

**TRACTION SPLINT**

| STEPS TO BE PERFORMED  | ACTION/VERBAL RESPONSE                   | POINTS POSSIBLE | POINTS AWARDED |
|--|--|-----------------|----------------|
| * Takes or states appropriate body substance isolation precautions | I will take appropriate BSI precautions. | (1)             |                |

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| Confirm indication for traction splint  | I will assess for signs and symptoms of a mid shaft femur injury and absence of lower leg or hip involvement         | (1) |  |
| * Assess circulation, sensation and motor function  | I will assess circulation, sensation and motor function of the injured extremity.                                    | (1) |  |
| <b>The Examiner states: <i>Circulation, sensation and motor function are present and normal.</i></b>  |  |     |  |
| Secures ankle hitch to injured extremity  | I will secure the ankle hitch just proximal to the ankle bones.  | (1) |  |
| Directs application of manual stabilization and traction of injured extremity   | I will direct my partner to stabilize the extremity while pulling moderate inline traction.                          | (1) |  |
| Prepares and adjusts device to the proper size  | I will adjust the device to the proper length, tighten the adjustment knobs and release the ratchet strap.           | (1) |  |
| Properly positions the device on the extremity  | I will direct my partner to position the leg as appropriate for the device without losing traction.                  | (1) |  |
| * Properly secures the groin strap  | I will secure the groin strap and pad as necessary.  | (1) |  |
| Properly secures the ankle hitch to the device  | I will attach the ankle hitch to the device.   | (1) |  |
| Applies mechanical traction   | I will apply mechanical traction and instruct the patient to advise when relief is felt. (Maximum 15lbs of traction) | (1) |  |
| Positions and secures the support straps  | I will secure the extremity to the device using the support straps.  | (1) |  |
| Re-evaluates both the groin strap and ankle hitch   | I will confirm that the groin strap and ankle hitch are still properly secured.                                      | (1) |  |
| * Reassess circulation, sensation and motor function  | I will reassess circulation, sensation and motor function.   | (1) |  |
| <b>The Examiner states: <i>Circulation, sensation and motor function are present and normal. How would you now prepare the patient for transport?</i></b> |  |     |  |
| Verbalizes securing the patient to a long board   | I will place the patient in a long board to facilitate immobilization of the hip.                                    | (1) |  |
| Verbalizes securing device to long board  | I will secure the device to the board to prevent movement.   | (1) |  |

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| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 15<br>MINIMUM PASSING SCORE (80%): 12 |
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**TRACTION SPLINT**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

**Critical Criteria**

- \_\_\_ Loss of traction at any point after it is initiated
- \_\_\_ Did not assess circulation, sensation and motor function before and after application of device
- \_\_\_ The foot is excessively rotated or extended after splinting
- \_\_\_ Did not secure the groin strap PRIOR to initiating mechanical traction
- \_\_\_ Final immobilization failed to support the femur or prevent rotation of the injured extremity
- \_\_\_ Secures extremity into device PRIOR to initiating mechanical traction (Except Sager)

**NOTE: If the Sager or Kendrick Traction Device is used without elevating the patient's leg, application of manual traction is NOT necessary. The candidate should be awarded 1 point as if manual traction had been applied.**

**NOTE: If the leg is elevated at all, manual traction MUST be initiated PRIOR to elevating the extremity.**