

# Splinting

## Static

Most common thermoplastic static splints provided for BPI patients are: resting splint, 'C' bar, ulnar nerve palsy splint and elbow extension support.

Static splinting is used to maintain joint position especially in the hand.

- If patients have no active movements in their wrist or hand and are finding it difficult to maintain joint mobility a night resting splint may be helpful. This allows the wrist joint, MCPs and IP joints to be positioned in a normal resting position
- The 'C' bar helps to maintain the first web space and can also be used as a serial splint to stretch the web space if it starts to tighten
- The ulnar nerve palsy splint- helps to block MCP joint hyperextension of the ring and little finger by positioning the joints in flexion. By doing this it allows the long flexors and extensors to work in the absence normal intrinsic muscle activity
- Elbow extension support – this can be useful for patients who have poor elbow extension i.e. less than grade 3 triceps. The lack of control around the elbow can make graded shoulder exercises difficult, but by holding the elbow in extension and taking it out of the equation the patient can work on shoulder strengthening

## Dynamic

The two most used dynamic splints are the radial nerve outrigger and a dynamic hand based splint

- The radial nerve splint aids wrist and finger extension to allow grip release and better hand positioning
- Lower trunk injuries can sometimes be helped with a dynamic hand base splint to help function by producing pinch grip with a hand based splint (See photo)



**Any patients who have been referred to the BPI service can be referred for splints if necessary. Contact the physiotherapist.**

### **Shoulder supports**

If patients are having problems with shoulder subluxation wearing an off the shelf support may be beneficial. Many such supports are available from a variety of companies. A shoulder support can have an immediate affect and relieve nociceptive pain.