

**“BOXER’S FRACTURE CAST” PRACTICAL EXAMINATION
COMPETENCY ASSESSMENT SHEET**

NAME: _____

EVALUATOR: _____

Date: _____

Upper Extremity Casting Technique – Boxer’s Fracture Cast

Time allotted = 15 minutes

Patient Position and Preparation	Exceeds Standards	Meets Standard	Approaching Standard	Does Not Meet Standard
Seated or standing	3	2	1	0
Wrist slightly extended and the 4 th and 5 th MCP joints flexed at 90 degrees	3	2	1	0
Extremity is clean and free from dirt/debris	3	2	1	0
Rings, bracelets, and/or other appliances have been removed from hand and wrist area	3	2	1	0
Pre-application check – neurovascular status	3	2	1	0
Padding / Stockinet Technique				
Selects appropriate stockinet for patient arm size	3	2	1	0
Measure and cut one piece of 1” or 2” stockinet from the patient’s wrist to the fingertips	3	2	1	0
Cut one vertical slit at the end of that piece of stockinet and place over the patient’s ring finger, slit side toward the hand	3	2	1	0
Measure and cut thumb gummy from stockinet (1” or 2” as appropriate)	3	2	1	0
Applies stockinet gummy over the thumb	3	2	1	0
Measures appropriately sized stockinet for the patient from crease of elbow to fingertips	3	2	1	0
Cut one slit for the index and middle finger about 4-5 inches down the stockinet, leaving enough room for the two fingers to be adequately covered.	3	2	1	0
Cuts another slit on the opposite side of the stockinet, about 2-3 inches lower than the first slit to allow for the thumb	3	2	1	0
Appropriately applies the stockinet to the extremity length of the arm. Making sure to line up the slits that were made for the pointer and middle finger and the thumb	3	2	1	0
Applies small 1 inch-size padding between 4 th and 5 th digits to prevent maceration of skin	3	2	1	0
Applies the padding by starting at the wrist and working to cover the hand	3	2	1	0
After two base layers around the wrist, continues around the thenar eminence via the palmar aspect of the hand. Repeat twice .	3	2	1	0
Straighten the ring and pinky fingers while padding	3	2	1	0
Continues around the 4 th and 5 th fingers on the medial side of the hand. Complete two layers of padding, ensuring that the fingers in question are resting comfortably together, to avoid being crowded. (does not pull on padding when working within area)	3	2	1	0
After the fingers and hand are appropriately covered, continues down the arm (no gaps). If gaps are present - covers with padding prior to fiberglass application.	3	2	1	0
Fiberglass Application				
Selects 2” or 3” fiberglass appropriate for patient size	3	2	1	0
Self-applies vinyl gloves	3	2	1	0
After selecting the appropriately sized fiberglass - begins fiberglass application with two layers at the wrist.	3	2	1	0
Crosses the palmar aspect of the hand and cuts the fiberglass to create angle at the thenar eminence. Repeat twice	3	2	1	0
Continues around the medial aspect of the hand around the 4 th and 5 th and ensures proper patient position. Repeats twice	3	2	1	0
Returns to the hand and continues around the lateral aspect of the 4 th finger to cover “knuckles”. Avoid the skin between the middle and ring fingers for sensitivity	3	2	1	0
After the fingers and hand are covered, continue midway down the forearm to complete your second layering	3	2	1	0
Flip or fold over any remaining stockinet edging	3	2	1	0
Second layer applied (repeats steps above)	3	2	1	0
Lamination and Molding Techniques				
Adequately sprays cast with water and properly laminated fiberglass	3	2	1	0
Performs “three point fixation” mold technique	3	2	1	0
Applies thumb beneath the MCP on the dorsal aspect of the hand and your index finger beneath the MCP on the palmar aspect of the hand. With your other hand, apply a downwards (to the palm) pressure on the ring and pinky fingers to create the optimal 90 degrees of finger flexion.	3	2	1	0
Performs “three-point fixation” mold technique	3	2	1	0
Support and Neatness				
Application controls 4 th /5 th MCP function	3	2	1	0
Ensures that cast avoids contact with the skin minimizing irritation	3	2	1	0
Makes sure all frayed edges are pushed down	3	2	1	0
Maintains good circulation to the fingers/thumb – post application neurovascular check	3	2	1	0
Removal / Extrication Principles				
Uses marker to indicate lines for removal	3	2	1	0
Appropriately incorporates “zip stick” between stockinet & padding (when available)	3	2	1	0

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Maintains control of cast saw with one finger on cast at all times	3	2	1	0
Incorporates both left and right hand into removal technique	3	2	1	0
Uses up/down motion into cast (no blade dragging)	3	2	1	0
Cuts through dorsal and palmar/volar aspect	3	2	1	0
Utilizes cast spreader as necessary	3	2	1	0
Opens cast and slides fiberglass application away from patient	3	2	1	0
Checks for skin damage and cleans extremity	3	2	1	0

SKILL POINTS: _____ / 130

Comments: