently before removing or it will lose its shape rapidly. Also LTTPs with excellent memory tend to take longer to harden, so be patient!
- **3. Bonding** is the ability of the material to stick to itself or to other materials. Coated materials do not bond without having the coating removed. Non Coated materials have very good bonding to themselves and other attachments.
- 4. Conformability or drapability refers to the way the material conforms to the shape of the hand. Materials with high drapability work best with gentle handling as they conform easily to the arches or bony prominences. Let gravity assist you. Materials with low drapability require firm handling and are recommended for larger splints where this moldability is less important.

- 5. Surface impressionability describes what the surface looks like when it has hardened.

 Do fingerprints show easily? Is the surface smooth or bumpy? Is there a glossy surface or matte surface?
- 6. Elasticity or Resistance to stretch refers to the amount of resistance the material gives to being stretched when heated. High resistance means you must work slowly and steadily to stretch the material. Low resistance to stretch means you need to work more quickly and carefully control the material as it stretches.
- 7. Activation temperature is the temperature at which the splinting material becomes pliable for molding. If the water is too cool, the material will not become pliable.

 If it is too hot, the material will get over heated and sticky and become difficult to work with. The ideal temperature for most LTTPs is between 140°-160°F. Please read the manufacturer's directions for each individual LTTP.
- **8. Coating** is applied to certain LTTPs to make them easier to work with and less likely to adhere together where no adherence is desired. (See Bonding above) Coated materials and non coated materials each have advantages and disadvantages. The coating can be removed when desired. (See also helpful hints below)
- 9. Perforations in the splinting material allow for ventilation of the skin and make the material lighter in weight. Today we have choices ranging from percentages of perforations to various names of perforation patterns. Catalogs usually feature pictures which demonstrated the different perforation patterns. Always check to make sure the perforation style is suitable for the splint you are making.

10. Thickness of a LTTP must be taken into consideration as well. Thinner materials such as 1/16" and 1/12" are better for smaller splints while larger splints may need thicker materials such as 1/8" or 3/32".

Thinner LTTPs soften and harden more quickly than thicker materials meaning they have a shorter working time. Sometimes you can use a thinner material for a larger splint if you make the splint circumferential as this type of splint includes stability in the splint design.

- 11. Working time describes the amount of time from when the material is fully heated to when it is cooled off. Novice splint makers may want to choose materials that have a longer working time while advanced splinters can usually work quickly and accurately with LTTPs that cool and harden quickly.
- **12. Pre cuts** splints are ready to be heated and molded to your patient's extremity. They are splint designs cut out of specific LTTPs and ordered by size (and / or Right and Left hand). Make sure you measure your patient correctly for each design.
- 13. Prefabricated and /or preformed splints have already been molded into a specific shape. These must be carefully fit to your patient's extremity and some adjustments may be necessary. The advantage in these is that the fabrication is complete and you may save time and effort. However, you may not get as good a fit as when you custom make your own splints on your patients.

Orthotics: Static Splinting Made EASY Static Splints for the Upper Extremity

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Chapter introduction

Welcome to Exploring Hand Therapy's new video on static splinting.

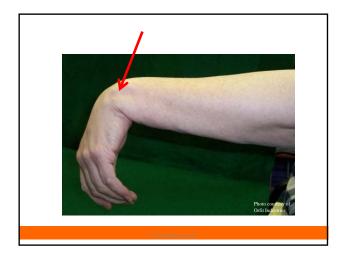
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Visit the Orfit website at www.orfit.com for information on all of our splinting materials. We have a features and benefits page For each material.	
The learning objectives for the course are as follows:	
1. Identify the indications, precautions and contraindications for immobilization splinting of the upper extremity.	

2. Recognize the mechanical principles involved in fabrication of low temperature thermoplastic immobilization splints for the upper extremity.	
3. Determine the anatomical knowledge base required to fabricate low temperature thermoplastic immobilization splints for the upper extremity.	
4. Identify the properties and characteristics of different splinting materials.	

5. Delineate the necessary steps required to fabricate and fit immobilization splints to the upper extremity.	
6. Identify and critique a variety of splinting materials for different purposes.	
Why do we need splints?	

First we should ask, What is a splint?	
A splint is a support or brace that exerts a force on a body segment. Immobilization splints have a constant force while in Mobilization splints the force may vary	
Pieto carriery of Orit Industries	



These are patients with injuries To their nerves.
We use splints help to offset the imbalance of muscles due to nerve injury.



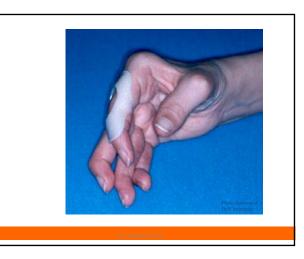






This is a patient with advanced Rheumatoid Arthritis, which Has already caused destruction of the PIP joint and led to joint subluxation.





This simple dorsal design makes it easier for this patient to flex the finger and prevents the PIP joint subluxation..







limited thumb abduction after median nerve laceration,

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This thumb opponens splint is helping to place an injured body part in a position for function.



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Lets review some Of the common names of the splints we make everyday.	
the Resting Hand splint. The resting hand splint fits around the forearm, wrist fingers and thumb.	
the Resting Hand splint would be indicated for burns, trauma, or anyone who needs total support of their wrist hand and fingers.	

****The typical Wrist- Finger
Positioning
For a Resting Hand Splint
is seen here is the next two slides

Wrist =0-20° extension
MPs =30-45° flexion
PIPs =20-40° flexion
DIPs =slight flexion
Thumb = slight abduction,



Wrist Cock up splint. I will be demonstrating the fabrication of this splint and other splints for the wrist in Chapter 9	
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Thumb Spica or long opponens splint. As you can see, this splint design includes the wrist and the thumb. I will demonstrate this splint in Chapter 10.	
A long opponent colint always	
A long opponens splint always includes the thumb in a functional position and the wrist in slight extension and a short opponens splint means the wrist is not included.	

A long opponens splint is indicated for patients with thumb and wrist injuries such as arthritis, tendinitis, fractures or anyone who needs the thumb and wrist supported.	
The Short Opponens splint is indicated for thumb arthritis, injuries of the thumb ligaments or anyone with thumb pain.	
Dorsal Blocking Splint.	

The dorsal blocking splint is used for after surgical repair of the flexor tendons and nerves of the upper extremity and prevents wrist and finger extension.	
	1
Goals of Immobilization Splints	
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Goals of immobilization or static splinting. These include the following:	
1. Provide symptomatic relief from painful joints or muscles	
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2. Protect and position the upper extremity for optimal healing of structures.	
3. Maximize our client's independent performance of activities of daily living.	
4. Improve and /or preserve joint alignment either before or after surgical intervention.	

5. Reduce spasticity for either improved function or hygiene.	
6. And we can also use splints to block and/ or transfer muscle force for exercises.	
For example, we might fabricate a blocking splint for the MCP joints, in order to transmit the force of flexion to the stiff PIP and DIP joints.	



Splint Designs for Specific Purposes

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Notice
the
growth
plates
At each
joint

Photo courtey of
Orfit Industries

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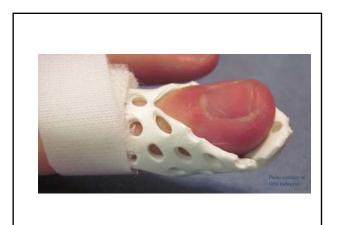
Volar Splint

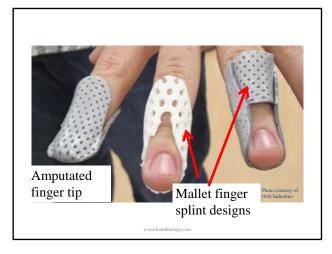


Finger Tip Splints to protect Finger tip injuries, DIP joint arthritis, And Mallet injuries.











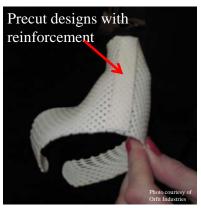
Thumb Splints are often called short opponens splints

These are commonly made for thumb sprains, basal joint arthritis, CMC or MP joint laxity, and ligament injuries.

Functional splint design



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Position of Function



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Thumb Wrist Splints Thumb wrist splints are also called thumb spica or long opponens splints. These include the wrist and thumb.	
This splint supports the wrist in slight extension and the thumb in an abducted and flexed posture.	
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It is indicated for wrist and thumb tendinitis, sprains, arthritis, and fractures especially fractures of the scaphoid bone.	
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Wrist Splints are commonly referred to as wrist cock up splints.

These wrist splints can be positioned dorsally, or volarly or even circumferential in design.

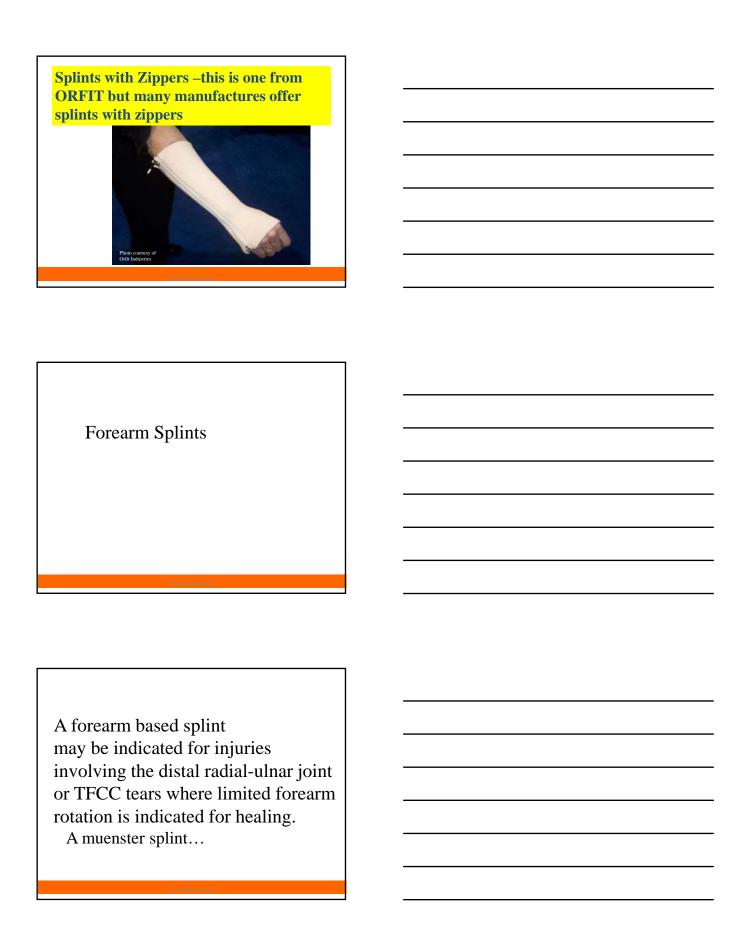
***Let's take a look at these slides...



When splinting children, try to keep In mind a Child friendly design-Use bright colors of materials and straps

***as seen here.







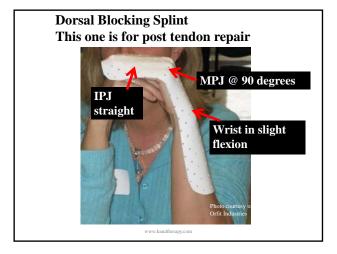


An elbow splint, or a long arm splint which also includes the wrist joint, might be indicated following surgical procedures of the elbow, the ulnar nerve or medial or lateral epicondylectomies.



Protocol Specific Splints

There are protocol specific splints. For example, a dorsal blocking splint is indicated following flexor tendon laceration and repair



Another protocol calls for a hinged splint for flexor tendon post operative rehabilitation







Exercise Splints

We make to help our clients more effectively exercise specific joints.

Specific splint designs can stabilize proximal joints allowing Motion to occur at more distal joint.	
For example, a Blocking Splint that immobilizes the thumb at the MP joint will encourage increased IP Flexion.	
And a Blocking splint immobilizing the MCP joints in hyperextension can be used to elicit increase PIP and DIP flexion of the fingers.	





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What are the indications for splinting?

- •splints help to protect healing structures,
- •position the hand for function,
- •reduce spasticity,
- •alleviate pain,
- •preserve joint alignment
- •help with exercises.

Are there any precautions regarding the specific procedure or the specific client? And information regarding the Splint specifications-what is the recommended wearing schedule and what is the anticipated duration of splint wear. If you do not receive this information from the referring physician, you should call to request it!

What are the contraindications to providing splints?

Of course if you have any concerns regarding the **status** of client, or concerns regarding the status of his or her extremity, you should not fabricate the splint. You should definitely make contact with the referring physician and voice your concerns.

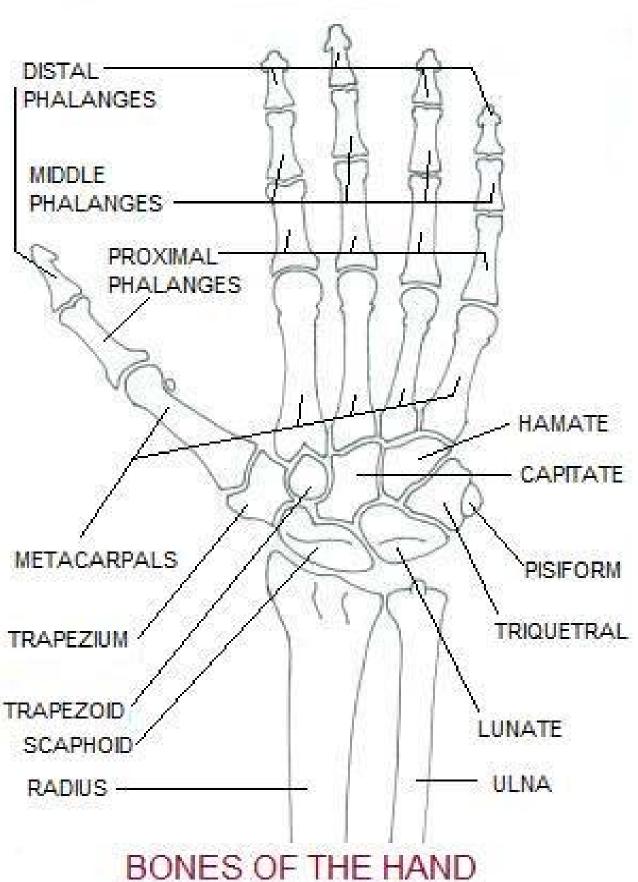
If there is an unclear diagnosis, or you have questions regarding the splint specifications, you should also get in touch with the physician's office to clarify.

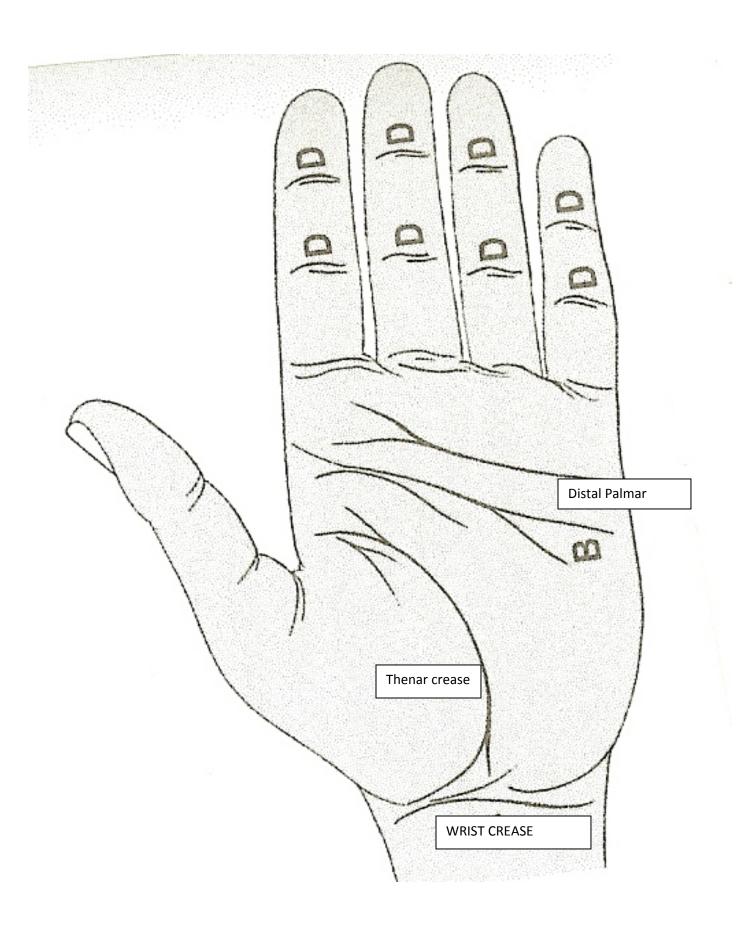
Always use clinical reasoning skills to determine the appropriateness of the specific requested splint to the client sitting in front of you.	
Chapter What basic information do you need to know in order to make splints?	
You need the answers to these basic questions: •What is the medical diagnosis?	

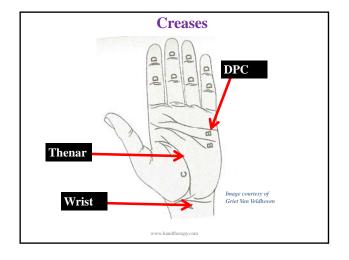
 •What segment needs to be splinted? •What is the purpose of the splint? •Should it immobilize or mobilize? 	
Who is your client?	
You need to know if the client is Able to understand what you are doing and saying regarding the splint you are making.	

What parts of the anatomy do you need to consider when you fabricating a splint for your client?	
You really do need to consider all of the anatomy!	
Creases •Wrist creases, •Palmar creases •Thenar creases	

Image courtesy of Joint-pain-experts.com

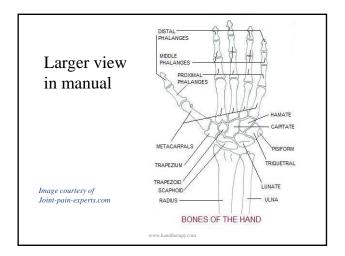


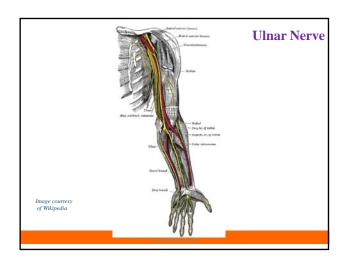


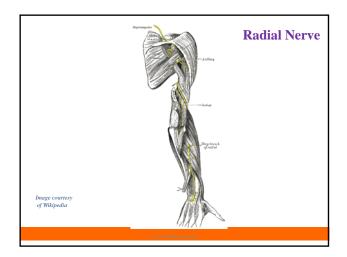


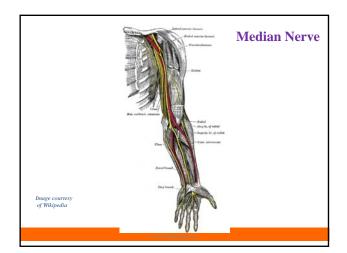
The distal palmar crease is critical when fabricating wrist splints.

Bony Prominences And the bony prominences should be protected inside the splint. The Radial and ulnar styloids and the Dorsal MP joints Pisiform









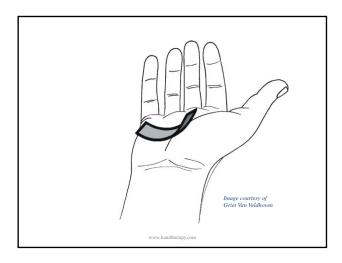
Make sure to be pay attention to the following commonly compressed pathways of the nerves:

•Radial nerve at radial groove of
humerus

- •Ulnar nerve at cubital tunnel
- •Superficial branch of Radial nerve
 - •Median nerve at the wrist
 - •Digital nerves

Proximal Transverse Arch

Very rigid

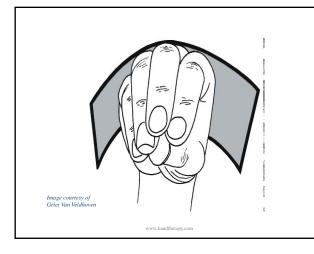


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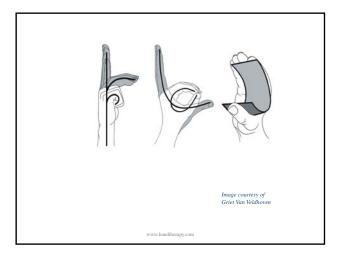
Distal Transverse Arch

This is a very mobile part of the hand as the MCP heads flex around objects.

It is an important landmark for splinting the dorsum of the hand.

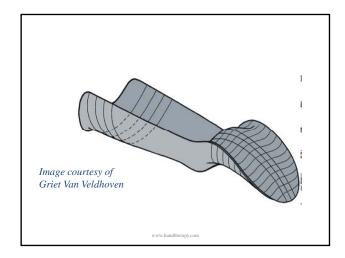


The Longitudinal Arc runs from the tip of our middle finger through to the tip of the thumbit allows us to grasp and release; shorter on ulnar side.



Our finished splint design should take into consideration all of these hand arches

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What are the additional Anatomical Considerations involved in splinting?

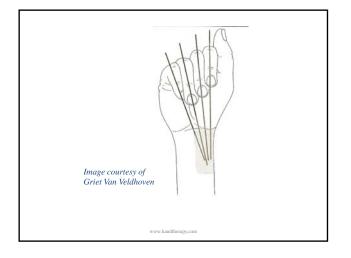
Our splints should always:

- 1. Provide maximum contour to the extremity.
- 2. Provide support for the arches
- 3. Protect areas of risk- bony prominences.
- 4. Provide adequate strapping.

Which bony prominences are at risk?

- •Olecranon
- •Medial and Lateral Epicondyles
- •Radial and Ulnar Styloid processes
- •Base of first metacarpal
- •Dorsal MP and PIP joints
- •Pisiform

The Circulatory System There can be Circulation Issues if the splint is not fitting appropriately Make sure your patient is educated on what to look for: •Color changes •Temperature changes •Tingling •Throbbing Proper alignment of the fingers The splint should allow active flexion of the digits in the normal anatomical alignment towards the scaphoid bone.



Stages of Tissue Healing

The first stage is the inflammatory stage.

It begins with trauma or surgery and typically lasts less than a week. There is an influx of white blood cells into the injured extremity and pain and edema are evident.	
Immobilization of the body part is key We fabricate splints to protect, support and position.	
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The second phase is the Fibroplasia or Proliferative phase	
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This phase can last anywhere from 4-5 days to 2-6 weeks. It often is influenced by the patient's general health. Clients with Congestive heart failure or diabetes might take longer to heal. During this phase collagen synthesis begins. And as the collagen fibers increases in volume and strength We usually begin mobilization of the affected joints. We typically provide splints that help apply stress to influence this scar maturation But we must carefully monitor the amounts of stress from the splints

During tissue healing-Need for *balance:*

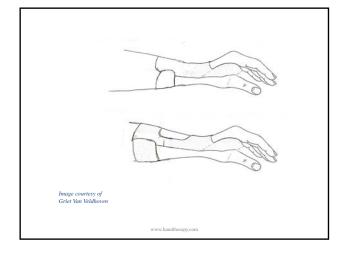
Rest and Protection of wound *versus*Joint Motion.
in order to prevent potential serious loss of range of motion

The final phase of healing is known as the maturation or remodeling phase.

There is a continuous reorganization of collagen fibers and there is a noted increase of the tensile strength of the maturing scar tissue. We observe that this scar tissue responds to low loads of stress over prolonged periods of time.

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There is an increased tolerance at this stage for serial static and static progressive splinting. But we must take great care to avoid overly aggressive use of mobilizing forces.	
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<i>Chapter</i> Mechanical Principles of splinting	
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All splints should: Allow maximum function Have a simple design Fit very well Be easy to put on and take off.	



You must always be aware!

Be aware of forces on the client's extremity caused by the splint itself and correct them!

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There are Friction forces which come from rubbing along the splint edges.

There are Shearing forces which occur when the supported limb slides inside the splint.

And there are Compressive forces when opposing forces, such as the strap and the rigid splint are pushed towards each other.	
You can minimize these forces by creating maximal contouring of your splint and using appropriate strapping!!	
Strapping Suggestions	

 Your straps are what keep the splint properly in place. Always align your straps to match the anatomy. 	
 Wider straps help with more even distribution of pressure. Can use foam under Velcro loop for comfort. 	
•Watch for edema between straps-	

Apply forearm strap at angle to conform to musculature.

Now we will discuss some specific cases Where Immobilization Splinting was incorporated into treatment

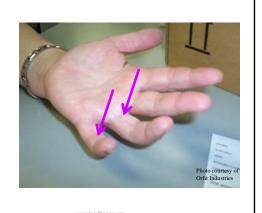


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PIP joint flexion contractures and the circumferential splint for PIP extension.

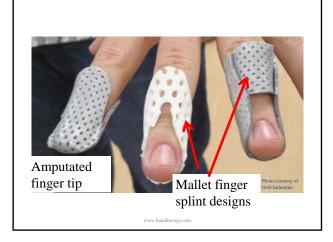








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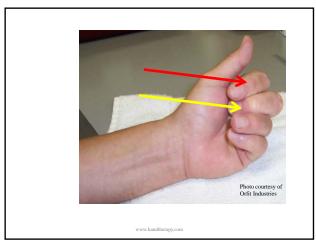


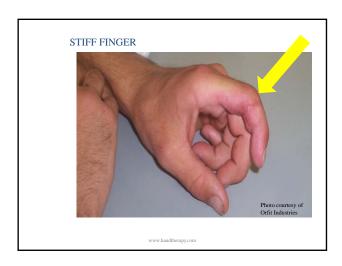
This radiograph is of a Fifth Metacarpal- Carpal Fracture/ dislocation s/p ORIF and the patient received a volar wrist cock-up splint which actually blocked MCP flexion due to the location of his injury.















biceps tendon rupture and repair

the patient usually gets an elbow splint or a long arm splint.

Biceps tendon rupture/repair





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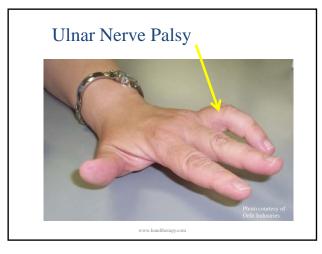




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Functional splint to	
18111111111111	No.
ANTINITY OF THE	Photo courtesy of



Chapter

What type of Splinting Equipment Do you need in your clinic in order to make splints??

www.handtherapy.com

Splint Pan



www.handtherapy.com

Sewing Machine



Heat Gun

Splinting Tools

- Awl or wax pencil
- Scissors curved and straight
- Utility knife
- Pliers
- Hole punch



Splinting Supplies

- Velcro hook / loop
- Padding



SAFETY

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Be careful handling hot materials! •Check temperature of •splinting material before application on patient!	
Take care of your equipment! Turn off the heat gun. Close the splint pan. Put sharp tools away and clean up!!!	
ERGONOMICS	
www.handdisrappy.com	

Use proper body mechanics to protect yourself and your clients! Position the client for your easy access to their extremity. You might be next to them or behind them. Protect yourself from back strain Consider the table height and where the client is seated. Table corners are best for easy access to the extremity. Whenever possible, let gravity assist you in splint fabrication! Place your patient's extremity in a gravity assisted position:

Typically, the forearm is supinated for volar splinting or in gravity assisted position for elbow splinting.	
www.hishinistpp.com	
Always use appropriate tools!	
Good Quality Scissors	
Utility knife	
Hole-punch	
Hammer	
я у в ликолись прудален	
	_
Chapter	
Chapter Steps to Splint Fabrication.	

Patterns



Draw the pattern on a paper towel Or directly on splinting material

Cut out carefully and try not to leave marks!



1 11

Cut off a piece of material big enough for the pattern.

Never cut the material cold, especially the thicker 1/8" materials.

- •Slightly heat up the material prior to cutting out the pattern.
- •Do not let the material get too warm or too activated as this will also make it difficult to cut.





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Trace pattern using awl or wax pencil or place paper towel directly on slightly heated splinting material.







Mold to patient's hand using gravity to assist or ace wrap into place. Handle gently.







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Splint wear, care, and precautions	
www.handibrings.com	
You are making the splint so that your client will wear it. Hopefully, they will be compliant!!!	
www.handdonogo.com	
It is thought that clients will be more compliant if they understand the purpose of splint	
And how it will help them.	
www.handsbroops.com	

Also, compliance may be increased if the splint is comfortable, easy to put on and take off and aesthetically pleasing to the client.

Chapter

Low Temperature Thermoplastics.

- Easy to cut
- Can easily remold
- Contour to hand anatomy
- Can be molded directly on our patients
- And they are Durable!

	1
TERMS	
www.handsheripy.com	
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•Dranahility or Conformability	
Drapability or Conformability which refers to how easy the	
material conforms to the arches	
and bony prominences of the	
hand.	
www.handiferapy.com	
High drapability means light	
handling.	
Let gravity assist you in the splint making.	
spilit making.	
www.haidtherapy.com	

Low drapability means the material requires firm handling. This is usually recommended for larger splints.	
	1
•Dorsal splints need good draping qualities.	
www.handbropy.com	
memory	
www.hundiberapp.com	-

This is different from material being thermoplastic which means that it can be reheated and will once again become flat and remoldable. All splinting material is thermoplastic.	
Memory is a critical feature when it is Likely that frequent reshaping will be necessary. This property actually makes the material cost efficient.	
When making a splint from a material with memory, be sure to let the material completely harden before removing from the hand Or your splint will lose its shape.	

Splinting material is either Coated or Uncoated. There are advantages and disadvantages with both.

The advantages to a non coated material is that it is easier to get attachments and straps to stay attached.	
•If coated, the coating can be scratched off. •Uncoated material readily bonds to itself.	
The coating is very useful for temporary bonds when the material is warm. When it cools, these bonds can be popped apart.	

You can always use lotion or soap on the material to prevent accidental adherence.	
The trick with the non coated or sticky materials is to use a bit of dish soap in the water to prevent accidental adherence.	
www.handibetapy.com	
talcum powder tip	
www.hinaltherapy.com	

Resistance to Stretch	
Is a term that refers to the amount	
of resistance the material gives to being stretched when heated.	
gives to being stretened when heated.	
www.lunditherapy.com	
High resistance means working slowly and steadily to stretch material.	
and steadily to stretch material.	
Low resistance means working more quickly and controlling	
the material carefully as it stretches.	
www.houlthenexcom	
]
Another characteristic is the Surface	
Impressionability and this refers to what the surfaces looks like when	
hardened.	

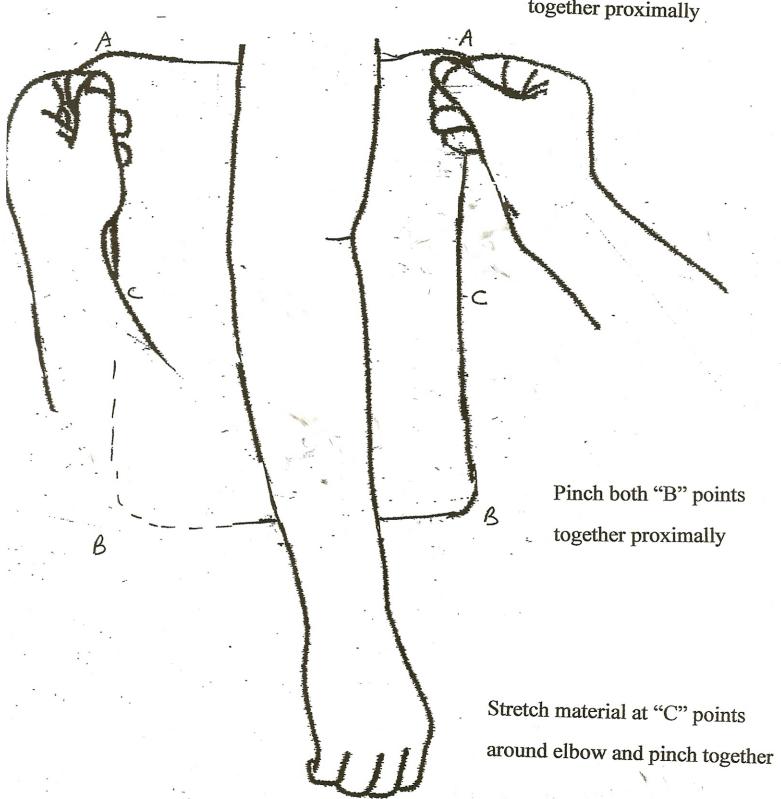
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•Do your fingerprints show easily?	
•Is the surface of the material	
smooth or bumpy?Is there a glossy surface or matte	
surface?	
•Do you have a preference??	
www.handdisrapy.com	
Activation Temperature	
_	
All splinting materials work best in a range from	
140°-160°F.	
Let's check the temp. right now.	
www.handdorapy.com	
The activation temperature is the	
temperature at which the splinting material becomes pliable for	
molding.	
www.handtherapy.com	

•If the water is too cool, the material •will not become pliable. •If it is too hot, the material will get too sticky and become very difficult to mold.	
Thicknesses Splinting material comes in a wide selection of thicknesses. You have many choices from ultra thin to very thick materials.	
Always fit your selection of material thickness, material type and purpose of the splint to the size of your client.	

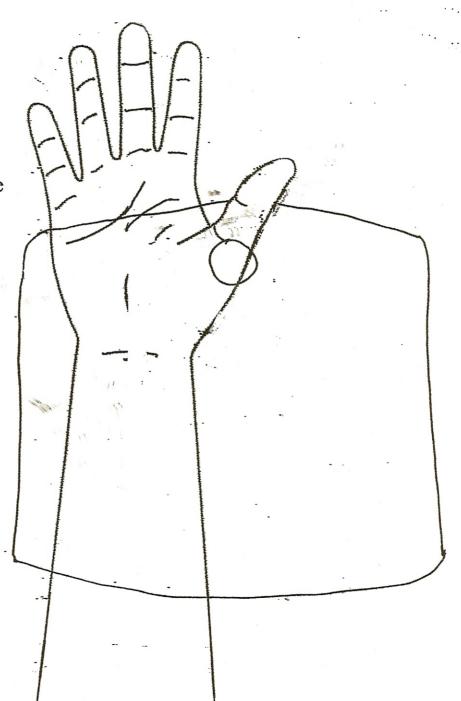
Elbow Flexion Splint

Pinch both "A" points together proximally



Circumferential Wrist Splint

Cut only a small hole in the center of the material at least 1" from the edge



Long Opponens Splint

Flap is pulled through thumb web space Leave IP joint free

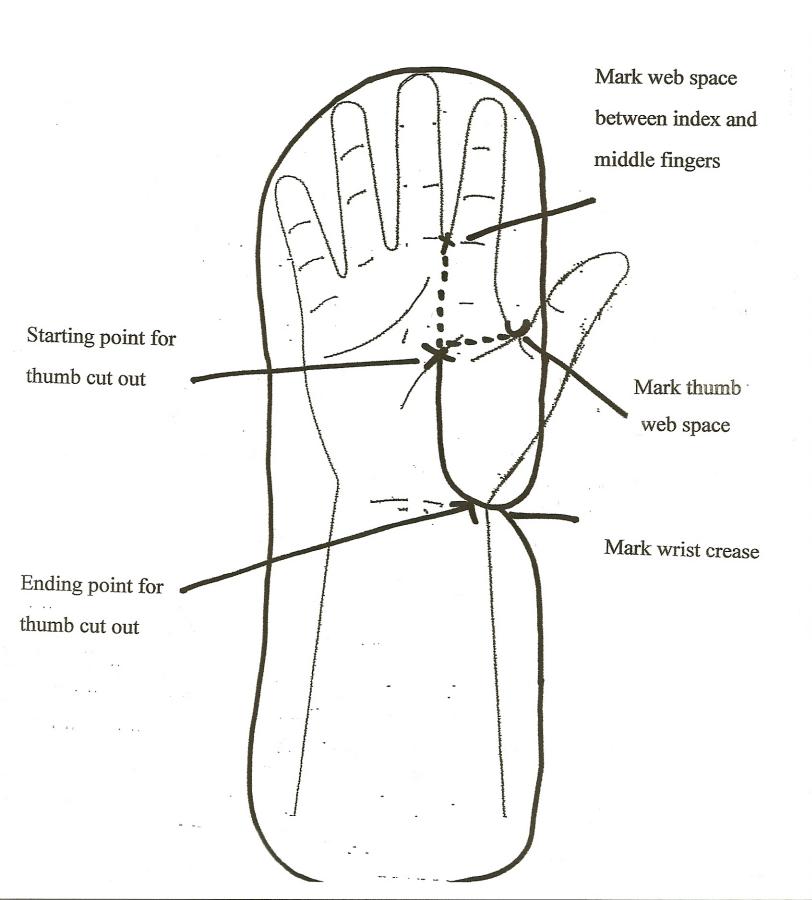
Leave distal palmar crease free

Short Opponens Splint

Distal palmar crease is free

Wrist crease is free

Resting Hand Splint

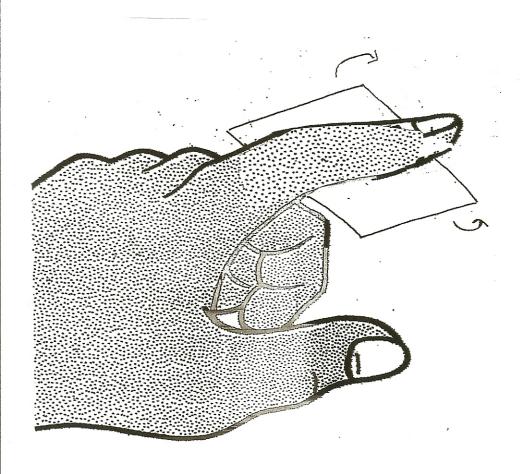


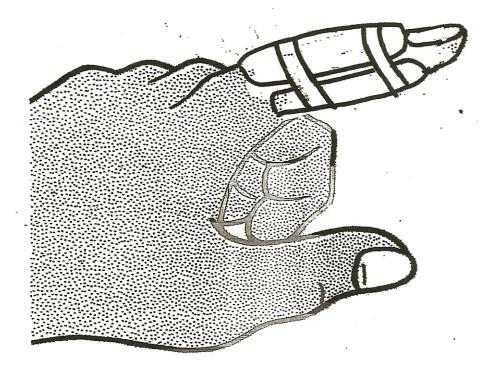
Wrist Cock-Up Splint

Thumb Web Space Allow for thumb motion

Distal Palmar Crease

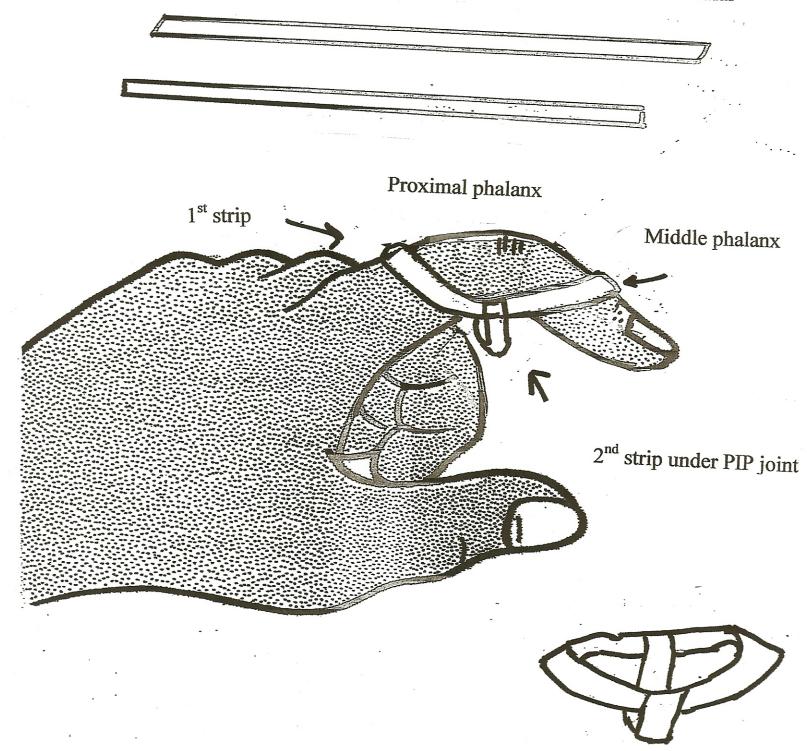
Circumferential Finger Splint



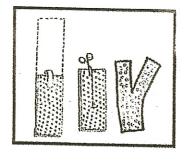


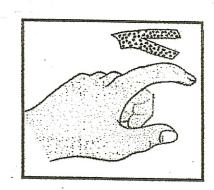
Anti- Swan Splint

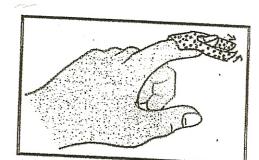
Use two strips of 1/12" thick material

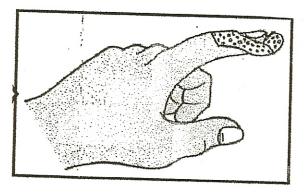


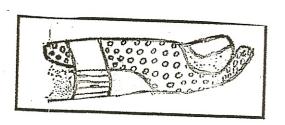
Mallet Splint











Market Place	
Static splinting	
EXPLORING HAND THERAPY DBA TREATMENTZGO	
MarketPlace Splints	

 Our demonstrations are not all inclusive and we urge you to do a market analysis, internet search and visit vendor booths at conferences to learn about various splinting products available in your marketplace.

EXPLORING HAND THERAPY DBA

MarketPlace Splints

If you have any specific product design questions you can contact the companies directly. Many companies have regional reps which will gladly assist or provide in-services for you.

We are not presenting the products in any particular order and this list is not all inclusive. We have chosen companies we are familiar with. Some of them may be sponsors of this course. For sponsor information please refer to the manual.

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• Oval 8 finger splint

• <u>Arthritis</u> <u>Mallet Finger</u>

Jammed Fingers
 Hypermobility
 Boutonniere Deformity

• <u>Fractures</u> <u>Trigger Finger</u>



TREATMENT2GO

Oval 8

- Features
- Oval-8 Finger Splints can be worn six different ways, depending on the condition or treatment.





EXPLORING HAND THERAPY DE



Adjusting

- Use precision spot heat gun and gently adjust
- Up to 20 degrees of flexion or hyper extension
- Heat where the band meets the splint and then apply pressure

EXPLORING HAND THERAPY DBA

3 PP thumb spica Plus

- One size fits most
- Comes with an extra aquaplast blank
- VIDEO



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ThumbSling NP with a 2" stay

- 2" stay.. Is good to allow support and you can apply it anywhere needed.
- Also this adds rigidity to help with billing
- Used for OA/RA, thumb pain

TREATMENT2GO



Thumb Sling NP

- FOAMLINE splint with special strap to lift and support the splint.
- Splint slips on hand and closes with hook
- The strap wraps under and around the thumb and then around the wrist for support under the thumb or you can wrap around the thumb again.

EXPLORING HAND THERAPY DB





- Developed by an Orthopedic Surgeon
- Device has a cushioning ring that relieves pressure on affected area so patients can resume daily activity
- Allows the hand's protective fat pad to heal
- Can be worn on any finger with complete freedom of movement
- Available for purchase by medical professionals



Moldable Thumb Spica

- Short-term stabilization that limits motion at MP and CMC joints
- Heat moldable thermoplastic stay for superior immobilization can be custom molded to accommodate for pressure points, swelling, etc.
- Uniquely designed to be applied with one hand
- Non-stretch hook and loop closure straps at the wrist and thumb ensure proper immobilization
- Customizing of the thermoplastic splint can be done by immersing in hot water, the use of a hydro collator or low heat with a heat gun
- Allows use of the hand while limiting motion of metacarpophalangeal (MP) and carpometacarpal (CMC) joints



- For the MTS, we would like to point out the one hand application
- Universal FIT (right/left)
- Another nice feature is the moldable piece which can be heat moldable

TREATMENT2GO



- Introducing the only wrist brace that allows for safe lateral movement
- Dynamic performance hinge allows 20 degree ulnar/radial deviation
- Contoured dorsal design allows for finger dexterity and an open palm
- Lightweight padding/non-metal construction
- High-impact plastic splint
- Functional strapping system
- Unilateral design
- Day or night use
- Available for purchase by medical professionals

EXPLORING HAND THERAPY DBA



NORTH COAST MEDICAL



EXPLORING HAND THERAPY DB/ TREATMENT2GO

Functional Position Splint



Maintains a functional position of the hand and wrist.

Can be adjusted with a heat gun or by dunking in water

popular splint & Latex FREE

EXPLORING HAND THERAPY DBA

Safe Position burn Latex FREE

Helps prevent burn contractures durable splint.

Keeps hand in an intrinsic plus position which is ideal for post burn

The wrist is positioned at 20° to 30° extension, MPs at 60° to 70° flexion, IP extended and thumb in mid-abduction/extension position.



Pre-fabricated Anti spasticity ball





 Places the hand in a flexion-inhibiting position and maintains the hand arches & is Latex Free & is Ideal for positioning the spastic hand.

Padded hand strap is anchored with a rivet for a secure positioning. Can be adjusted with heat gun or putting back in

Made of 1/8" (3.2mm) splinting material.

Liberty CMC immobilizer



- Provides comfortable immobilization of the thumb CMC and MP joints.
- Immobilizes the thumb CMC and MP joints.

EXPLORING HAND THERAPY DBA

Stax Finger



EXPLORING HAND THERAPY DBA

Sugar tong Precut



 Ideal for cumulative trauma injuries, forearm fractures, post total elbow joint replacement, biceps tendon repairs and ulnar nerve transposition conditions

EXPLORING HAND THERAPY DB/ TREATMENT2GO



Resting PAN position PRECUT



- Easily positions the thumb in the desired degree of abduction.
- Positions the thumb in palmar abduction or slight opposition.

Supports the hand in a functional position to help maintain the palmar arches and prevent contractures.

EXPLORING HAND THERAPY DBA

Gauntlet Immobilization precut



PRE-CUT Radial Bar Wrist Cock- up



Extended ulnar border and flared forearm trough provide support when the splint is dorsal or volar.

- Can be applied dorsally or volarly. Use as a base splint for dynamic finger outrigger attachments.
- Supports the wrist for a variety of medical conditions.

EXPLORING HAND THERAPY DBA

CMC precut



- Excellent for CMC arthritis and ligamentous injuries.
- Supports the thumb CMC and MP joints while allowing free wrist motion for functional use.
- Lightweight, comfortable splint may improve patient compliance.
- One universal size can be trimmed easily to fit an array of hand sizes.

Provides lightweight, yet strong support for the CMC and MP joints.

EXPLORING HAND THERAPY DBA

Comp thumb immobilization Precut



EXPLORING HAND THERAPY DBA TREATMENT2GO

NC Hemi Sling





Unique waist belt design eliminates pressure on the uninvolved arm and maintains constant depression of the scapula and elevation of the humerus to reduce subluxation EXPLORING HAND THERAPY DBA TREATMENT2GO

Latex free Comfy Cool Ulnar Nerve



•Circumferential design with open proximal

 Provides protection and support for such conditions as thoracic outlet syndrome,

- The insert protects the ulnar nerve from damaging tension by allowing the elbow to move from full extension to the molded, limited flexion position.
- Gel elbow pad protects the posterior elbow from painful bumps and pressure points. end makes the splint easy to put on and adjust. Removable gel pad measures

tendinitis, bursitis, ulnar nerve irritation and post-surgical repair of the elbow.

Comfort cool D-Ring wrist



- Cool, lightweight support provides cumulative trauma relief.
- cumulative trauma relief.
 Provides excellent support without
 excessive bulk or warmth
 Ideal for wrist disorders such as
 carpal tunnel syndrome, arthritis and
 tendinitis. Aluminum volar support is
 pre-bent for 15° wrist extension and
 can be removed for adjustments.
 Circumferentially designed with
 double-layer cotton stockinette
 under D-ring closures for comfort and
 easy application. Attach ComfortGelTM Pads, for added scar care or
 padding.
- perforated neoprene and lined with terry cloth

Comfort cool wrist wrap/dorsal



 Neoprene can be trimmed and customized easily.

Nice splint because you can use it to prevent ulnar deviation or wrist extension.

Ideal for tendinitis, wrist instability, ulnar drift problems TFCC pathology

EXPLORING HAND THERAPY DBA

Norco Soft MP ulnar drift



Neoprene provides warmth and stronger support.

fabrifoam® provides comfortable support that won't slip.

TREATMENT2GO

Comfort cool Thumb spica



Universal support with moldable thermoplastic stay provides a customized fit.
Thin, 1/16" (1.6mm), perforated neoprene provides cool, lightweight support and compression.

EXPLORING HAND THERAPY DB. TREATMENT2GO

Liberty CMC thumb splint



Helps stabilize thumb MP and CMC joints while allowing wrist and finger movement.

 One is made of supple, top-grain Leather for moderate, conforming support. The other is made of stiff, perforated Leatherette lined with cotton for firm support.

EXPLORING HAND THERAPY DB

Norco Palm Protector



Protect palms and allow finger movement.

Goal of protector is to help prevent finger contractures and skin breakdown in the palm.

This palm protector is really soft (exceptionally soft) and as you can see allows free finger movement

Excellent for Home, BEDSIDE, or Clinic use

EXPLORING HAND THERAPY DBA

NC Elbow Protector



Gel pad sun he hested or chilled The Foam Elbow/Heel
Protector offers excellent skin aeration.

The **Gel Elbow/Heel Protector** includes a removable, shockabsorbing gel pad

Remove gel pad from sleeve before machine washing

Liberty Flare Wrist



Designed specifically for people whose wrist circumference and midforearm circumference vary by 4" (10cm) or more.

Liberty Sport Wrist



a Semi-flexible brace and provides

solid support

pads for three levels of support. • Insert the 1/4" (6.4mm)

Use with or without the

- pad for moderate support • the 1/8" (3.2mm) pad for
- mild-flexible support.
- patients or our sports patients. It is Use without the pads for mild support.

Comfort Cool CMC RESTRICT



Comfortable splint provides direct support for the thumb CMC joint while allowing full finger

designed for OA and medial subluxation of the thumb CMC joint.

- Provides gentle compression that helps relieve thumb discomfort associated with CMC joint arthritis and/or instability, tendinitis or repetitive motion.
- Contoured neoprene strap wraps around the thumb CMC joint and the first metacarpal for direct CMC joint support.

This concludes our STATIC SPLINTING course	
THANK YOU.	
EXPLORING HAND THERAPY DBA TREATMENTZGO	

Static Splinting Course

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