



REHABILITATION SERVICES

**Splint/PRAFO Wear Schedule**

**Patient** \_\_\_\_\_ **(label)** \_\_\_\_\_

**LEFT**      **RIGHT**      **Splint/PRAFO**  
(circle one)

**Purpose:**

- ☐ To maintain joint range of motion  
☐ To prevent injury

**Wear:**

- ☐ At all times  
☐ 2 hours on/ 2 hours off  
☐ All night  
☐ As tolerated  
☐ \_\_\_\_\_

**Watch For:**

Areas of redness or irritation that do not disappear after 30 minutes of removal of splint or PRAFO. Also watch for any areas of discoloration.

**Remove:**

**At least TWICE DAILY** for skin inspection, cleaning and range of motion exercises as directed by your therapist.

**Call:**

Occupational Therapy at **305-9151** with questions or concerns.

**Thank You!** \_\_\_\_\_