


**CASTING and SPLINTING  
WORKSHOP**

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**INDICATIONS**

- ✦ Known fracture or dislocation
- ✦ Suspected fracture or dislocation
- ✦ Severe sprain/strain



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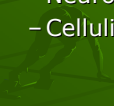
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**CONTRAINDICATIONS**

- ✦ **CASTING**
  - Significant swelling
  - Open fractures
  - Neurovascular compromise
  - Cellulitis



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## MATERIALS

- ✦ Stockinette
- ✦ Wet or Dry™ cast padding
- ✦ Casting tape
- ✦ Pre-fabricated splints
- ✦ ACE wrap or Coban
- ✦ Water, gloves, scissors
- ✦ Cast saw, cast spreaders

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## PEARLS

- ✦ Radiography
  - 2 views at 90° angles to each other
  - Special views (ie scaphoid)
  - Trace outline of each bone
  - Bone density changes
  - Know osseous relationships
  - Re-xray every 2-4 weeks

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## PEARLS

- ✦ First, do no harm
- ✦ Immobilize in position of function
  - Hand shake position
- ✦ Skin should be clean/dry
- ✦ Don't immobilize joints unnecessarily
  - Immobilize one joint both proximal and distal to fracture site

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## PEARLS

- ✦ Make stockinette longer than actually needed
- ✦ Apply extra padding to bony prominences
- ✦ Roll the padding/cast like unrolling a rug, overlapping 50%
- ✦ Wet cast in cool water to lengthen drying time (Don't squeeze)

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## PEARLS

- ✦ Mold cast with 3-point fixation. Don't squeeze with fingers.
- ✦ Give patients verbal and written take home instructions
- ✦ After immobilization, patients will require a rehabilitation program to regain full ROM/strength

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## DISCHARGE INSTRUCTIONS

- ✦ Rest, Ice, Elevate
- ✦ Signs of cast too tight: compartment syndrome
- ✦ Keep dry as much as possible
- ✦ Don't stick anything into the cast
- ✦ Adequate pain meds (Acetaminophen/Narcotic)

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## DISCHARGE INSTRUCTIONS

- ✦ Move non-immobilized joints to decrease swelling/prevent stiffness
- ✦ Allow 48 hours before stressing cast
- ✦ Don't paint the cast
- ✦ Call doctor with any problems

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