

# ORTHOPAEDIC SPECIALISTS

BETTER EXPERIENCE. BETTER RESULTS.

## CAST CARE

### *What you need to know about taking care of your cast.*

The cast was first introduced in approximately the 4th century B.C. and has since become one of the most important devices in the treatment of sprains, strains, and fractures by orthopaedic physicians. Casts are designed to immobilize and retain position as healing ensues.

At the time of an orthopaedic visit, if it is decided that the patient will benefit from casting, he or she will be placed in one of two different types of cast, depending on his or her injury and his or her physician. The most common type of cast is the synthetic or fiberglass cast. The less common type of cast is the plaster cast made of plaster of paris. Regardless of the type of cast you have, the cast will protect your injury and allow it to heal. This next section has been written in order for you to understand the role you and your cast play in your recovery and how you can properly care for your cast.

### Application

The cast was developed specifically for immobilization. During cast application, you will receive a stockinette on the affected extremity, which is a cloth-like layer that prevents itching and helps to allow the cast to breathe to prevent excessive sweating. A thin layer of cast padding or cotton padding is then used, followed by the cast. The cast is put on very snug and may feel relatively tight for the first few days after its application. As swelling goes down and the cast padding is pushed out towards the cast, the cast will become a little roomier. If at any time your cast feels too tight or too loose, please call our office.

Your type of injury and number of weeks since injury will determine whether or not you can bear weight on your cast or use the affected extremity.

### Helpful Hints

- Allow your cast to dry thoroughly. Typically, synthetic or fiberglass cast reaches maximum strength at approximately twenty (20) minutes after application and can then be used for weight-bearing at that time.
- Do not rest your cast on any hard surfaces that may potentially bend your cast and create an area of irritation underneath the cast, which may potentially cause skin breakdown and other potential problems.
- Avoid getting your cast wet. If your cast does become wet, please attempt to dry it slowly with a blow-dryer on the lower settings. If it becomes extremely saturated, call our office. You will be in need of a cast change at that time.
- Elevate because the cast is solid and cylindrical. It does not allow much room for swelling in the cast. If at any time the cast starts to feel tighter, elevate the extremity above the heart, and you may apply ice to the outside of the cast at, or near, the fracture, sprain, or strain. It does take a fair amount of time for the ice to be effective, so in most cases, you have to leave the ice pack on for an hour or so.
- Exercise to improve circulation. Simple exercise such as finger and toe wiggling can improve the circulation in your extremities and eliminate excessive swelling. It also prevents loss of muscle strength at recovery of your injury.
- Do not scratch underneath your cast. Although itching is somewhat annoying, your skin is very sensitive underneath the cast, and in some cases, you can break down the skin and cause other potential problems. You may lightly sprinkle a talc or baby powder in your cast which may relieve some of the itching. You may also blow cool air down the cast with a blow-dryer to alleviate the itch.

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## Warning Signs

If you experience any of the following symptoms, please call our office immediately:

- Numbness or tingling that is not alleviated with elevation
- Sudden, extreme pain
- Extreme tightness that is not relieved with icing or elevation
- Swollen, blue or cold fingers or toes
- A damaged cast

## Cast Removal

Casts are removed with a combination of orthopaedic tools and a cast saw. These are very reliable tools that allow us to remove the cast quickly with very little discomfort. The cast saw does vibrate and may produce some sensation of tingling and does produce heat as it goes through fiberglass, depending on the thickness of the cast. Please let the cast remover know if you are experiencing excessive heat or pain.

Your skin will also be relatively sensitive after the cast is removed, so try to avoid excessive rubbing, itching, or scrubbing of that extremity for a few days. The skin will eventually slough off and resemble your other skin.

In some cases, additional casts are needed for a number of reasons. First and foremost, the fracture has not healed or the sprain or strain needs additional immobilization. Because the muscles underneath the cast aren't used, they shrink and therefore your cast may become loose. If this is the case, a new, tighter cast may be applied. In some cases, the additional cast may be smaller than the cast before it. Typically, X-rays are taken after the cast has been removed in order to show a better picture.

After your cast is off, you will experience some stiffness, muscle weakness, as well as some swelling. As you begin to use your injured extremity again, do proceed with caution and follow your physician's advice with regards to your activity. After your cast removal, in some cases, other Velcro braces may be needed as you assume your normal activities. Please return to your normal activity level slowly and as your body dictates. You still may be required to use icing and elevation even after cast removal, especially during rehabilitation.