



0400002

PLACE LABEL HERE.
IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

ORTHOPAEDIC CLINIC — CAST CARE INSTRUCTIONS

1. SPECIAL INSTRUCTIONS

- Keep your cast **CLEAN & DRY**.
- When showering or bathing: Roll up a small towel and wrap it around arm or leg, just above cast (**DO NOT** tuck the towel into cast) and tape the towel in place. Place arm/leg into plastic bag. Tape the bag in place. Protect cast with a plastic bag during rain or snow!
- A **wet cast must be changed within 24 hours**, to prevent skin breakdown.
- You may use a blow dryer, if and only if there is a cool setting, to dry a cast that is damp around the edges.
- Keep the skin around the edges of the cast clean and dry.
- Use a marker to circle any drainage (from wounds) on the outside of the cast. Report any changes in the amount of drainage to the Doctor.
- A soiled cast may be wiped gently with a damp cloth, on the outside only.
- A cast is meant to be snug and to immobilize the involved joints; however, it should not cut off or decrease circulation of the extremity.
- DO NOT put anything down inside of your cast:** NO powder, NO spray, NO lotion, NO water or liquids, NO foreign objects to scratch under cast.
- Do not pull** the padding out of the cast.
- Do not remove** the cast yourself.

2. ACTIVITY

RANGE OF MOTION AND ELEVATION ARE IMPORTANT TO CONTROL SWELLING (Choose one).

- Range of motion for upper extremity; range fingers, elbow, shoulder (Per MD instructions):** 2-3 sets of 10 repetitions, followed by elevation. Massage fingers from the tips towards the hand several times daily.
- Range of motion for lower extremity; wiggle toes, bend & straighten knee, straight leg raises (Per MD instructions):** 2-3 sets of 10 repetitions, followed by elevation.
- Elevate Extremity above the level of your heart (20-30 minutes, several times daily):** Also elevate the extremity (above the level of heart) whenever any of the following symptoms occur: an increase in swelling, pressure, or tightness inside of cast; an increase in thumping or throbbing; an increase in pain, tingling, or numbness; or a decrease in circulation at the end of extremity (finger or toes).

3. FOLLOW UP

PLEASE REPORT ANY OF THE FOLLOWING SYMPTOMS TO YOUR PHYSICIAN, WITHIN 24 HOURS:

- An increase in pain, pressure, swelling, tingling or numbness that **CAN NOT** be controlled with elevation and Range of Motion.
- An increase in drainage, foul order, or if there is an increase in body temperature, nausea, vomiting.
- Any cast that gets wet, broken, cracked, too loose, or if the cast is causing pain due to rubbing or sores.

****If these symptoms occur over a weekend or holiday, you must go the nearest Emergency Room!****

- Orthopaedic Clinic Fontaine 545 Ray C. Hunt, Suite #120, Charlottesville, VA 22903
Telephone# 434-243-5440 (Local) or 1-800-251-3627
- McCue 290 Massie Road, Charlottesville, VA 22903
Telephone # 434-243-5050 (Local) or 1-800-251-3627

I have been given and understand the above information _____
(PATIENT/RESPONSIBLE ADULT SIGNATURE)

Reviewed by _____ Title/PIC _____ Date/Time _____

If Translated: INTERPRETER ATTESTATION (when applicable)
 Translation has been provided by: _____ Date/Time _____
SIGNATURE OF INTERPRETER/CYRACOM ID#

Recibi una copie traducida de este documento. Patient Initials _____
 (I received a translated copy of this document) Form # _____