HEALTH BASICS

Splint care tips

Practical steps for keeping a medical splint dry, secure, and safe

WHAT IT IS
Daily care for a medical splint

WHERE IT COMES UP
After injuries, surgery, or treatment of bone and joint problems

WHY IT MATTERS
Protects healing tissues, skin, nerves, and circulation

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Orthopaedic clinic, fracture clinic, or clinician who fitted it

HOW IT IS CHECKED
Fit, skin, sensation, movement, and circulation checks

Overview

A splint is a firm support used to limit movement in an injured or healing body part. It may be made from plaster, fibreglass, plastic, metal, foam, or fabric. Straps or bandages usually hold it in place.

Splint care is not a disease or diagnosis. It is the routine care that helps a splint do its job without damaging your skin or becoming too tight, loose, wet, or broken.

Unlike a full cast, a splint does not usually wrap around the entire limb with a rigid shell. This can leave room for swelling. Some splints are removable, but others should stay in place until a clinician removes or changes them.

Follow the instructions given when your splint was fitted. Those directions take priority because care differs by injury, surgery, splint design, and stage of healing.

How it works

A splint keeps bones, joints, tendons, or other tissues in a chosen position. Limiting movement can reduce strain on the injured area and help protect a repair while it heals.

The rigid section provides support. Padding protects the skin, while straps or an outer bandage hold everything in position. The splint should feel secure, but it should not stop normal circulation or press painfully on one spot.

Swelling often changes during early recovery. A splint that fitted well at first may later feel tight as swelling increases or loose as it settles. This is one reason follow-up checks matter.

Some removable splints may be taken off for washing, wound care, or approved exercises. Others must remain on continuously. Removing a splint without permission can allow an injury to move or may interfere with healing.

Why it matters for your health

Keeping the splint dry and in good condition helps it maintain its shape. Moisture can soften some materials and leave padding damp against the skin. Damp padding can irritate the skin and encourage skin infection.

Fit also matters. A splint that is too tight can press on nerves or reduce blood flow. A loose or damaged splint may not hold the injured area in the intended position.

You may be advised to raise the injured limb, especially while swelling is present. When practical, support the limb so the injured area is above the level of your heart. Do not rest a hard splint edge directly against your skin.

Move uncovered fingers or toes gently if your clinician has said this is safe. This can help with stiffness and gives you a chance to notice changes in movement, feeling, colour, or warmth.

Keep all planned follow-up appointments. The clinician may need to check the injury, inspect your skin, review an X-ray, or replace the splint as swelling changes.

What can go wrong

Problems linked with splints include pressure injuries, skin breakdown, nerve compression, reduced circulation, infection, and loss of support for the original injury. Rarely, severe swelling within an injured limb can cause compartment syndrome. This is dangerous pressure around muscles, nerves, and blood vessels.

Contact the service that fitted the splint promptly if:

Seek urgent medical assessment for new or worsening numbness, pins and needles, weakness, or difficulty moving exposed fingers or toes. The same applies if they become unusually pale, blue, cold, or very swollen.

Severe or rapidly increasing pain, marked tightness, or pain that seems out of proportion to the injury can be an emergency, particularly when combined with numbness, weakness, or colour changes. Seek emergency help rather than waiting for a routine appointment.

Call emergency services for chest pain, sudden shortness of breath, coughing up blood, or collapse. These are not normal splint issues and may indicate a serious problem such as a blood clot in the lungs.

- The splint becomes wet, cracked, soft, bent, or badly soiled
- It feels much tighter or looser than before
- A hard edge is rubbing, burning, blistering, or cutting the skin
- Pain or swelling is getting worse rather than settling
- You notice drainage, a persistent bad smell, or fever with wound concerns
- The injured area has shifted or the splint no longer supports it
- Something is trapped inside the splint

What you can do

Keep the written instructions from the clinic. Record when the splint was fitted and the phone number for questions. Ask how long to wear it, whether you may remove it, and whether you can put weight through the injured limb.

Protect the splint from water. A plastic cover may help with splashes, but it may not provide a reliable seal for bathing. Do not immerse the splint. Only treat it as waterproof if the service that fitted it clearly said it is.

Check your exposed fingers or toes regularly and whenever discomfort changes. Look for unusual swelling or colour changes. Notice whether they feel warm, whether sensation is normal, and whether you can move them as instructed. Comparing them with the other side may help you spot a change.

You can also:

Do not put objects inside the splint to scratch an itch. They can cut the skin or leave material trapped inside. Avoid powders, oils, and lotions under the splint unless your care team specifically recommended them.

Do not cut, reshape, heat, glue, or remove padding from the splint yourself. Adjust straps only in the way you were shown. If you are unsure whether an adjustment is safe, contact the clinic.

- Elevate the injured limb as instructed
- Use slings, crutches, or walking aids in the way you were shown
- Keep the splint away from heaters, flames, and direct high heat
- Attend scheduled wound, fracture, or orthopaedic checks
- Record increasing pain, rubbing, numbness, or changes in fit

Common questions

Can I remove my splint?

Only if your instructions say that it is removable and explain when removal is allowed. A removable splint may still need to stay on during sleep or movement. Ask before removing it for washing, exercise, or wound care.

Can I shower with it?

Keep it dry unless it is specifically designed to be waterproof. A waterproof cover can reduce splashing but may leak. A seated wash or another method may be safer if you cannot keep the limb outside the shower.

What should I do about itching?

Do not push a ruler, pen, coat hanger, or other object underneath. Keep the splint cool and dry. Contact the clinic if itching is intense, continues, or comes with burning, wetness, drainage, or a bad smell.

Should a splint feel tight?

It should feel supportive, not painfully tight. Some pressure may occur as swelling changes, but numbness, colour changes, cold fingers or toes, worsening pain, or reduced movement need urgent assessment.

Can I drive while wearing a splint?

A splint may affect steering, braking, gear changes, balance, or your ability to react quickly. Your injury, pain medicines, vehicle, insurance terms, and local law also matter. Ask the treating service and your insurer before driving.

When can I return to work, sport, or exercise?

Ask what movements, lifting, weight-bearing, or impact are safe for your specific injury. A splint can protect an area, but it does not automatically make an activity safe.

Sources

- American Academy of Orthopaedic Surgeons, OrthoInfo: Care of Casts and Splints
- MedlinePlus Medical Encyclopedia: Splint care
- NHS: How to care for your plaster cast
- American Family Physician: Splints and Casts-Indications and Methods