HAND CARE - 26  Splint Instructions (Positioning / Resting)

Splint is used to hold hand in position.

Wear for : _____ hours _____ times daily.
            _____ NIGHT _____ DAY

_____ Wash splint as needed in cool soapy water.
      Dry thoroughly before use.

*If areas consistently become red and painful, note these and discontinue use. Make appointment to have occupational therapist adjust the splint.*

HAND CARE - 27  Splint Instructions (Immobilization)

Splint is used to support injured structures and to prevent movement so healing can take place.

Do not remove until instructed to do so.

*If you note pressure areas or increased swelling, notify your therapist at:

Tel. No. : ____________________________.*
HAND CARE - 29  Splint Instructions (Protective)

Splint is used to prevent further injury and to provide protection when using hand.

Wear splint:  _____  during the day  
             _____  during the night  
             _____  during active use of hand.

Wash splint daily in cool soapy water.  
Dry thoroughly before use.

HAND CARE - 30  Splint Instructions (Stretching)

Splint is used to improve range of motion.  
Perform stretching exercises before putting on splint.

Begin by wearing splint  _____  minutes,  _____  times per day.  
After  _____  minutes, tighten strap if necessary.

Increase wear time gradually:
   by  _____  minutes each session,  
   up to  _____  hours  _____  times per day.

_____  Wash splint as needed in cool soapy water.  
    Dry thoroughly before use.
UPPER EXTREMITY - 41
Soft Wrist Brace Instructions

Use lap or surface of table. Place hand with thumb over notched area and edge of splint just below palm crease.

Fasten straps so fit is snug. Make sure it is not so tight as to cut off circulation.

UPPER EXTREMITY - 42
Arm Sling Instructions

1. Draw hand through sling resting on lap.
2. Bring strap across back and fasten.
3. Adjust so pressure is not against neck.
UPPER EXTREMITY - 43
Hand Splint

Wearing Schedule:
___ Day
___ Night
___ As needed

____ hours per session.
____ sessions per day.

___ Check skin condition after
____ minutes for changes
in color, irritation or swelling.
Routine For: 
Created By: 
OT Hand Care - Splint/Brace/Sling

HAND CARE - 26  Splint Instructions (Positioning / Resting)

Splint is used to hold hand in position.

Wear for:   hours   times daily.

Wash splint as needed in cool soapy water.
Dry thoroughly before use.

If areas consistently become red and painful, note these and discontinue use. Make appointment to have occupational therapist adjust the splint.

HAND CARE - 27  Splint Instructions (Immobilization)

Splint is used to support injured structures and to prevent movement so healing can take place.

Do not remove until instructed to do so.

If you note pressure areas or increased swelling, notify your therapist at: 
Tel. No.:  

HAND CARE - 29  Splint Instructions (Protective)

Splint is used to prevent further injury and to provide protection when using hand.

Wear splint:   during the day
              during the night
              during active use of hand.

Wash splint daily in cool soapy water.
Dry thoroughly before use.

HAND CARE - 30  Splint Instructions (Stretching)

Splint is used to improve range of motion.
Perform stretching exercises before putting on splint.

Begin by wearing splint   minutes,   times per day.
After   minutes, tighten strap if necessary.
Increase wear time gradually:
by   minutes each session,
up to   hours   times per day.

Wash splint as needed in cool soapy water.
Dry thoroughly before use.

UPPER EXTREMITY - 41 Soft Wrist Brace Instructions

Use lap or surface of table. Place hand with thumb over notched area and edge of splint just below palm crease.
Fasten straps so fit is snug. Make sure it is not so tight as to cut off circulation.

UPPER EXTREMITY - 42 Arm Sling Instructions

1. Draw hand through sling resting on lap.
2. Bring strap across back and fasten.
3. Adjust so pressure is not against neck.

UPPER EXTREMITY - 43 Hand Splint

Wearing Schedule:
  Day
  Night
  As needed
  hours per session.
  sessions per day.
  Check skin condition after   minutes for changes in color, irritation or swelling.

COMMENTS:
Patient Name/Number:
Clinician Name/Signature:
Date: