Splinting

The Lower Extremities

The Pelvic Girdle

- It is best to wait for EMS to arrive in cases where a patient has fractures to the pelvis

- Be prepared for the patient to go into shock

- If the force producing the injury was great enough to severely injure the pelvis, there is a good chance there are spinal injuries.

The Pelvic Girdle

Fractures to the hip, or upper femur

- You may tie legs together (must use pads)

- Apply a rigid splint

Hip or high femur Fractures

- Splint must be long enough to extend from the patient's armpit past the foot

- MUST be rigid, with VERY little flexibility
- MUST be well padded (additional padding in the armpit)

- Ties must be made around the patient's trunk and the leg

- Use a coat hanger to slide wrap under the back, and knee; reposition from there

- Do not place ties over the fracture sit.

Femur Fractures

- Same as hip fractures except;

- a shorter splint is used that will extend front the top of the inside thigh, to beyond the foot

- Be sure to pad the patient's armpit and groin

The Knee

- Unless there is NO distal pulse, splint an injured knee in the position in which it was found

- If the patient's leg is straight or you must straighten the leg because there is no distal pulse, you should care for the injury as if it were a <u>femur fracture</u> (rigid splints on both sides of leg

The Knee, cont.

- If the knee is straight and there is a distal pulse; tie a rigid splint to the femur and the lower leg

- Use a pillow or blankets to support the knee

Lower Leg

- Can be done in a couple different ways

  1. Using two rigid splints (same as fractures of the femur)

  2. A single splint method (splint extending past knee and past the foot - (see handout)

  - Remember to check for circulation and nerve function after splinting process.

Ankle and Foot

- A soft splint is recommended

  - If you apply long splints, extend them from above the patient's knee beyond the foot

  - Use the <u>Ankle hitch</u> to immobilize the foot/ankle

    - See handout