









Orthotic device can be fitted by any clinician who has undergone appropriate instruction. If you are unsure how to fit a splint, sling or orthotic device, please ask a senior.




Device	Indication	Fitting
Wrist splints 	<ul style="list-style-type: none"> Buckle fracture (distal radius or ulna) Suspected scaphoid fracture Wrist sprains 	<ul style="list-style-type: none"> Measure circumference of wrist and match to measurement on box Open straps wide and gently place arm in Secure straps
Zimmer Splint (Finger) 	<ul style="list-style-type: none"> Finger soft tissue injuries (over dressing if required) Volar plate avulsions Phalanx fractures as directed by clinician <p>This can be done in conjunction with buddy strapping, be guided by clinician.</p>	<ul style="list-style-type: none"> Cut 7cm length of stretchy brown tape-cut crescent shape to fit around base of finger Place disc of splint over volar MCP head and mould over tip of injured finger Secure with cross-over of tape

C-Spine

Aspen 	<ul style="list-style-type: none"> Cervical injury where motion restriction is required <p>Sized Infant- XL Adult. Tall and short options available</p>	Please note we don't stock the vista brand. We do not need to adjust a dial. 
Philly/ Philadelphia 	<ul style="list-style-type: none"> Cervical injury where motion restriction is required 	
Soft Collar 	<ul style="list-style-type: none"> Cervical injury where additional support is required for comfort. <p>Does not restrict movement.</p>	

Cervical collars can be challenging to fit. It is imperative if you are unsure how to fit a c-collar please seek advice from a senior colleague.

Orthotics and Slings

Device	Indication	Sizing and Fitting
<p>Moonboot</p> 	<ul style="list-style-type: none"> • NWB sprained ankle • Avulsion fractures of the ankle • Non-displaced distal single bone fractures of the lower leg 	<ul style="list-style-type: none"> • Measure the length of the sole of the foot- half tear paper to mark. Measure from the heel to the popliteal fossa and tear off tape • Undo the velcro straps and remove sock. (leave plastic sleeves on velcro). • Fit 'sock' to injured limb • Pull open the rigid arms with the plastic sleeves and place socked foot into boot with heel as far back as possible • Secure the straps
<p>Darco Shoe</p> 	<ul style="list-style-type: none"> • Foot fractures • Toe injuries 	<ul style="list-style-type: none"> • Measure the length of the sole of the foot, or ask the patient's shoe size • Open velcro straps and place the injured foot into the shoe with the foot as you would a shoe
<p>Zimmer Splint (Knee brace)</p> 	<ul style="list-style-type: none"> • Knee injuries requiring management in extension • Soft tissue injuries requiring sutures over the knee or calf 	<ul style="list-style-type: none"> • Remove medial metal bar • Apply soffban and crepe from thigh to Achilles and affix with brown tape • Split should run from mid thigh to mid calf • Stick to the splint where it will sit behind the knee • Place leg in splint and secure straps closest to knee first

Sling	Indication	Instruction and Links.
Broad arm sling (BAS)	Used in the first 72hrs following cast application. Ensure a comfortable pad is applied as a cushion between the knot of the sling and the neck. May be the preferred sling for fiberglass casts.	
Collar and Cuff	Often more comfortable than a BAS, and able to be applied to a dry cast. May also be used as primary immobilization in humeral and clavicle fractures.	
Poly-sling	Typically used for longer-term immobilization. May be useful for fiberglass casts- as the fiberglass can be abrasive on clothing and skin. May also be used in shoulder and clavicle injuries.	