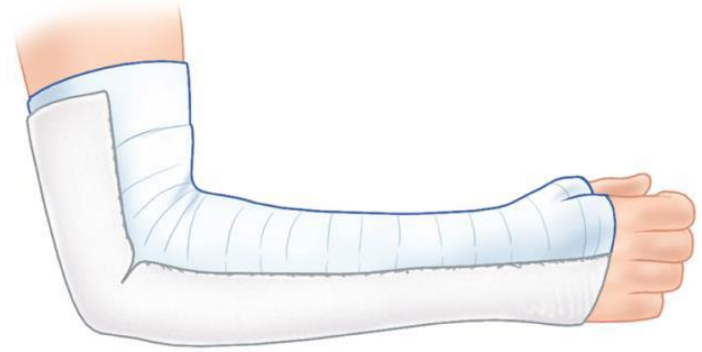


Backslab (Half Cast) Instructions for Wearing and Care



Prescriber: Please complete

Diagnosis: _____

Wear time: _____ weeks

Name: _____ Telephone: _____

Proper Fit

- Your backslab will be snug but not tight so that it can keep the joint, limb or fracture from moving. It has an open portion, and surrounds $\frac{1}{2}$ to $\frac{2}{3}$ of the limb to allow for swelling of the injury before and after surgery.
- Your backslab will be wet when first put on and it will not be completely dry for 48 hours. Do not wrap it in plastic, leave it open to air to dry more quickly.
- If you are using a plastic covered pillow place a folded towel or blanket on the pillow first.
- Do not squeeze or press on the backslab. Move it carefully with the flat part of your hands and not with your fingers.

Managing your Swelling

- Elevate your limb at least 6 inches above the level of the heart to prevent swelling. Try to do this often through the day but especially at night if possible. For example, if it is your leg, lie down and raise your leg on pillows. If it is your arm keep your backslab at least 6 inches above the level of the heart.
- Move your fingers/toes/joints above and below your backslab.

Skin and Circulation Checks

- Your backslab should not be removed without instructions to do so.
- For the first **48 hours** check the skin and circulation **every hour**.
- After **48 hours** inspect the skin and circulation every **8 hours** (three times in a 24 hour period). If the backslab is too tight, it could impair blood flow and nerve function in the fingers, toes or limb.

Backslab (Half Cast): Instructions for Wearing and Care

Backslab Problems		
Backslab too tight?	Infection under backslab?	Pain or poor fit?
<p>Signs that your backslab may be too tight (reducing blood flow and/or creating an area of pressure):</p> <ul style="list-style-type: none"> • Swelling in your fingers, toes or limb • Cool or cold fingers, toes or limb • Loss of feeling or numbness/tingling • Your fingers, toes or limb have changed colour (not the colour for your skin type) • Increased pain 	<p>Signs that there may be infection under your backslab:</p> <ul style="list-style-type: none"> • Foul smell coming from under your backslab • Drainage from under or through your backslab • Red, swollen, painful areas above or below backslab 	<p>Signs of pain or poor fit:</p> <ul style="list-style-type: none"> • Swelling, bulging, puffiness, burning, stinging or cramping under or along edges of the backslab • The rigid edges of the backslab are visibly digging into your skin and creating indents • Discomfort or pain within the backslab unusual for your injury
<p>Important: Contact prescriber if you experience any of the problems on this list</p>		

Removal

- Backslabs must be removed by the Orthopedic Technology department, on the ward, in an Emergency Department or a Cast Clinic
- ***A backslab should not be removed without a verbal or written order from the prescriber or designate.***

Backslab Care

- Do not take a shower or a tub bath unless the backslab can be completely covered in a plastic bag. Do not get the backslab wet as moisture will weaken and destroy it. Sponge bathe at the sink if possible.
- If you are itchy, do not put anything (a back scratcher, pen or any other object) into the backslab to relieve it. You could damage the skin and cause infection or other complications and you could also lose the object under the backslab. To relieve itchiness, use a hair dryer on the cool setting and blow cool air under the backslab.