INDICATIONS
The Ulnar Gutter Wrist Splint is designed to immobilize the wrist, control ulnar deviation, and protect the wrist following injury. It can be used as a static base for a dynamic MCP flexion or extension splint. It may be indicated for tendonitis/tenosynovitis, congenital club hand, post traumatic injury or post wrist fusion.

CONTRAINDICATIONS
• Use of the Ulnar Gutter Wrist Splint is contraindicated for patients who have active MCP synovitis. Immobilization of the wrist increases stress on the MCP joints, and if these joints are actively inflamed the stresses promote stretching of the periarticular structures with resultant volar subluxation and ulnar deviation.
• This splint is also not recommended for the acute phase of most wrist fractures.

FITTING INSTRUCTIONS
The small size fits smaller men and most women. The medium fits most men and larger women. Invert the pre-cut form for right or left hand application.

PROCEDURE
1. Heat splinting material in heat pan of water at a temperature of 150 to 160°F (65 to 70°C) for one minute.
2. Remove splint blank from heat pan and place on flat surface. Pat dry with a towel.
3. If appropriate, place patient’s forearm with ulnar side up.
4. Test the temperature of splint before applying to patient.
5. Position pre-cut form with the palmar portion of splint on the palmar surface of the hand. Make sure to maintain the palmar arches and clear the distal palmar crease. (Fig. 1)
6. Mold the ulnar border over the dorsum of the hand. (Fig. 2)
7. Mark trim lines along the dorsal and volar surface of splint. (Fig. 3)
8. When splinting material will hold its shape but is still soft enough to cut, remove splint and cut along trim line.
9. Dip proximal edge of splint into heat pan for approximately 15 seconds and then flair back the proximal end. (Fig. 4)
10. Smooth all edges of splint with palm of hand. If needed, dip splint into heat pan water for approximately 5 seconds to facilitate smoothing edges.
11. Apply desired straps. (Fig. 5)

PRECAUTIONS
This splint is to be fit initially by a healthcare practitioner who is familiar with the diagnostic characteristics for which this splint is prescribed. Should swelling, skin discoloration or discomfort occur, discontinue use and consult your healthcare professional. The healthcare practitioner is responsible for providing wearing instructions and precautions to other healthcare practitioners, care providers involved in the patient’s care, and to the patient if he or she will be applying the splint after initial fitting.

CARE AND CLEANING
1. Keep splint away from open flames.
2. Splint will lose its shape in temperatures over 135°F (57°C), so keep it away from radiators, ovens and sunny car windows, and out of hot water.
3. Never make any adjustment to your splint. If the splint needs adjusting, remove it and make an appointment to see your therapist or doctor.
4. Splint may be cleaned with soap and lukewarm water. Do not immerse in water over 135°F (57°C).
5. Straps may be washed with soap and water, but do not moisten the adhesive portion.
6. For ink or other hard-to-remove spots, use a scouring cleaner that contains chlorine. Rinse the splint thoroughly after using a chlorine cleanser.