

Protocol: Suggested Wearing Schedule

WHFO: PRO-REST, GRIP, DORSAL 1-2-3 Hand Splint Orthoses
Always follow Wearing schedule per therapy or physicians order.

A frequently followed schedule:

- Begin with 1 hour on
- Remove and assess
- Reapply if no redness, edema or pain is noted
- Increase wearing time by 30 – 60 minutes (on / off as tolerated until maximum time reached)
- Remove at least once per shift for assessment

LAUNDRY INSTRUCTIONS

NOTE: Each product includes a Finger Separator

LINER:

- Separate liner Flex-E-Core Frame
- Fasten all hook and loop Velcro closures
- Place in mesh laundry bag
- Machine wash warm – NO BLEACH
- Rinse thoroughly
- Tumble dry on warm setting or drip dry

Flex-E-Core Frame:

- Clean with a mild detergent and rinse thoroughly
- Hand Dry with soft cloth before reuse

NURSING CARE PLAN

WHFO: 1-2-3 PRO-REST, GRIP, DORSAL Hand Splint Orthoses

Patient :
Room # :
Date:

DIAGNOSIS

- Non-Fixed Contracture
- Severe Contractures or Finger Clench: GRIP
- Mild to Moderate Contracture: REST-DORSAL
- Thumb Adduction
- Other _____

NURSING INTERVENTION

1. Range of motion or LIMIT per facility protocol / physician's order.
2. Apply Splint to affected extremity Left Right Bi-lateral
3. Follow fitting instructions. Assure proper application. Follow easy apply 1-2-3 strap numbering
4. Document fitting and patient response and progress.
5. Check patient at least once every shift.
6. Establish wearing schedule and rehab.

WEARING SCHEDULE

Hour(s) on _____ Hours(s) off _____

EXPECTED OUTCOME

1. Increase ROM (Range of Motion).
2. Treat/correct contracture.
3. Maintain skin integrity.
4. Increase patient comfort.