

## REFERENCES

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## Splinting in the intensive care unit

Heidi Clavet and colleagues recently reported the results of a study in a much-needed area of research that receives little attention.<sup>1,2</sup> Conservative treatment of contractures is time consuming and often results in few gains in cases of significant contracture.<sup>3</sup> The wait time for a procedure to lengthen the Achilles tendon at a Toronto tertiary care centre is about 2 years. As mentioned by Clavet and colleagues, intensive care units do not have enough physiotherapists, occupational therapists and nurses to provide sufficient passive range of motion exercises to prevent the onset of contractures.

The most frequent and functionally

limiting contractures I see are ankle plantar flexion contractures (which limit independent transfers and ambulation) and contractures of the intrinsic muscles of the hand (which limit eating, dressing and writing). Given the lack of resources, it may be prudent to consider recommending the use of over-the-counter ankle-foot orthoses to promote ankle dorsiflexion and gloves or splints to stretch the intrinsic hand muscles for all patients admitted to the intensive care unit for longer than 2 weeks. These devices are easily applied and do not interfere with lifesaving devices; however, the patients need to be monitored for skin breakdown. As well, teaching the family to do range of motion exercises for the hands and ankles (which again would not interfere with lifesaving devices) could be beneficial to patients, the health care team and family members, who desperately want to feel they are helping their loved ones.

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Competing interests: None declared.

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## Correction

In the full-text version of the Health and Drug Alert "The Evra (ethinyl estradiol/norelgestromin) contraceptive patch: estrogen exposure concerns,"<sup>1</sup> the doses of ethinyl estradiol, norelgestromin and norgestimate were mistakenly listed in milligrams rather than micrograms. This error did not occur in print or in the PDF and has now been corrected on [www.cmaj.ca](http://www.cmaj.ca).

## REFERENCE

1. Wooltorton E. The Evra (ethinyl estradiol/norelgestromin) contraceptive patch: estrogen exposure concerns. *CMAJ* 2006;174:164-5.

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