

# Response to Mr Lee's Letter to the Editor

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We read Mr Lee's vigorous defense of his company's product, the REEL Splint (RS), with great interest. We believe traction splinting is a critically important battlefield procedure that has been unjustly deemphasized, and thus we appreciate all discussion on this topic.

Mr Lee implies we did not thoroughly investigate his product. In fact, our article, "Evaluation of Commercially Available Traction Splints for Battlefield Use," also cited Auerbach et al.'s 1984 research in which the RS was deemed superior to the Thomas splint. We also were aware of the advertised internal memoranda by combat medic instructors from the Army Medical Department Center & School in 1987 that reported their opinion that the RS was superior to the Hare and Thomas splints then in use. Technology available for battlefield care has changed over 30 years, and comparisons must be made to the devices available at this current time for a similar application.

In our study, the RS took on average the longest to apply of the devices tested and had the second highest failure rate despite being the device with which participants had the greatest experience. We did not compensate for the RS's advantage of preexisting experience. The RS was rated lowest of all four tested splints by participants for overall military use. Subjective commentary from participants was near-universally negative of the device's applicability for use on the battlefield in any capacity.

No experiment can replicate all the factors encountered by medical providers in a field environment. Our study used an accepted and validated simulator in a research environment, thereby allowing us to control as many variables as possible to render a fair comparison among devices. We maintain that the conditions of this study were such that our findings and conclusions are generalizable to the field, and this is confirmed by the recorded

comments of our subject population. This diverse group of both active and reserve Army, Air Force, Navy, and Coast Guard enlisted field medical providers provided a rare glimpse into the joint environment in which the Armed Forces currently operate. Of note, this project received no funding of any kind—government or commercial—and existed solely because of voluntary efforts and participation by those involved. We hope that others might try to replicate our study or conduct similar scientific investigations. Until that time, our study remains the most rigorous, unbiased, and modern examination of these devices.

With the growing commercialization of devices used on the battlefield, every decision for or against a device or product by the military is a negative or positive for someone in industry. The authors are interested in putting the best equipment and training in the hands of field providers who care for our wounded. We wish Mr Lee's company the best of success in their commercial endeavors and hope that the results we reported spur them to create even better products for our Servicemembers.

## Disclaimer

The view(s) expressed herein are those of the author(s) and do not reflect the official policy or position of the US Army Medical Department, the US Army Office of the Surgeon General, the Department of the Army and Department of Defense, or the US Government.

## Disclosures

The authors have nothing to disclose. The authors have no financial interest in, nor receive payments from any medical device manufacturers or distributors.

References available on request