

UVA Health Medical Center  
**Competency Verification Record (CVR)**  
**Splinting, Upper Extremity - Ambulatory**  
**Role: Orthopedic Technician, Athletic Trainers and Medical Assistants**

**Employee Name:** \_\_\_\_\_ **Employee ID #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Disclaimer:** Competency Verification Records (CVR) are temporarily stored in the Department's competency filing system until completion has been recorded on a permanent competency form (e.g., OCA, ACR). The CVR requires a validator's signature.

**Transfer of CVR to Permanent Record:** With this record of a validated competency, the preceptor, Dept. NEC, manager, or their designee locates the matching competency statement on the Annual Competency Record (ACR), Orientation Competency Assessment (OCA) Regional Competency Assessment (RCA), or Department Specific Competency (DSC) form. *(If the statement is not present, it can be written-in.)* The competency statement is then initialed and dated as complete.

<b>Competency Statement:</b>	Applies upper extremity splints.																	
<b>Validator(s):</b>	Licensed Independent Provider (LIP), Advanced Practice Provider (APP) and Orthopedic Techs																	
<b>Validator Documentation Instructions:</b>	Validator documents method of validation (below) and initials each skill box once completed <b>and</b> places their full name, signature, and completion date at the end of the document.																	
<b>Method of Validation:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">DO</td></tr> <tr><td style="text-align: center;">T</td></tr> <tr><td style="text-align: center;">S</td></tr> <tr><td style="text-align: center;">C</td></tr> <tr><td style="text-align: center;">D</td></tr> <tr><td style="text-align: center;">R</td></tr> <tr><td style="text-align: center;">QI</td></tr> <tr><td style="text-align: center;">N/A</td></tr> </table>	DO	T	S	C	D	R	QI	N/A	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Direct Observation – Return demonstration or evidence of daily work.</td></tr> <tr><td>Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test.</td></tr> <tr><td>Simulation</td></tr> <tr><td>Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced.</td></tr> <tr><td>Discussion: Identify questions related to a competency and ask orientee to provide an example of their real-life experiences.</td></tr> <tr><td>Reflection: A debriefing of an actual event or a discussion of a hypothetical situation.</td></tr> <tr><td>Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed.</td></tr> <tr><td>If the specific product or process step is not used in the respective area or by the respective role, then this step is deemed N/A.</td></tr> </table>	Direct Observation – Return demonstration or evidence of daily work.	Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test.	Simulation	Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced.	Discussion: Identify questions related to a competency and ask orientee to provide an example of their real-life experiences.	Reflection: A debriefing of an actual event or a discussion of a hypothetical situation.	Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed.	If the specific product or process step is not used in the respective area or by the respective role, then this step is deemed N/A.
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<b>Validation Instructions:</b>	This form is complete when application of all 7 types of splints have been demonstrated. Each validator must sign the bottom of the form.																	

**Name of CVR:** Splinting, Upper Extremity - Ambulatory  
**Date CVR Created:** 2/2025    **Date CVR Revised:**  
**Subject Matter Expert(s):** Damon Cromer, Angela Scott, and Megan Fretwell

CVR Template: Created 11/10/2018; Revised: 11/21/2018; 12/29/2022; 6/8/2023; 3/27/2024; 11/2024; 1/2025, 2/2025

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Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Validation Method	Validator's Initials						
		Volar Short arm splint	Dorsal blocking splint	Thumb spica splint IP free or IP included	Ulnar gutter splint	Radial gutter splint	Sugar tong splint	Long arm posterior or anterior splint
Identifies best uses for splinting procedures and their properties such as Fiberglass, Plaster of Paris, and prefabricated materials.	D							
Verifies order and indication for splint	DO							
Reviews injury with LIP to determine the casting method.	DO							
Reviews the patient's electronic health record for contraindications (i.e. allergies to latex, medications, or splinting materials)	DO							
Validates that the patient and family have received an explanation of the procedure according to their individual communication and learning needs.	DO							
Measures stockinette to proper length and width to allow proper conformability to the appendage or extremity, without being too loose or tight, without wrinkles or creases	DO							
Places joint in neutral position unless directed otherwise by prescribing physician. (90 degree of ankle flexion, wrist slightly extended in a position of function)	DO							

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Applies padding in prescribed manner, overlapping 50% with each consecutive wrap, providing two complete layers.	DO							
Provides extra protection to observed bony prominences (i.e. heel, malleoli, metatarsal heads, proximal fibula, anterior tibia, flexion creases and fulcrum points, etc.)	DO							
Applies fiberglass splinting material in the same manner as the cast padding (i.e. ortho-glass)	DO							
Readdress positioning of cast or splint to the appendage or extremity as it cures, laminating for maximum strength and rigidity, with the proper molding to maximize strength, patient comfort, fit and management of the given injury.	DO							
Ensures the finished cast or splint accommodates for all range of motion allowed by the prescribing physician	DO							
Provides patient post splint education to maintain proper healing, addressing any specialty concerns	DO							

**Reference Table/Pictures if applicable:** N/A

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**Reference:** Brown, S. A., & Radja, F. E. (2015). *Orthopaedic immobilization techniques: A step-by-step guide for Casting & Splinting*. Sagamore Publishing.

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