

"SHORT ARM CAST" PRACTICAL EXAMINATION COMPETENCY ASSESSMENT SHEET (Form 1B)

NAME:	EVALUATOR:
Date:	

<u> Upper Extremity Casting Technique – Short Arm Cast</u> Time allotted = 15 minutes Patient Position and Preparation Exceeds Does Not Meet Meets Approaching Standard Standard Standards Standard Seated or standing (arm in position of function when possible) Extremity is clean and free from dirt/debris Rings, bracelets, and/or other appliances have been removed from hand and wrist area Pre-application check – neurovascular status n Padding / Stockinet Technique for patient arm size (2" or 3") Selects appropriate stockinet to reach above elbow to fingertips / allows proper fold back Thumb hole cut 6" from distal end (1/2") Appropriately cuts and places "Gumby" with hand/finger openings Starts wrapping padding around the distal end of extremity Provides proper padding through web space Applies sufficient layers of padding in palm area (2-3 layers) Continues rolling padding directly up arm in spiral maneuver overlapping ½ the distance of preceding layer - padding ends before antecubital space, per MD orders Continues back down arm with "flattening tire" technique to control firmness of cast Fiberglass Application Selects 2" or 3" fiberglass appropriate for patient size Starts along dorsal wrist & covers Gumby edge in circular fashion to create anchor effect Positions cast tape distal to base 1st MCP it. and continues with "pinch & wave" AND/OR "cut" technique through web space Applies appropriate layers through web space for adequate coverage Continues rolling around hand/wrist complex (4-5 layers) Maintains fiberglass roll against arm in circular turns up the arm to proximal end point Rolls two (2) additional layers at the proximal edge Continues roll in spiral fashion towards wrist; ½ coverage Lamination and Molding Techniques Adequately sprays cast with water and properly laminated fiberglass Performs "Palmer" / "Inter-osseous" / "Proximal Triangular" mold techniques Support and Neatness Application control wrist flexion, extension, ulnar/radial deviation Allows for full thumb & finger ROM along with limited forearm rotation Minimizes extremity "pistoning" within cast Maintains good circulation to the fingers/thumb – post application neurovascular check n Removal / Extrication Principles Uses marker and "zip stick" between stockinet & padding to indicate lines for removal Uses up/down motion straight into dorsal and volar aspect of cast (no blade dragging) Opens cast and slides fiberglass application away from patient Checks for skin damage and cleans extremity

Comments:			

Date Submitted to ASOP:	
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SKILL POINTS:

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