

## Submission Criteria for the Splint of the Month

Name:

Date:

Credentials:

Title:

Facility Name and Address:

Phone Number:

Fax Number:

Email:

**Brief Description of Splint and (if applicable) the story behind how this splint came into development:**

### **References:**

Please attach a list of relevant references that have led to the development of this novel application – references include personal communications with other individuals whom may have used a similar design or splints that have similar applications to your created design. Please reference how your development came into being not only for your own growth but to serve as one step closer in the process to making this design a case report or full journal article.

### **Pictures:**

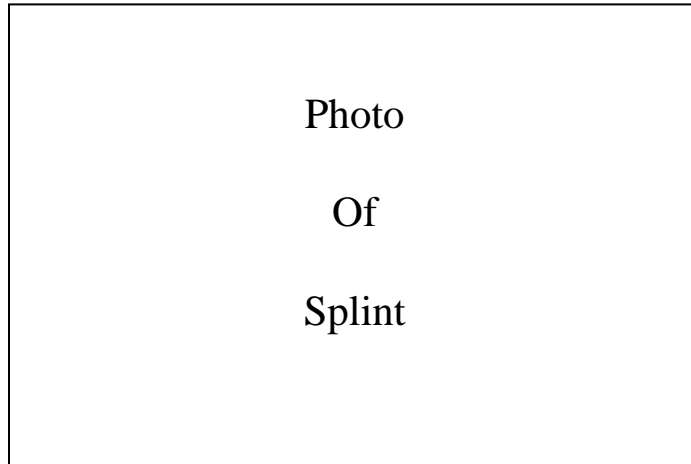
Please attach relevant pictures of the splint which highlight the finished product (in use if able) but also any tricks in the fabrication that are important to clarify to the viewers.

All submissions can be e-mailed to [jn@burntherapist.com](mailto:jn@burntherapist.com), [hlaznick@nyp.org](mailto:hlaznick@nyp.org), [sandy@capabilities4living.com](mailto:sandy@capabilities4living.com), and [beth.j.franzen@healthpartners.com](mailto:beth.j.franzen@healthpartners.com) .

### *Disclaimer:*

*All submissions that meet the eligibility criteria will be posted to [www.burntherapist.com](http://www.burntherapist.com) and will be freely accessible for review and sharing among any individuals whom have access to this site*

*Splint Title or Name (font size: 16)*



**Description of splint:**

**Materials used/needed:** (use two columns with asterisk as bullet)

- \* \*
- \* \*

**Fabrication instructions:**

**Advantages:**

**Disadvantages:**

**Indications:**

**Precautions/Contraindications:**

**Primary reference:**

**Supporting references:**

**Level of Therapist Skill / Specialization Required:**

**Total Time Required to Fabricate Splint / Device:**

**Outcome Measure:**