



Institution Name: Directorate General of Specialized Medical Care, MoH

Document Title: Procedure of Splinting for the Prevention and Correction of Contractures in adults with Neurological Dysfunction

Approval Process

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Acronyms:

| | |
|-----|------------------------|
| MoH | Ministry of Health |
| OT | Occupational Therapist |
| PT | Physiotherapist |



Procedure of Splinting for the prevention and correction of contractures in adults with neurological dysfunction

1. Introduction

Disability and loss of independence following an acquired neurological injury presents a significant global health and social care problem. In the last decade there have been significant advancements in public health education and medical management that has resulted in better outcomes for many of these patients; primarily more patients are being kept alive. However, these improvements appear to have had very little impact on the prevalence of disability in the community. It is generally agreed that recovery of functional activity and societal participation depends primarily on the rehabilitation therapies offered (e.g. physiotherapy, occupational therapy, speech and language therapy, etc.). If rehabilitation is to be effective, the programs of therapy will have to be customized to the needs of the patient and initiated as soon as possible after the initial injury. There is a paucity of research into the management (prevention and treatment) of maladaptive plasticity in muscles.

2. Scope

This document is applicable to all healthcare institutions in the governmental and private sectors.

3. Purpose

3.1. To provide a systematic, standardized mechanism on prevention and management of contractures in adults with neurological dysfunction.

3.2. To serve as guidance for PTs and OTs to provide quality splinting on prevention and management of contractures in adults with neurological dysfunction.

4. Definitions

4.1. Splinting: is an intervention used in the prevention and correction of contracture in adults with a neurological condition. Splinting is defined as the ‘application of external devices designed to apply, distribute or remove forces to or from the body in a controlled manner, to perform one or both functions of control of body motion and alteration or prevention in the shape of the body tissue’.



4.2. Activity (function) can be defined as ‘active’ or ‘passive’ and is used in this way in this document. Active function is performance of a functional task by active movement of the individual’s affected limb, for example to walk or use a fork to eat. Passive function (also referred to as ‘ease of care’) is when a task such as cleaning the palm of the hand (hand hygiene) of the affected limb is carried out by the individual using their unaffected (or less affected) limb or by someone else i.e. a carer or a combination of the two.

5. Procedure

5.1. Referral:

5.1.1. The splinting provision service starts by referring a patient for occupational therapy or physiotherapy services. Splinting need will be determined by the therapist following an extensive assessment.

5.2. Assessment:

5.2.1. Assessment should be in the most appropriate environment. Effective and economical deployment of limited resources, giving the greatest good for the greatest number, requires prescription of the least expensive solution which will meet the applicant’s assessed clinical and lifestyle needs.

5.3. Prescription:

5.3.1 Appropriate training and qualification is required in order for the assessor to prescribe the splints.

5.4. Repair and Maintenance:

5.4.1. The therapist to assess the patients' needs monthly or as early as required.

5.5. Documentation and Records:

5.5.1. The splinting service to be documented in Al Shifa system by the qualified therapist

5.6. Evaluation:

5.6.1. The annual audits and continued evaluation to be carried out for the process and procedures along with the standards and times scales which are set out in this document.



6. Responsibilities

6.1. Occupational therapist/ physiotherapist is responsible for:

- 6.1.1. Provide up-to-date splints for the targeted patients.
- 6.1.2. Assess the need for the splint and explain it to the patient.
- 6.1.3. Take patient's consent and provide instructions regarding the use of splint.
- 6.1.4. Request needed splinting materials as per departmental protocols.

6.2. The Head of Department is responsible for :

- 7.2.1 Ensuring that all rehabilitation professionals involved in the wheelchair provision service are aware of the system.
- 7.2.2 Conduct regular evaluation of the service.
- 7.2.3 Facilitate the provision of splinting materials.



7. Document History and Version Control

| Document History and Version Control | | | |
|--------------------------------------|--------------------------|---|---------------------------|
| Version | Description of Amendment | Author | Review Date |
| 01 | Initial Release | Nuha Al-Shaaili | October/ 2023 |
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8. Related Documents:

There is no related document for this procedure



9. References:

| Title of book/ journal/ articles/ Website | Author | Year of publication | Page |
|---|---|----------------------------|-------------|
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