Traction Device

PROCEDURE

STEPS

1. Stabilize the injured limb manually, with manual traction on the leg
2. Consider sedation or analgesia
3. Assess distal pulses, sensation, and motor function
4. Apply the traction device
5. Reassess distal PMS every 5 minutes

IF IT GOES WRONG

- Reassess distal pulses, motor, and sensation every 5 minutes
- Check device-specific fit: pad position, strap security, and traction force

BEFORE YOU START

- Purpose: stabilize and immobilize femur fractures before moving the patient
- Constant pull along the leg aligns fragments, reduces pain, prevents damage to tissues, muscles, nerves, vessels
- Indication: isolated suspected femur fracture
- Contraindications: proximal femur fracture, pelvic fracture, tib/fib fracture
- If pulses and sensation are present distal to injury, field reduction should not be attempted
- Some angulated fractures may need splinting in the position found; can be placed on open fractures

KIT YOU NEED

- KTD — unipolar device; unique pulley system applies traction; top of black should be at bottom of the foot
- Hare — unipolar device; ischial pad properly positioned against the ischium; allows precise adjustment of traction force
- Sager — bipolar device; use the correct size for the patient; groin strap positioned correctly and securely to avoid slippage
- Sager: allows precise control of the traction force

Take Home Message:

Traction is for the isolated midshaft femur fracture — apply it, then reassess distal PMS every five minutes.