



THE RICHIE BRACE™

Guide to Plaster Casting



MATERIALS NEEDED: Warm water, scissors, gloves, water soluble marker. 2-3 lengths of plaster of paris impregnated gauze to wrap foot and ankle (double thickness)

PREPARATION



STEP 1

Outline the medial and lateral malleolus with water soluble marker.

STEP 2

Grasp the lateral forefoot by placing your thumb within the sulcus of the 4th and 5th.

Palpate the talonavicular joint and locate the subtalar joint (STJ) neutral position.



STEP 3

Suspend the foot, dorsiflex the foot to 90 degrees or to resistance and lock the midtarsal joint.

CAST APPLICATION



STEP 1

Apply 1 strip (double layer) of dampened plaster gauze at the level of the malleoli. Leave anterior aspect of ankle exposed to facilitate removal of cast.

Ensure good contact to capture medial and lateral malleolus contours.

STEP 2

Apply 1 or 2 strips of dampened plaster gauze as with traditional orthotic casting.



STEP 3

Wrapping the plaster too tightly can create casting errors such as false hallux dorsiflexion, and/ or inadequate plaster contact with the foot.

STEP 4

Re-establish casting position.

Eliminate supinatus by pressing down on the 1st ray at the level of medial cuneiform/1st ray joint and dorsiflex the foot to 90 degrees or to resistance.



REMOVE CAST + EVALUATION



REMOVE CAST

Once the plaster is firm, loosen the skin around the cast edge to free the foot.

Gently remove the cast starting at the heel.

Do Not splay ankle section during cast removal.

CAST EVALUATION

Inspect cast and determine whether the cast is consistent with what was observed in examination.

The cast may not sit at calcaneal vertical if structural forefoot varus present.



CAST IDENTIFICATION

Write the patient's name on the bottom of the cast. Allow for adequate drying time to ensure cast integrity during shipping.