

"THUMB SPICA CAST" PRACTICAL EXAMINATION COMPETENCY ASSESSMENT SHEET (Form 1B)

NAME:	EVALUATOR:
Date:	

<u> Upper Extremity Casting Technique – Thumb Spica Cast</u> Time allotted = 15 minutes Patient Position and Preparation Exceeds Does Not Meet 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 Appropriate sized stockinet reaches antecubital space to finger tips for proper fold back Thumb hole cut 6" from distal end (1/2") Selects 1" stockinet 6" in length -1st cut made to allow proximal end to cover base of thumb -2nd cut made at end to split and act as fold down "handles" -Adds 1" stockinet over the over thumb and following usual short arm stockinet -Initiates 1" padding around thumb (2 layers applied) Continues SAC stockinet application and cuts slit in palm area for fold back Starts wrapping padding and provides proper padding through web space Applies sufficient layers of padding in palm area (2-3 layers) Continues rolling padding up arm in spiral maneuver overlapping 1/2 the distance Cuts stockinet at the index finger and folds back to distal palmer crease & base of thumb Selects 1" fiberglass for thumb application ad rolls 2-3 times (distal end per MD orders) Continues around base of thumb, palmar, and dorsal aspect of hand n Repositions thumb and continues rolling 1" cast tape around wrist/hand until end of roll Thumb position close to level of 1st MCP [not in "hitchhiker" extended position) Continues cast tape application with 2" or 3" (per patient sizing) Starts along dorsal wrist & covers previous edge in circular fashion to create anchor effect Applies appropriate layers through web space for adequate coverage n Continues rolling around hand/wrist complex (4-5 layers) and covers the "cut ears" Continue up arm to proximal end point and rolls two (2) added layers at proximal edge Continues roll in spiral fashion towards wrist; 1/2 coverage finishes on radial aspect Lamination and Molding Techniques Adequately sprays cast with water and properly laminated fiberglass Performs "Palmer" mold technique Performs "Inter-osseous" mold technique Performs "Proximal Triangular" mold technique Distal thumb (pinched or exposed per MD preference) Support and Neatness Application controls thumb, wrist flexion, extension, ulnar/radial deviation Allows for full finger ROM - minimizes "pistoning" within cast Maintains good circulation to the fingers/thumb - post application neurovascular check n Removal / Extrication Principles Appropriately incorporates "zip stick" between stockinet & padding (when applicable) 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 dorsal and volar aspect Utilizes cast spreader as necessary (when applicable) Opens cast and slides fiberglass application away from patient Checks for skin damage and cleans extremity

Comments:		

SKILL POINTS:	/ 130
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