



REHABILITATION

Splint Provision

For exclusive use by:

For exclusive use by:

Splint Provision – Custom made

Splint:

Material/Brand:

Side: Right Left

Fastening:

Start date:

End date:

Splint Provision – Off the shelf

Splint:

Futura Bedford CMC Brace

Thumb spica Dynamic extension splint Other

Material/Brand:

Serial number (if known):

Start date:

End date:

Size: Extra Small Small Medium

Large Extra Large Other

Side: Right Left

Wearing instructions

- 24 hours a day - except for hygiene, during which time you must use the position of safety (as taught) to prevent damage to injured area
- 24 hours a day - except for therapy exercises and/or hygiene only
- At night and for protection e.g. Public transport, playground
- At night only
- At patient's discretion to assist with comfort/rest/function
- Other: _____

Additional information

Is the skin intact prior to application of splint? YES NO

Is there a sore, wound or sutures present? YES NO

If so, please give a brief description:

Is a wound clinic appointment needed? YES NO

Hand Therapy Service contact details

If you have any concerns, please contact us.

Tel: 01273 696955 Ext. 64116

Email: uhsussex.handtherapyservice@nhs.net