The Huntercombe Group

Therapy Splinting Assessment Form (for non acute splints only)

Patient's Name: DANIEL McMORROW. **Date of Birth:** 09.10.82

Date: 19.7.12

Has the need for splinting been discussed with the medical team? [Y] N

If cast is not removable is medical consent required? Y N NA

Has written/verbal informed consent of patient/NOK been given? Y N

Reasons for splinting

To maintain joint/limb alignment [✓]

To prevent loss of ROM [✓]

To increase ROM [✓]

To facilitate increased function [✓]

To maintain hand hygiene [ ]

To stabilise [ ]

To facilitate active assisted movement [ ]

Other (please specify): .....

Type of splint (splinting materials used/padding/strapping): .....

.....

.....

Area to be splinted: (L) ankle.

Patient's Name: DANIEL MCMORROW Date of Birth: 09.10.82

Check list for precautions:

Precaution	Yes	No
Heterotrophic ossification and bony prominences	®hip / knee	
Poor skin condition/open wounds		✓
Oedema		✓
Sensory impairment		✓
Acute inflammation		
Vascular disorder		✓
Behavioural/cognitive disorders		✓
Medically unstable		✓
Uncontrolled epilepsy		✓
Osteoporosis		✓
Incontinence		✓
Casting over two joints		✓
Allergies to splinting material		
Other (please specify)		

If any box ticked, please state clinical reasons for continuing to splint:

.....

.....

.....

General observations including photograph if possible (note physical appearance, colour, temperature, scars, oedema, skin condition, including wasting, comparison with other arm/leg).

.....

.....

.....

Patient's Name: DANIEL McMORROW ..... Date of Birth: 9.10.82

Initial range of movement (goniometric/photograph), if appropriate:

Resting position 140 DF(PROM) 113°

.....

.....

Position of patient during splinting (e.g. seated or supine): .....

Joint position in splint: .....

.....

Photograph taken: (Attach photo to document)	Y	N
Patient able to put on/off independently	Y	N
If not, has nursing team/carer been instructed in application and removal of splint?	Y	N
If non-removable, has emergency removal procedure been explained and written instructions for removal been provided? (See removal procedure document)	Y	N

Planned Review Date: .....

Signed: .....

Designation: .....