HARE TRACTION SPLINT

Used for fracture of the upper bone of the leg — the femur.

> Requires two responders — One to hold traction, one to apply

1) ASSESS PULSE  
   a) Check distal pulse on injured leg.

2) 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)

3) OPEN STRAPS, AND POSITION  
   a) With HARE positioned next to injured leg, open all securing straps, and position straps such that two are above knee, two below  
   b) Strap IS NOT to be positioned over fracture

4) TAKE MANUAL TRACTION  
   a) Apply ankle hitch, then 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.  
   c) Manual Traction WILL NOT BE RELEASED till HARE is fully applied.

5) PLACE SPLINT UNDER LEG, SEAT FIRMLY AT HIP  
   a) Slide splint between legs of the responder holding traction and under patient’s leg  
   b) Push up under patient till top of HARE is seated well up against patient’s hip

6) ATTACH ISCHIAL STRAP AT HIP  
   a) Top strap is positioned between Patient’s thighs and fixes HARE at hip. A cravat may be used if strap is too short or as added support  
   b) Padding should be used.

7) ATTACH ANKLE HITCH  
   a) Ankle hitch is secured to hook on traction mechanism

8) TAKE UP MECHANICAL TRACTION  
   a) Apply mechanical traction till RESPONDER holding manual traction notes that HARE has taken over full effort. He DOES NOT RELEASE traction, but allows leg to settle into HARE.

9) ATTACH REMAINING STRAPS, BOTTOM TO TOP  
   a) Supporting straps are affixed to leg — two below knee, to above  
   b) No strap over fracture  
   c) Omit strap if it will not fit  
   d) The responder holding traction may release slowly when ALL straps are in place. Leg shall not "drop" but should remain stabilized in HARE.

10) ASSESS PULSE  
    a) Reassess pulse distal to fracture  
    b) Secure patient AND HARE to backboard and transport. May need to put patient on cot so head is at foot of cot as hare may extend out door!