

Care of Casts and Splints

Casts and splints support and protect injured bones, joints and soft tissue, reducing pain, swelling and muscle spasm. Splints or “half casts” provide less rigid support than casts, but can be adjusted to accommodate swelling from injuries more easily than enclosed casts. Your doctor has decided which type of support is best for your particular injury.

Casts and splints can be custom-made of fiberglass or plaster, and are applied by your doctor or physician assistant. Fiberglass or plaster materials form the hard supportive layer that is applied over a cotton (occasionally Gortex) padding that acts as a protective layer next to the skin. The splint or cast must fit the shape of the injured arm or leg correctly to provide the best possible support. Frequently, a splint is applied to a fresh injury first and, as swelling subsides, a full cast may be used to replace the splint. It may be necessary to replace or modify your cast as swelling decreases further and the cast “loosens.”

If your treatment is to be successful, you must follow your doctor’s instructions carefully. Swelling due to your injury may cause pressure in your splint or cast for the first 48 to 72 hours. This may cause your injured extremity to feel ‘snug’ or ‘tight’ in the cast or splint. To reduce the amount of swelling:

- ❑ Elevate your injured arm or leg above your heart by propping it up on pillows or some other support. You will have to recline if the splint or cast is on your leg. Elevation allows clear fluid and blood to drain “downhill” to your heart.
- ❑ Move your uninjured (but often swollen) fingers or toes gently and often.
- ❑ Apply ice to the splint or cast at regular intervals over the first 48 to 72 hours. Place the ice in a dry plastic bag or ice pack and loosely wrap it around the splint or cast at the level of the injury. Ice that is packed in a rigid container and touches the cast at only one point will be ineffective.

Rest and elevation *greatly* reduce pain and speed the healing process by minimizing early swelling. If you experience any of the following “warning signs” despite these efforts, contact the office immediately for advice.

- ❑ Increased pain, which may be caused by swelling, and the feeling that the splint or cast is simply ‘too tight’.
- ❑ Numbness, tingling or excessive swelling in your hand or foot that does not improve with elevation and motion of the fingers or toes.
- ❑ Burning and stinging, which may be caused by too much pressure on the skin.
- ❑ Loss of active motion of your toes or fingers, which requires urgent evaluation by your doctor.

After you have adjusted to your splint or cast for a few days, it is important to keep it in good condition.

- ❑ **Keep your splint or cast dry!** Moisture weakens plaster, and damp padding next to the skin can cause irritation. Use two layers of plastic and tape or purchase waterproof shields to keep you splint or cast dry while you shower or bathe. If your cast inadvertently becomes damp, you may use a hair dryer on cool/warm setting to dry the cast. Do not use higher temperatures as they may injure your skin beneath the cast or splint.
- ❑ **Do not put anything in your cast or splint.** This includes anything you might use to scratch itching skin (coat hangers, pencils, fingernails, etc.), as well as powders or deodorants.
- ❑ Keep dirt, sand, and powder away from the inside of your cast or splint.
- ❑ Do not pull out the padding from your cast or splint. Do not break off rough edges of the cast or trim the cast. You may use a nail file or emery board to smooth rough edges or fiberglass strands if they are troublesome.
- ❑ Inspect the skin around the cast. Contact the office if it becomes reddened or raw.
- ❑ Inspect the cast or splint regularly. If it becomes cracked, dented, or develops soft spots, please contact the office.
- ❑ Never remove the cast yourself. You may cut your skin or prevent proper healing of your injury. Your doctor will remove the cast with a special cast saw blade that vibrates without rotation, thereby protecting the underlying skin.

You may use a non-prescription strength pain reliever (Tylenol, ibuprofen, Aleve, etc.) to control pain and discomfort, if needed. Your caregiver may also have provided a prescription for a narcotic that you should use as directed.

Finally, please use common sense. You have a serious injury and you must protect your cast or splint from damage so it can provide adequate protection while your injury heals. After initial swelling has subsided, proper splint or cast support will usually allow you to continue most of your daily activities with a minimum of inconvenience. Take care of your cast and it will take care of you.

If you have any problems, questions or concerns please contact us at (585) 394-1960. For more information about Canandaigua Orthopaedic Associates, P.C., our physicians, staff members, locations, hours, and contact information visit us on the internet at:

www.CanandaiguaOrtho.com

Canandaigua Orthopaedic Associates, PC
360 Parrish St 1160 Corporate Dr
Second Floor Suite 400
Canandaigua, NY Farmington, NY
14424 14425

❑ Bradley Peck, MD
❑ Bruce Klein, MD
❑ David Grimm, MD
❑ Robert W. Meyer, MD

❑ Martin Kenney, RPAC
❑ Jeffrey Trumbull, RPAC
❑ Aaron Bishop, RPAC
❑ Robert Feinman, RPAC
❑ Kevin Stewart, RPAC