SLISHMAN TRACTION SPLINT (STS) STANDARD AND COMPACT





Features:

- STS Does Not Extend Beyond the Foot
 One Size Fits All
- Rapid Patient Application in Under 60 Traction Mechanism Accessible Seconds
- STS is Not Contraindicated in Lower Leg Injury or Amputation
- Lightweight and Compact

Dimensions:

- Packaged: L 23 in. x W 3 in. x D 3 in.
- Fully Extended: L 45.5 in. x Dia. 0.75 in.
- Weight: 1.32 lbs

- - **During Transport**
 - Radiolucent
 - Corrosion and Shock Resistant

Tactical Traction Splints

ITEM #

50-1008

NSN#

50-0041 6515-01-631-3182

6515-01-694-7603

• Temperature Stable

DEVICE SIZE

Standard

Compact





• Can be applied in under a minute

with minimal training

amputation

stability

Application possible even

in cases of lower leg/foot

Includes the Slishman Pressure

Wrap to assist with rotational

REV072623

COMPACT

Features:

- Radiolucent
- One size fits all, from small children to large adults
- Less than 13 ounces, and 13" packed—one of the smallest and lightest traction splints on the market
- Single connected device—no loose parts, which may get lost

Dimensions:

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



SLISHMAN TRACTION SPLINT (STS AND STS-C)..

Trusted by major EMS agencies including Boston EMS, Dallas Fire-Rescue, LA County Fire, and FDNY...

The STS was developed by Dr. Sam Slishman 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 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.

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.

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. 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.

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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.

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.

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.





