

HARE TRACTION SPLINT

Used for Mid Shaft fracture of the upper bone of the leg – the femur.

- DO NOT USE if bone is protruding from the break as NO exposed bones are to be pulled back into a fracture of any kind.
- If the fracture is “OPEN” but no bone exposed, it may be used (as the EMT did not cause the bone to be pulled back in).
- Requires TWO EMTs – One to hold traction, one to apply

1) Stabilize leg

2) ASSESS PULSE, Motion, Sensation

- a) Check distal pulse on injured leg.
- b) Check sensation on injured leg.
- c) Check motion on injured leg.

3) Adjust length

- a) Measure and adjust HARE against GOOD leg – the injured leg will be shorter if fracture has caused bones to overlap or deform due to the strength of the muscle
- b) HARE should extend from top of patient’s pelvis to several inches below heel (“bend” in HARE approximately at heel). May measure to navel or to lower margin of rib cage.
- c) With HARE alongside the “good leg” in the expected applied position, align straps as needed.

4) Open straps, and position

- a) With HARE positioned next to injured leg, open all securing straps, and re-position straps so:
 - i) Strap 1 is on turn-buckle, Straps 2 & 3 are just below & above knee, Strap 4 is at top bumper
- b) NO Strap is to be applied OVER fracture point

5) Take manual traction

- a) Apply ankle hitch, and take manual traction by placing one hand under ankle at heel, other over top of foot where shoe laces would be and applying traction.
- b) Lift (and rotate as necessary) to return leg to normal alignment. DO NOT JERK the leg.
- c) Manual Traction IS NOT TO BE RELEASED till mechanical traction is fully applied.

6) Place splint under leg, seat firmly at hip

- a) Slide splint between legs of EMT holding traction and under patient’s leg
- b) Raise kickstand
- c) Push up under patient till top of HARE is seated well up against patient’s hip

7) Attach ischial strap at hip

- a) Ischial strap is positioned over Patient’s thigh and fixes HARE at hip.
- b) A cravat may be used if strap is too short or too long or for added support

8) Attach ankle hitch

- a) Ankle hitch is secured to hook on traction mechanism (windless)

9) Take up mechanical traction

- a) Apply mechanical traction till EMT holding manual traction notes that the HARE has taken over full effort. Do not release leg - allow leg to settle into HARE while maintaining stabilization.

10) Attach remaining straps, Distal to Proximal (bottom to top)

- a) Supporting straps are affixed to leg starting with Strap 1 at ankle
- b) No strap over fracture
- c) Omit strap if it will not fit - extra strap will be located at TOP of HARE
- d) EMT holding stabilization may release slowly when ALL straps are in place. Leg shall not “drop” but should remain stabilized in HARE.

11) Assess pulse, motion, sensation

- a) Reassess distal to fracture
- b) Secure patient AND HARE to backboard and transport. Kickstand must be ON the backboard.
- c) May need to extend backboard so kickstand may be secured ON the backboard
- d) May need to put patient on cot so head is at foot of cot as hare may extend out door!