

## HINTS RELATIVE TO THE USE OF PLASTER OF PARIS

Hardening of Plaster: Starts about eight minutes after application, rapidly progresses for twenty minutes, gradually completes in twenty-four hours. Hastened by addition of table salt three to five grams per gallon of water. Heat cradle promotes evaporation of excess water.

Use of Plaster: General: Inerse whole roll end up. When bubbles cease, grab each end and quietly squeeze. Rub constantly during application, this presses out air and makes for strong casts. Part must be absolutely quiet during application, otherwise, minute cracks occur. Mold cast continuously and carefully to part--this makes for smooth, well-fitting, strong cast. Allow thirty minutes for cast to harden before moving patient. During this time, trim cast, mark windows, etc. Date and other data marked on cast.

Skin Preparation and Padding: Soap and water cleaning. Skin tight plaster--only for experts. Stockinette usually advisable. Protect bony monivenies with sheet wadding or felt. Perfect molding of cast to surface, best insurance for well-fitting, frictrovles cast.

Common type of casts: Midthigh to toes: Six or seven rolls six inch plaster. Padding, molleoli, heel, head fibular, and tibe tibial tuberd. Support knee in 10-15° flexion with polur or broad bandage.

- Sequence:
- a. Three circular rolls.
  - b. Anterior and posterior reinforcave plat (carry posterior beyond toes)
  - c. Two circular rolls.

Hip Spica: Immobilize pelvis entirely, involving leg and well leg to knee. Patient on Hawley fracture table. Pad iliac crest, trochanters, sacrum, bony prominences about knee. Both legs in abduction. Knee of immobilized leg held in slight traction. Apply circular cast first of thickness of about three-eighths inch, then reinforce across internal region in back of knee and with wood brace, just above knee. Then cover with finishing rolls of plaster.

Shoulder and Upper Arm Casts: The supporting chest cast must extend to iliac crests. The arm and shoulder elements must be reinforced with splints under the axilla and carry casts to finger tips. Scapula casts must be well padded.

Body Casts: Body casts must extend anteriorly from manubrium to pubic, Pad well the scapula, spines and iliac crests. Be sure the patient is not hyperextension. Cut out circular area over epigaster.