

HALO BRACE

A Guide for Patients

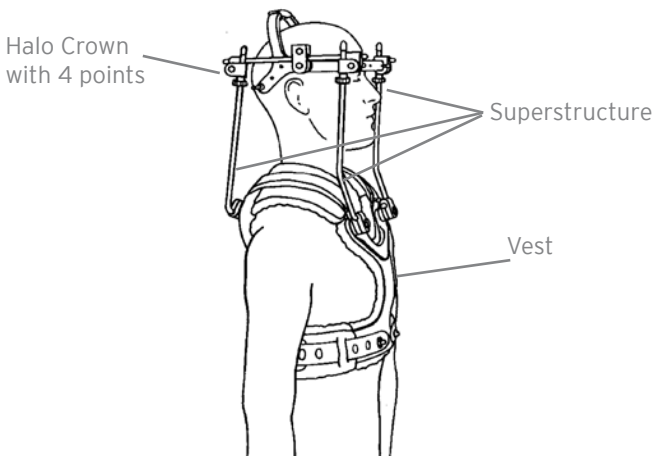
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INTRODUCTION

This booklet is designed as a guide to help you cope with wearing your Halo thoracic device. You will be given a great deal of information while you are an inpatient, a lot of which you will not remember.

This booklet is designed as a guide you and your family can refer to as you encounter questions and difficulties over the next two to three months.



Consulting Orthotist

Clinic Attended

Date Attended

PATIENT DETAILS

Patient Name: _____

U.R: _____

Date of Application: ____ / ____ / ____

Injury: _____

Specific Instructions: _____

YOUR HALO

You have been fitted with a Halo ring and vest to stabilise a fracture or dislocation of the bones in your upper (cervical) spine. This device is designed to immobilise your spine so it is able to heal, which normally takes between 8 - 12 weeks.

After the initial fitting it may be necessary to adjust the position of the device, to obtain a better position for your fracture/dislocation.

Once a satisfactory position is obtained, you will be able to start sitting and getting out of bed, during which time you will have a series of X-rays, to monitor the position of your fracture/dislocation.

Once you are moving around freely, you may be discharged home or to a Rehabilitation facility, however you will have regular visits back to the Hospital for showers and reviews by your Specialist.

A range of Medical and Allied health staff are available both as an inpatient and following discharge, to help with any problems or concerns that you may encounter. On the back cover you can record the names of these individuals for further reference.

VEST & PIN CARE

Your pins will be re-tensioned once, generally 24-48 hours after the Halo is applied. They should not need to be re-tensioned again unless you experience some problems.

At no stage is anyone but medical or orthotic staff at OAPL to adjust these four pins.

No dressing will be put on your Pins sites and your nurse will instruct you on any care and cleaning that they may require. They will be cleaned and checked at each of your shower appointments.

Any special pin care instructions will be written in the front of this booklet by nursing staff.

If you experience any "clicking sensations", redness, increasing discharge, stretching of skin around a pin site and increasing pain or discharge contact the hospital immediately.

Your vest requires very little maintenance, but you should try to keep it as clean and dry as possible and ensure that the tools you were given are with you at all times.

Once a week we ask you to check the tension of all the bolts and screws on your vest and superstructure.

Under no circumstances are you to use your tools to adjust either the 4 pins in the Halo ring or the position of the vest and superstructure.

ACTIVITY

Initially you may find that you feel very “top heavy”, awkward and possibly unbalanced with the halo device. You may also find that you may bump into doorways and furniture. These problems however should gradually pass.

You may also find that it is more comfortable when you sit, lie and move in certain ways. These vary greatly for every patient and again you will discover your preferences.

It is important for your mental and physical well being that you are as active as possible. The amount of activity that you undertake should be discussed with your Specialist but you should avoid any heavy lifting, running or activities involving heavy physical contact.

If you are attending school or have a job which does not require a lot of physical activity or lifting you may be able to return to these activities (providing your schedule is flexible enough to allow for rest periods). You must remember that in the initial periods of wearing the Halo your endurance will be reduced.

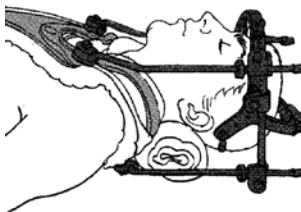
If during activity you experience aching or pain in your neck, you should stop and rest. This is more common in the earlier stages of wearing the device.

If pain persists or you have a change in the feeling or strength in any of your limbs contact your specialist immediately.

Sleeping

In the initial stages you may have difficulty sleeping until you find a comfortable position. You may also find that you require naps during the day because of this. You can lie on either your side or back in the device.

Some people find it useful to use a folded towel to support their head/neck. Ask your orthotist to demonstrate this for you.



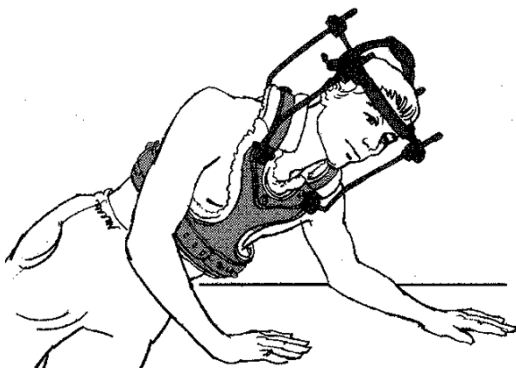
SITTING UP & GETTING OUT OF BED

If you have a reclining bed do not let anyone wind you up whilst lying on the mattress. You should sit up and then have the backrest brought up to your level.

If you find that you slide down the bed when the backrest is inclined you may need to use pillows or something similar to block your feet to prevent this.

Some patient's find that their vest rides up or digs in when sitting on an incline in bed.

If this occurs you should contact your orthotist to see if this can be adjusted or alternatively try sitting out of bed.



When getting out of bed, do not try to sit straight up from a lying position as this motion places a lot of stress on the front pins of the Halo ring. Instead you should roll onto your side and push your torso up whilst slipping your legs over the edge of the bed.

Ask your Physio, Orthotist or Nurse to instruct you how to do this.

When sitting up or getting out of bed no one should use the Halo or the vest to pull you up.

SHOWERING

A showering regime will be established for prior to your discharge. You will need to attend regular appointments with your orthotist for showers and liner changes.

Please arrange these appointments with your orthotist. You must also remember to bring toiletries (soap, shampoo etc) and your spare liners to this appointment or you may not be able to have your shower.

If you do not have spare liners please contact your orthotist before this appointment.

Between these appointments you are able to wash areas of your body not covered by the vest. This is normally done by sponging or alternatively by running a very shallow bath and sitting in it to wash the lower half of your body. When doing this you may need to protect your vest with plastic bags to prevent it from getting wet.

Skin care

Your skin will be checked whenever you have a shower and liner change. If you experience discomfort especially around the edge of the vest or over bony areas (shoulder blades etc.) contact your orthotist immediately.

If you experience itching skin you can try using a tea towel moistened with methylated spirits and pull it back and forth under the vest while lying.

This will help to clean and dry the skin. Ask your orthotist to demonstrate this. Try to keep the vest free from lotions and powders as these may increase any skin irritations.

APPROPRIATE CLOTHING

Finding clothing to fit over the vest can be difficult. You must remember that you will be wearing the Halo for 8 - 12 weeks. It may be worth while either buying some new clothes or modifying some existing ones.

Most people have had success with wearing oversized button-up shirts or jumpers. Others have modified shirts using velcro tabs so that they fit neatly over the structure. If you would like to see an example of this ask your orthotist.

Underneath the vest generally we would like you not to wear anything. However if the lambs wool liner irritates you or you are having trouble coping with heat you can slip a cotton shirt or singlet up underneath the vest.

The shoulder and arm sleeves will need to be modified with fasteners to allow the shirt to be put on and off. Ladies can wear bras or elasticised halter tops using a similar method, sliding it up under the front of the vest with the fasteners doing up outside the back of the vest.

Note you may require a larger size than usual. Ask your orthotist to explain or demonstrate this for you.

Sensible shoes with low heels and non slip soles should be worn for safety. Sneakers are a good option as they are comfortable and practical. High heels and narrow soled shoes as well as uneven ground and slippery surfaces should be avoided as the risk of falling is too great.



TRAVEL

Your travel does not have to be restricted. You should be aware of your limited endurance in the early stages and plan any trips carefully, allowing some time for rests. You may also find that the vibration of travelling may give you a headache or uncomfortable feeling.

Larger cars will be more convenient than smaller cars for you to travel as they provide more room and a smoother ride. When getting into a car back up to the door and bend forward as you sit down. Be careful not to hit the halo or vest on the doorframe. Once you are sitting you can swing your legs into the car. Getting out is just the reverse of this.

Before any major travel is undertaken you should discuss it with your specialist and orthotist.



REMOVAL

Before the Halo is removed you will have a final set of X-rays taken. The Specialist will examine these and authorize your orthotist to remove the device.

Once it is removed you will be supplied with 2 Philadelphia collars which are to be kept on at all times until otherwise instructed. You will feel quite strange once the halo has been removed and find that your head/neck will feel heavy and awkward while it gets used to supporting its own weight again. This is quite natural and will soon pass.

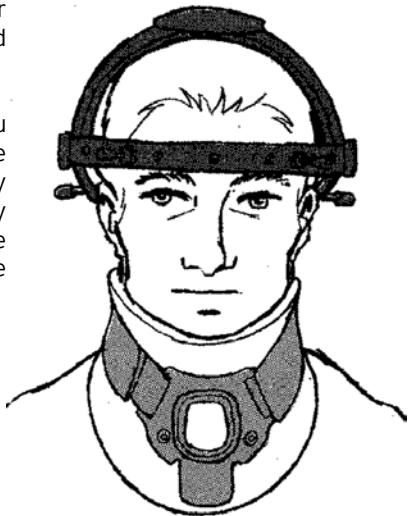
During this period the activities you are allowed to undertake are still restricted. You should discuss these with your specialist.

The pin sites will be cleaned and dressed for you by the nurse present. This dressing normally falls off during your sleep and does not need to be replaced unless the sites ooze excessively.

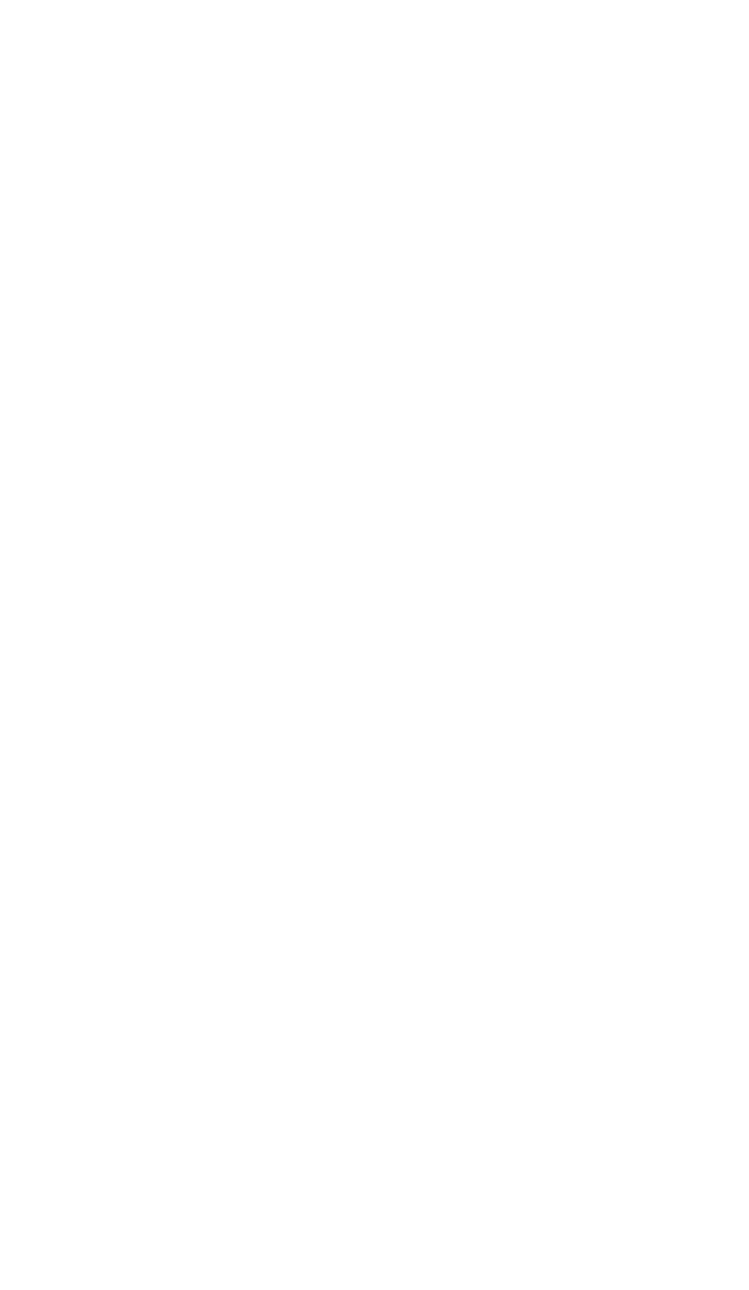
You are free to have showers (with your new collar on) the day after the halo is removed.

Pins sites generally heal very quickly. If you get pain redness or swelling around your pin sites you should contact your doctor.

To reduce scarring you can try massaging the pin sites quite firmly to help break any adhesions that have formed between the skin and the skull.









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Version 4.09

OAPT0020

