

SLISHMAN TRACTION SPLINT (STS)



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STS Gen 1

The STS was developed by Dr. Sam Sliselman at the University of New Mexico to overcome many of the operational difficulties and limitations of older traction splints. The innovative STS design has the traction mechanism positioned at the patient's hip. Femur traction is applied through the extension of the pole segments creating a pushing force on the ankle strap instead of pulling distally from the foot. This innovative design change provides a number of outstanding benefits over conventional traction splints.

The STS does not extend beyond the foot - The traction splint stays anatomically contained from the patient's hip to ankle, there's no extension beyond the foot. This eliminates the issues of not being able to close the ambulance door or not being able to fit patients into aircraft because of the traction splint. When extricating a patient, the splint stays contained within the litter, basket or board reducing the risk of the splint striking anything during movement or hoisting.

60 second patient application - The unique design of the STS makes it the fastest splint available to apply. No poles to assemble or mechanisms to set up. Many departments find that they can easily apply the STS to the patient in less than 60 seconds. No delay in patient transport or having to choose not to splint because it will take longer to splint than transport to the ER.

The STS is not contraindicated in lower leg injury or amputation - While other traction splints are contraindicated when a patient has lower leg injury, the STS's unique design allows the ankle strap to be alternately positioned proximal to the calf. This allows femur traction to still be applied and leaves the lower leg accessible for splinting or bandaging. No reason to forego traction splinting because the patient also has lower leg trauma.

One size fits all - The STS fits both adults and peds. No need to carry two different splints. If your system requires you to carry two traction splints, two STS splints can be carried for bi-lateral splinting of both peds and adults.

Lightweight and compact - The STS weighs only 27 ounces and is 22" x 3" in size. It doesn't take up much space in vehicles or aircrafts and can easily be strapped to trauma bags and backpacks.

Traction mechanism accessible during transport - If traction adjustment is needed while enroute the STS traction adjustment is accessible at the patient's hip, not jammed against the door or airframe at the patient's foot.

Radiolucent - The STS is radiolucent. No need to remove the splint for imaging or reapplying the splint afterwards. The patient can go all the way to surgery with the splint on.

FEATURES/SPECIFICATIONS

- The Sliselman Traction Splint weighs 21 ounces (765 grams) in the case
- The carrying case dimensions are 22 in. x 3 in. x 3 in. or 56 cm x 7.6 cm x 7.6 cm.
- Included are 3 telescoping aluminum poles with 2 easy-to-use thumb screw locks, a neoprene ankle hitch, an adjustable nylon groin strap with quick-release buckle, and an optional mid-leg neoprene strap that can be applied for added rotational stability
- Telescoping poles are made of light weight, high tensile strength 6061 aluminum
- Traction cord is 550 paracord
- Aluminum is barely visible on X-ray. Thumb screws on locks are steel and are visible on X-ray
- Corrosion and shock resistant
- Temperature stable



DIMENSIONS

- Packaged: L 13 in. x W 3 in.
- Weight: 0.81 lbs

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