

Clinical Pearls



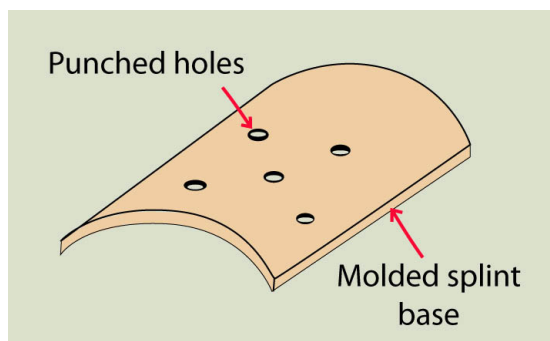
ATTACHING INTERFACE MOLD TO SPLINT SURFACE

Often the ideal way to provide total contact and positive pressure to an immature scar is to place an interface mold between the splinting material and the skin surface. The interface mold is usually made of silicone which hardens to a firm shape following the addition of a catalyst. The smooth surface of the splint does not allow the smooth silicone to adhere and keeping the interface mold in place can be difficult. Glue is not effective with these slick surfaces.

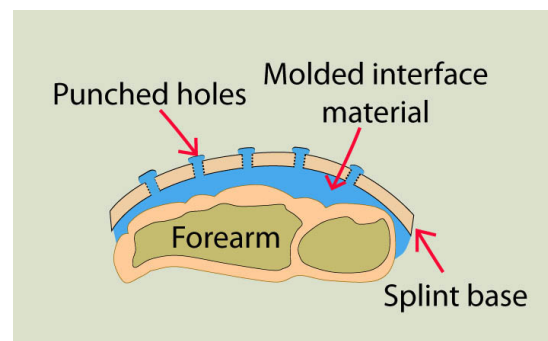
A simple solution to this problem is:

1. Mold the splint base to fit the patient contour
2. Punch holes in the area of the splint which lies over the area of the interface mold.

3. Mix the catalyst with the interface mold material; apply to the skin surface and immediately apply the splint.
4. Gently but firmly press the molded splint down until the silicone material “oozes” out of the holes and there is total contact of skin, interface mold, and splint surface.
5. Pinch off and discard excess material that has flowed out of the hole. Leave a small molded mound larger than the hole on the exterior of the material.
6. The interface material can be easily torn out of the holes and replaced with a new one if the changes of the skin surface require a new mold.



Holes are punched in molded splint base.



Interface mold material is placed between the skin and splint and then allowed to “ooze” out of the holes.