

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

NAME:	EVALUATOR:	
Date:		

<u> Upper Extremity Casting Technique – Long Arm Cast</u> Time allotted = 15 minutes Does Not Meet Patient Position and Preparation Exceeds Meets Approaching Standard Standards Standard Standard Seated or standing (arm in position of function when possible) Extremity is clean and free from dirt/debris - rings/bracelets etc removed Pre-application check – neurovascular status Padding / Stockinet Technique Stockinet should reach axilla to fingertips to allow for proper fold back (as proximal as possible) Cuts opening in antecubital space and olecranon process Thumb hole cut 6" from distal end (1/2") Applies Gumby in position accordingly through finger and hand Flexes elbow slightly past 90° Starts wrapping padding around the distal end of extremity / webspace / padding palm Continues rolling padding directly up arm in spiral maneuver overlapping 1/2 the distance of preceding layer Continues back down arm and cuts stockinet at wrist and folds back palmar crease Folds/rolls stockinet back around the base of the thumb/fingers/deltoid area 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 jt. and continues with "pinch & wave" AND/OR "cut" technique through web space Continues rolling around hand/wrist complex (4-5 layers) Maintains fiberglass roll against arm in circular turns to 3-4 finger breadths below crease Returns roll in spiral fashion towards wrist; ½ coverage Starts new roll fiberglass - maintain flexed elbow 90° Continues casting proximally along upper humerus (overlapping) Casts above belly of biceps or higher (anatomy dependent/MD preference) Continues final layer (overlapping ½ distance) returning to the base of thumb Cast maintained 90° elbow flexion Lamination and Molding Techniques Adequately sprays cast with water and properly laminated fiberglass Performs "Lateral" mold technique [shaped by thumb and fingers palm] Performs "Medial" mold technique [flat opposing hand applies counterforce to lateral mold] Application control wrist flexion, extension, ulnar/radial deviation n Allows for full thumb & finger ROM Removal / Extrication Principles Maintains control of cast saw with one finger on cast at all times Uses up/down motion straight into cast (no blade dragging) Cuts through ulnar and radial aspects / medal and lateral humeral borders)

SKILL POINTS: / 100

		
Comments:		

Checks for skin damage and cleans extremity – post application neurovascular check