

Patient Information Leaflet

Serial Casting



Paediatric Physiotherapists
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What does serial casting involve?

- When your child is booked for a course of serial casting, you will be given an appointment every week on a Friday morning, usually for 4 consecutive weeks.
- It may be that your child will not require all four appointments; casting will stop when the required muscle length has been reached.
- Each week, two physiotherapists will apply a below knee plaster, holding the ankle as close to a right angle (90°) as possible with the child lying on their tummy.
- Two types of material are used during the cast, a flexible “soft-cast” and rigid “hard cast” strips to fix and hold the stretch.
- Your child will usually have the option to choose the colour of their cast; red, blue or pink. We will ask each week!
- It may be helpful to bring a favourite toy/book/tablet to help distract from the casting process.
- With your permission, we will take a photo of your child’s legs at the beginning of the process and at completion for our records. Using these we can have a clear objective outcome as a result of the casting.

Care of the casts

Whilst in plaster, your child should:

- Strip wash as able, use an official plaster cover e.g. LIMBO or tightly wrap plastic bags around cast for washing.
- **Not** get the plaster wet.
- **Not** put anything down inside the plaster.
- **Not** get sand in the plaster.
- **Not** jump on a trampoline.

Footwear

We are usually able to provide plaster shoes to wear over the casts. These are a black sandal which although basic, should be adequate for the casting period. It is useful to have some big socks to wear immediately over the cast, often an adult sock will fit well.

If we are not able to provide a suitable plaster shoe, you may need to purchase an alternative e.g. sandal, wetsuit shoe, large trainer (several sizes bigger).

If it is a very wet day, again care must be taken that the casts do not get wet. Plastic bags under socks and shoes may help waterproof the casts, or choose indoor play on very wet days.

If you have lots of laminated or tiled floors indoors, we recommend using socks with grippers on the sole to prevent slipping.

How do we apply the casts?

With the child in sitting, we start by putting a layer of fluffy stockinette over the skin with some extra padding around the ankle bones.

A soft padding will be wrapped around the leg just below the knee for extra lining around the top of the cast.



We will then ask the child to lie on their front. The soft cast layer gets wrapped as shown, to form the bottom layer of cast.



We then layer the soft cast with a rigid strip of hard cast down the back of the leg and sole of the foot and along the front of the shin to stop before the toes.

This hard cast is the part that holds the position and ensures the stretch.



A top layer of soft cast finishes the cast. The cast will look a little unfinished as the raw edges will all be showing at the toes.



Plaster Care Information

Whilst your child is in plaster, it is important that you look at your child's toes every day to check that the blood is circulating normally. You can do this by gently squeezing the toe, which should go pale and then immediately return to its normal colour.

If your child's toes become blue or swollen, the plasters need to be removed straight away.

If the plaster becomes cracked or broken it will need to be changed.

It is normal for your child to feel pulling/stretching/tightness in the calf. However, if your child experiences acute pain in one spot, e.g. over a bony point, he/she may have rubbed a blister and the plaster needs to be removed.

If your child experiences any of these problems between 8.30am-5pm

Call the physiotherapy department on

01752 432430

If you need to remove the plaster at home:

- Unwrap the top layer.
- Pull off the hard layer running behind/in front of the ankle.
- If you cannot remove these, you may need to use scissors to cut through the bottom layer in the gap visible between the harder strips.
- Unwrap the base layer.
- If there are any visible blisters, it is useful for us to see them, so please take a photo so we can see where the issues have been.

Normal life when your child is in cast

- Whilst in cast your child should be encouraged to keep up their normal level of activity to produce a dynamic stretch with movement.
- This includes normal school attendance, playing as usual during break times; participating in appropriate PE lessons and continuing after school activities if able (some modifications might need to be made).

Changing the Casts

After each week in cast we will carefully remove the cast with special plaster scissors.

We can then give you time to allow your child to wash their feet and possibly have a full shower dependant on availability.

Please bring with you each week:

- A towel.
- Shower gel.
- Basic moisturiser or any eczema/skin condition creams that your child might usually use, as the skin can become irritated and sensitive/dry whilst in cast.
- Their normal shoes, in the event that on removal of cast, the skin is rubbed and cannot be re-cast, it is useful to have your child's normal shoes so they can walk out of the hospital comfortably.

What to Expect After Casting is Finished

Physiotherapy review will take place a few weeks after finishing the casting process. The muscles of the lower legs may be weak after casting and initially the child may find it difficult to adjust to walking with their new foot position.

Daily calf stretches will need to be started again alongside the ongoing hamstring stretches to maintain the position we have achieved. Splints that can be worn when the child is watching TV, doing homework or even to sleep in are often provided to help maintain the new position.



Some children have such a strong habit of toe walking that they may continue to tip-toe walk despite our intervention. We only consider further casting if the calf muscle shortens again with future growth.

Your notes:

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and other formats and languages.**

Contact: Administrator

Tel: 01752 432430

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