



## Plaster Room

# Removable Splint

### Introduction

You have been supplied and fitted with a splint which will provide you with support for your recent injury while also allowing for removal at indicated times for various purposes. It may be held in place with either Velcro straps or a bandage. The clinician will have informed you when and where you may remove your splint (physiotherapy, washing, wound inspection).

Depending on the type of injury, your removable splint may extend from your armpit or elbow to your fingers, or from your hip or knee to your toes. This will restrict movement at certain joints associated with your injury.

The type of injury affects whether you will be able to weight bear on your limb. You will be informed of your weight bearing status during your consultation.

### Removing and reapplying your removable splint

- Undo the Velcro straps or bandage
- Open the flexible section of the splint
- Carefully lift the limb free of the splint
- To reapply, reverse the procedure but ensure the limb returns to the correct position inside the splint to reduce problems and ensure a good firm fit
- Make sure that the Velcro straps or bandages are firmly fastened, but not overly tight.

### After your removable splint has been applied

It is important to take care of your splint and regularly **do** the following:

- ✓ Keep unaffected joints moving, especially fingers and toes as this will reduce or prevent swelling and promote healing
- ✓ Wear the cast shoe provided if your clinician has advised you to walk on your splint
- ✓ Keep the limb elevated (above heart level) when not in use, especially in the first 48-72 hours to help reduce the swelling
- ✓ Use walking aids as instructed
- ✓ Keep the splint dry
- ✓ Take care of your splint to help avoid damage.

It is important that you take great care **not to do** any of the following:

- ✘ Get the splint wet as this will cause skin irritation or disintegration
- ✘ Push objects down the splint for any reason eg to scratch, as wounds and ulcers can develop
- ✘ Do not cut or adjust the splint yourself
- ✘ If you have had a lower limb splint custom made, please do not put any weight on it until it has had at least 1 hour setting time after application, and then only if you have been told to do so by your clinician
- ✘ Attempt to dry your splint with a hairdryer, as it will become hot and may burn you
- ✘ Do not let the limb hang down unless it is being used, especially during the first few days. (The limb needs to be elevated above heart level to reduce the swelling)
- ✘ Do not stop wearing your splint until the clinician has instructed it is safe to do so. You may feel it's much better but your injury may not be fully healed
- ✘ Wear a watch, ring or jewellery on the injured limb.

## **Splint to be removed for wound inspection or physiotherapy**

If the clinician has instructed the splint is only to be removed for physiotherapy or wound inspections, then it should not be removed at any other time, as this may affect the healing of your injury.

## **Splint to be removed for washing**

If the clinician has instructed you may remove your splint for washing, you may need someone to help you remove the splint. Once clean and dry, the splint is to be reapplied to your injured limb. It is important you do not walk or use your injured limb without your splint on.

## **Exercises**

It is important to exercise all joints not immobilised in your splint and to repeat every couple of hours until fully functional. This helps to reduce swelling, stiffness, maintain some muscle strength and improve circulation. This can be painful and difficult to start with but should improve within the first week.

### **Upper Limb:**

- Fully straighten your fingers and then bend to make a fist 5 times
- Circle your thumb and then touch to each finger
- Fully straighten and bend your elbow
- Rotate your shoulder then lift your arm above the head, followed by placing arm behind your back.

### **Lower Limb:**

- Wiggle your toes regularly
- Fully straighten and bend your knee (if the splint ends below your knee)
- Gently clench the muscles in the back of your calf and thigh to improve blood flow
- Move your hip.

## Driving

Your insurance may not be valid whilst you are being treated within a splint. It should be stressed firmly that patients DO NOT drive whilst wearing a splint.

## Flying

Due to your splint being removable there is no restriction to flying as it can be loosened to relieve any excess swelling.

## After your splint has been removed

Due to the long period of time that your limb has been immobilised, you may experience some of the following, so do not panic:

- You may find that your limb feels thin and strange. This is normal
- You may experience swelling, discomfort and stiffness in the affected limb. This is quite normal and may continue for several weeks. You may find it helpful to keep the limb elevated
- Your skin may be dry and itchy. **Do not scratch**; try using baby oil or moisturiser
- Your skin will be sensitive so be careful if going in the sun and apply a sun block
- Physical activities eg manual labour, sport etc should be reduced or avoided during the first few weeks after splint removal.

## On the day of your follow-up appointment

You may require several treatments during your visit to clinic, such as x-rays and dressings. This, along with varying numbers of patients, means that sometimes you may have to wait longer than we would like so we apologise for any inconvenience in advance

## DVT signs and symptoms

Due to immobilisation and reduced mobility there is a higher risk of developing a DVT (Deep Vein Thrombosis). It is important to stay as active as possible, drink plenty of fluids and be aware of the signs and symptoms.

Please contact the plaster room or the Emergency Department immediately if you experience any of the following:

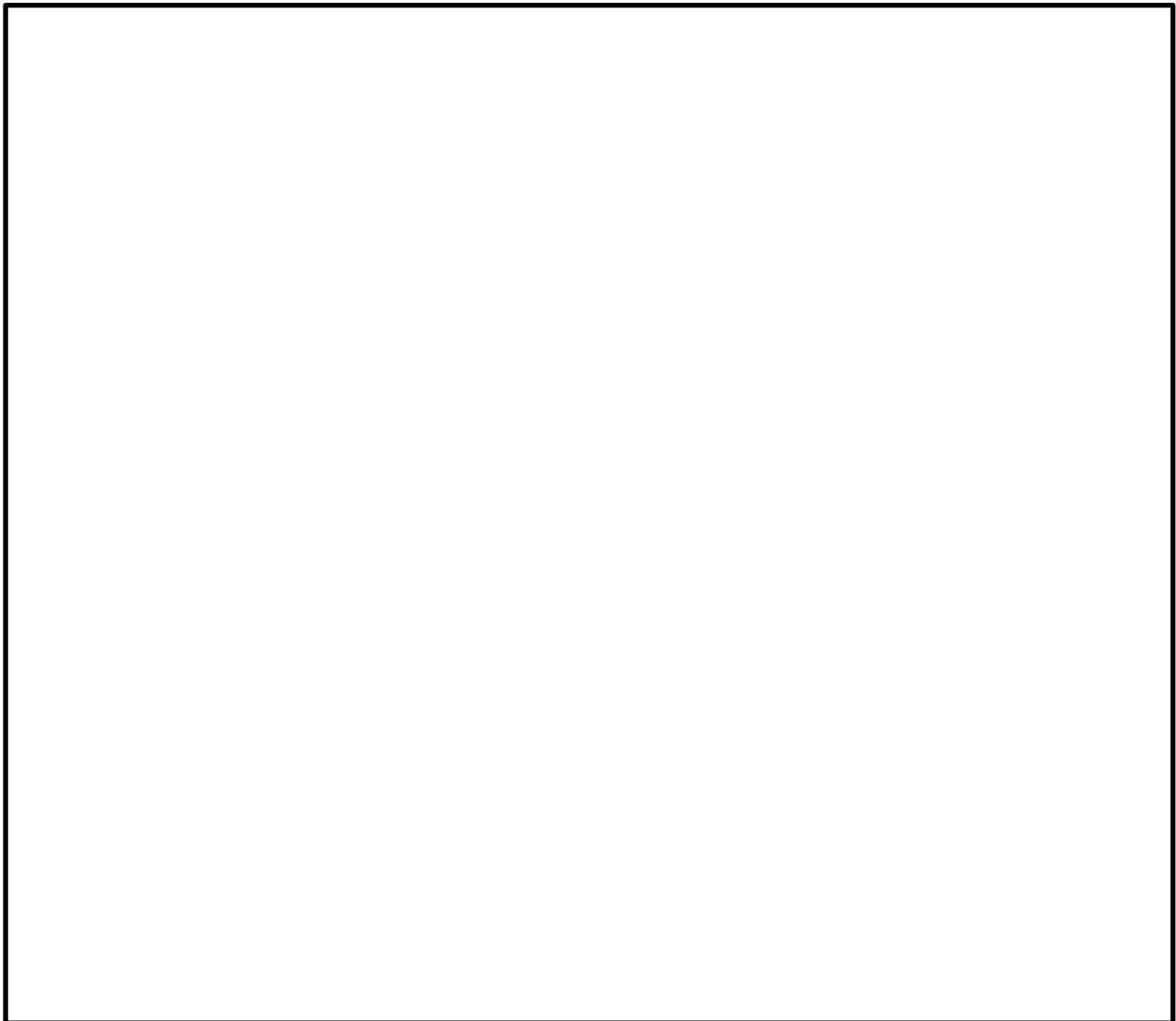
- Pain in the calf, thigh or chest
- Sudden onset of shortness of breath with no physical exertion.
- Swelling of the leg
- Increased/decreased warmth of the leg
- Redness in the leg
- Bluish skin discoloration

## **Pressure ulcer**

A pressure ulcer (sore) is a type of injury that breaks down the skin and underlying tissue. A small number of high risk patients are at increased risk of developing a pressure ulcer, especially in long leg splints, which severely reduces your mobility.

- Make sure to regularly reposition your leg throughout the day so that you are not constantly resting on the same area for long periods of time (every 2 hours)
- If you notice any discomfort or pain under the splint, most noticeably at the splint edges or heel, please contact the plaster room for urgent review
- Ensure the top and bottom of the splint is not rubbing and leaving red marks
- Do not rest the leg on the heel for long periods of time and place a pillow under the leg.

## **Further advice and instruction**



## Contact us

If you experience any of the following:

- Your toes become painful, swollen or blue
- You are unable to move the limb or joints
- You feel “pins and needles” or numbness in the limb
- Any “burning”, “blister-like” pain or severe irritation under the splint
- Discharge, blood staining or wetness under the splint
- The splint appears too tight or loose fitting
- The splint cracks or becomes soft
- Excessive itching.

Please contact the plaster room where a booked appointment can be made for you to return for assessment. Arriving without a prior appointment may result in longer waits or having to return at a convenient time. Outside of plaster room hours, please contact your local Minor Injuries Unit or the Emergency Department if urgent.

## Contact Numbers:

We hope that you have found this information useful. If you have any questions or are worried about anything, please speak to the following Dorset County Hospital Staff:

Orthopaedic Practitioners:           James Vincent  
  Sarah Nelmes  
  Zara Penwell

Plaster Room:                           01305 255498

## About this leaflet:

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email [pals@dchft.nhs.uk](mailto:pals@dchft.nhs.uk)



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