

Halo Brace Care

Before you go home, make sure you are comfortable with the fit of your vest. If not, tell your physician.

A halo brace is used most often after a neck injury. This brace holds your neck (cervical portion of your spine) in place to:

- Prevent movement while your neck is healing
- Help keep you as active as possible
- Allow you to safely perform limited kinds of daily activities (dining out, walks, movies, school and work)

The halo brace (Figure 1) consists of 3 parts:

- A metal ring (halo) secured to the head by metal pins (screws)
- A vest
- 4 metal rods that connect the halo to the vest

This brochure will help you understand how the halo brace is applied and how to live with the brace at home.

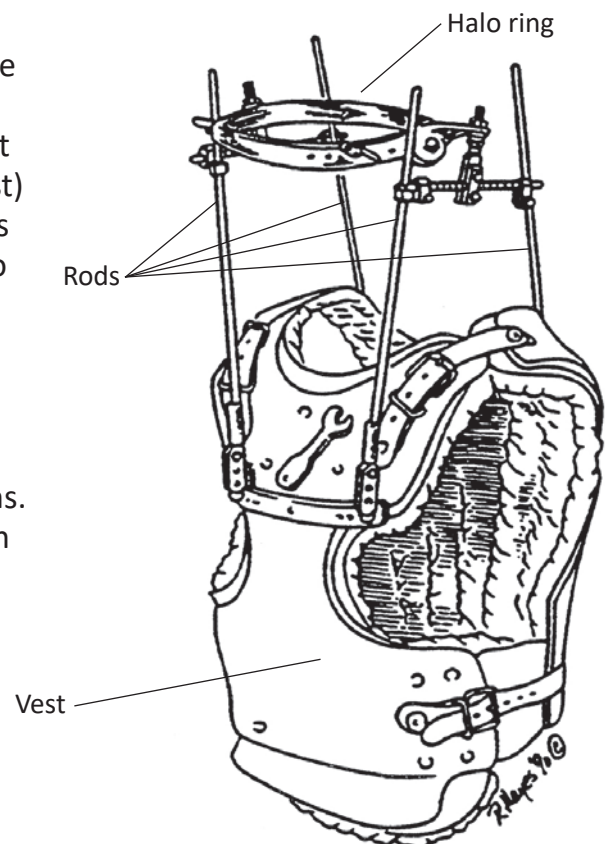
Applying the halo brace

It takes about 1 hour to apply the halo ring and brace. The physician uses medication to numb the area on your head where the pins will be placed. You will feel some pressure when the pins are put into position. A licensed orthotist (brace specialist) helps apply the rest of the brace. Once the halo is attached to the vest, you will have X-rays taken to check that your spine is aligned.

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Most often, a halo brace is worn for 2 to 4 months. How long you need the halo brace will depend on your injury and how well you heal.

Figure 1. Halo brace



Care at home

General guidelines

The pin sites may be sore for the first few days. You may have a sore neck or back. Some patients have pain in their forehead when they chew or yawn. This is normal. These discomforts will slowly go away. If needed, pain medication will be prescribed by your physician.

Until you get used to the brace, you may tire easily. Take frequent rest breaks as needed.

It may take several weeks to get used to being top-heavy and regain your sense of balance during activities. At first, it may be easy to misjudge distances between objects and your halo frame. Be careful not to bump into objects around you such as furniture, doorframes and cupboards.

Precautions

To avoid injury, it is important to follow these guidelines:

- Do not allow anyone to hold or pull on the rods or the vest.
- Do not try to bend or twist your neck.
- Do not loosen or adjust your vest or pins.
- Do not lift more than 5 pounds.
- Avoid crowds.
- Avoid bending forward at your waist.
- Avoid activities that put pressure on your neck.

Diet

It is important to maintain your normal weight. Otherwise, vest adjustments will be needed. Protein from foods such as lean meats, fish, poultry, eggs, dairy products, beans and nuts can help with the healing process. Follow your physician's guidelines about your diet.

Swallowing may be more difficult because your head and neck are in a fixed position.

It is important to:

- Eat in an upright position
- Cut food into small pieces
- Take small bites
- Chew food well

Clothing

No clothing can be worn under your vest. Clothing should not be pulled on over your head. Choose shirts and jackets with these options:

- Full-length zippers or buttons
- Shoulder velcro straps
- Larger-than-normal neck sizes

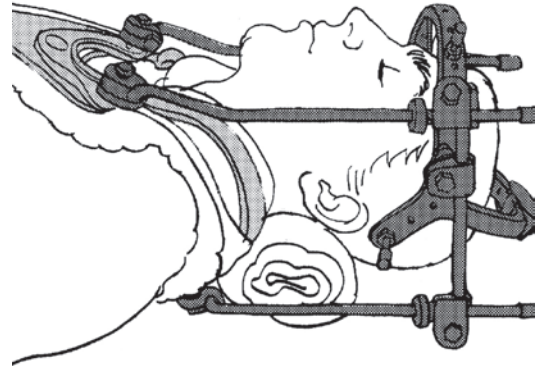
If you would like to wear a bra underneath the vest, please talk with your occupational therapist. A scarf can be worn to keep your head, neck and ears warm. Wear tennis shoes with traction to avoid slipping. Avoid wearing high heels. Your occupational therapist may give you a reacher or other assistive devices to help you get dressed.

Sleeping

Any discomfort or difficulty with sleeping should pass with time. It is important to follow these guidelines:

- Do not sleep on your stomach.
- Put a rolled towel or pillowcase behind your neck when sleeping on your back (Figure 2) or next to your cheek when sleeping on your side.
- The towel should only lightly touch your head and neck and not apply pressure.
- A wedge to elevate the head of the bed may increase your comfort. This can be done with pillows or blankets.

Figure 2. Neck roll

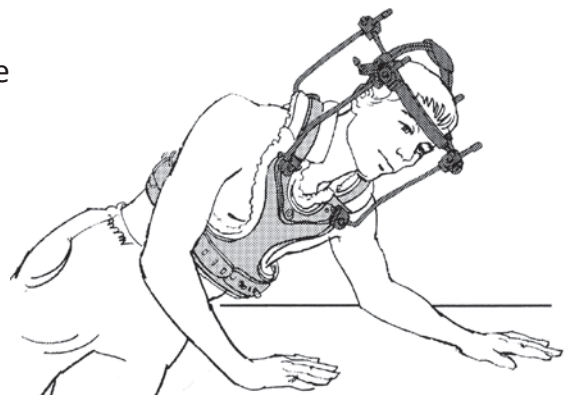


Getting in and out of bed

Do not sit up by bending at the waist. This will put stress on the front pins. To get out of bed while lying on your back:

- Bend both knees
- Bring your arms toward the edge of the bed as you roll onto your side
- Drop your legs off the bed
- With your arms, push up to sitting position (Figure 3)

Figure 3. Getting out of bed



To get into bed, reverse the process:

- Sit back on the bed, not too close to the edge
- Lean to the side and lower your trunk to the bed
- Lift both legs off the floor onto the bed
- Once you are on your side, roll over onto your back with both knees bent
- Remember to keep your spine straight and not twist your body as you roll

Pin site skin care

Have a family member or visiting nurse check your pin sites daily for signs of infection. Clean them as needed with hydrogen peroxide. It is best to allow your skin to heal naturally.

Do not use ointments or antiseptics on your pin sites unless prescribed by a physician.

The pins will be tightened as needed by your physician.

Never use a hard object to scratch under the vest. Use a thin towel instead.

Bathing

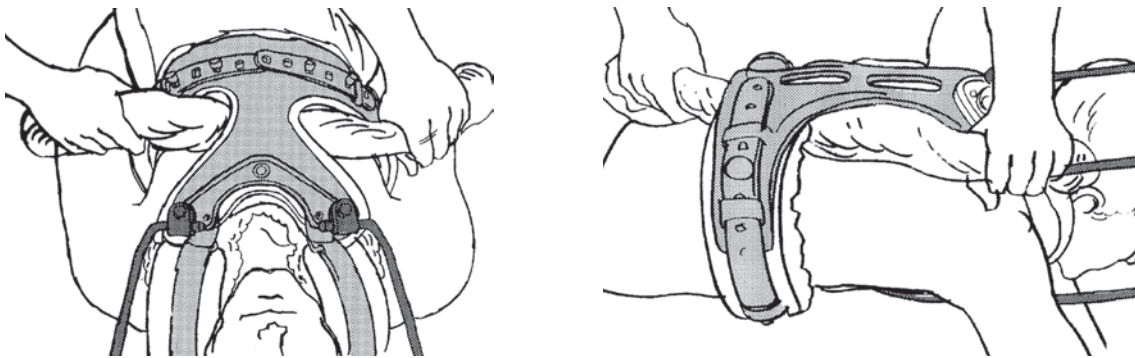
Do not shower. Instead, sponge bathe by sitting in a chair next to the sink.

Keep your vest **dry at all times**. Protect your vest with a towel during bathing and shaving. Try to prevent water from dripping down into the vest. If the vest does get wet, dry it with a blow-dryer on a cool setting.

Clean your skin under the vest and vest liner as needed:

- Slightly dampen a thin hand towel with rubbing alcohol
- “Feed” the towel under vest
- Pull the ends of the towel back and forth in a drying motion (Figure 4)

Figure 4. Cleaning your skin under the vest



Do not use powder, soap or lotion under the vest because it may cause irritation. Keep your skin and vest clean. Your vest will not be changed unless there is a medical reason.

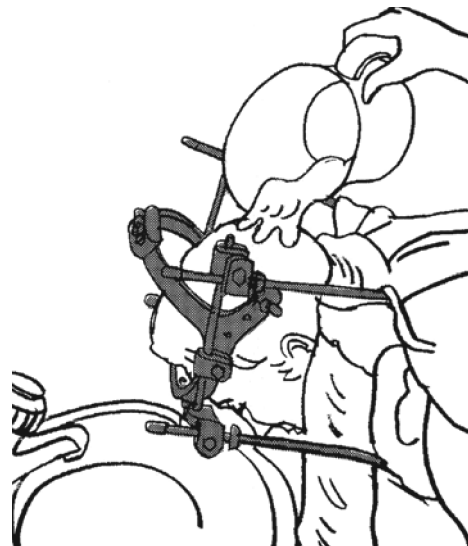
Washing your hair

Do not wash your hair until cleared by your physician. Wash your hair by bending over at the sink (Figure 5). Keep your vest dry with a towel or plastic.

A family member or nurse will need to help you by using a hand-held pitcher or flexible hose to rinse your hair. A damp washcloth with shampoo can be used instead of the sink and hose.

Do not use any tints, dyes, sprays or conditioners on your hair.

Figure 5. Washing hair over the sink



Sexual intercourse

Talk with your physician before resuming sexual intercourse. You may need to assume a more passive role. It is important to:

- Avoid positions that may put stress on the halo brace or your head or neck
- Avoid pushing or pulling on the rods or the vest

Transportation

Do not drive any motor vehicles such as cars, motorcycles, mopeds, golf carts and riding lawn mowers.

Do not ride bicycles, skateboards and scooters.

To get into a car:

- Back into the seat and sit with your body bent forward at the waist (Figure 6).
- Pivot your hips and move your legs into the car so that you face forward.

To exit the car, reverse the process:

- Turn and place your feet on the ground outside the car door.
- Bend forward at the waist and move to a standing position.

It may be helpful to have someone standing nearby to help you the first few times you get in and out of the car. Be careful not to bump your halo frame on the door frame of the car when getting in and out.

Always wear a seatbelt.

Limit riding on public transportation to avoid injuries that may be caused by bumpy rides and crowded conditions. Consult with your physician before air travel. Note that:

- You will set off metal detectors
- You should ask to preboard the airplane

School and work environments

Talk with your physician before returning to school or work. Do not use a shoulder bag or book bag. Do not lift more than 5 pounds. If you will be sitting for long periods of time, it is important to take standing breaks.

A therapist can review the proper setup of a workstation to help you avoid injury and increase your comfort. It is important to:

- Set your computer screen at eye level
- Support your arms on a surface with your elbows close to a 90-degree angle
- Raise the writing surface, if needed

Figure 6. Getting into a car



Halo brace removal

Your physician will remove your halo brace when X-rays show that your neck has healed. When your brace is first removed, you may feel dizzy and your head may feel heavy. This will pass over time.

Your neck muscles will be weak, so you may wear a cervical collar for support. This weakness will slowly go away. Your physician may recommend physical therapy to strengthen your neck.

Your physician will advise you when you can resume your normal activities.

When to call your physician

Contact your physician right away if you have any of these symptoms:

- Pain that does not go away
- Change in sensation or feeling, such as numbness or tingling
- Decreased ability to move your arms and/or legs
- Feeling the need to adjust the vest or pins
- Loosening of the pins
- Any neck movement
- Redness, swelling or drainage at the pin sites or under the vest
- Any “clicking” sensation with movement
- A burning sensation when cleaning underneath your vest with rubbing alcohol