

Spica Cast Pre-Surgery Planning/Preparations

Sinai Occupational & Physical Therapy

The occupational and physical therapists at Sinai Hospital recognize that surgery of any kind can be stressful and potentially overwhelming. As an effort to combat feelings of stress, we have compiled this handout to help prepare for a spica cast. Having a simple understanding of these topics will benefit both the patient and yourself in making transitions/preparations as easy as possible. You will receive more information upon starting therapy services after surgery.

CAR SEAT CONSIDERATIONS

- An adaptive car seat will be necessary to accommodate the spica cast.
 - Options for finding a car seat include: a) utilizing the Rubin Institute for Advanced Orthopedics (RIO) car seat loaning program at Sinai where we will train you to use/fit the seat or b) utilizing a local fitting station.
- Local fitting stations can be located by going to:
<https://www.nhtsa.gov/equipment/car-seats-and-booster-seats#installation-help-inspection>
 - Scroll down until you see “Car Seat Inspection” with the subheading “Get your car seat inspected” and a brief description. Enter your location in the “Enter Location” search bar directly below this heading to find a location nearest you.
- If you decide to utilize a local fitting station, it will be necessary to bring the adaptive car seat to the hospital with you so that therapists can ensure safe understanding and fit.

SPICA CAST PROCESS

- The patient will be in a spica cast for 6 weeks following surgery.
- 10-14 days after surgery, the patient will return to the hospital for cast removal, incision inspection and cast replacement. Casts are replaced at this time for a number of reasons. One reason is that swelling post-operatively will have mostly subsided by 10-14 days out, and it is necessary to ensure casts are as well-fit to the patient as possible.
- It is beneficial to preplan outpatient physical therapy for after the spica cast has been removed (3-5 days/week). If scheduling outpatient physical therapy with RIO, please call one month in advance of the physical therapy start date to ensure a smooth scheduling process.
 - The phone number for RIO outpatient physical therapy scheduling is: 410-601-0935.
 - Scheduling is also available by emailing RIOPediatricTherapy@lifebridgehealth.org

PATIENT COMMUNITY MOBILITY OPTIONS

- There are a number of options for facilitating community mobility of a patient in a spica cast, some of which include: wagons, strollers or wheelchairs.
 - Wagons: This option is self-pay (not covered by insurance), but facilitates the patient/caregivers' mobility and can be collapsible for ease with transportation. The most cost-effective and largest wagon found to be accommodating for spica casts by our therapy team thus far can be found at:
<https://www.amazon.com/Sports-Collapsible-Folding-Outdoor-Utility/dp/B00BUUIGK>

- Strollers: smaller children may be able to fit in larger and wider jogging strollers for community mobility. Although these would also be self-pay, (not covered by insurance) caregivers who have been able to utilize strollers have found them to be very helpful. However, it is important to note that spica casts are bulky. Therapists/caregivers are often relatively sure that a patient will fit in a stroller with ease, and then they are unable due to positioning or size of the cast. In this case, it is helpful to also consider a back-up plan.
- Wheelchairs: Wheelchairs are provided as a rental through insurances for patients. Most patients consider wheelchairs as a back-up to their initial mobility plan. Wheelchairs vary in size/specific accommodations depending upon the needs of the patient and will be recommended by the therapy team upon being seen post-operatively.

DIAPERING HYGIENE/TOILETING

- Diapering vs. Toileting depends upon the child's ability to communicate with caregivers that they need to use the bathroom. Even in children who are completely potty-trained, diapering is often still necessary for nighttime due to children being unable to communicate their needs as easily.
- Every child's cast will be "Pedal Taped," or covered with duct tape on exposed edges. Duct tape helps to prevent excessive soiling of cast edges during toileting or normal everyday activities that may result in soiled cast materials (e.g., sweating of child, eating). Education will be provided on how to pedal tape so that when necessary, caregivers feel capable of replacing duct tape. For this reason, we suggest for caregivers to bring fun/colorful duct tape (that a child would enjoy) with them to the hospital.
- Toileting: If a child is potty-trained, it is most practical to seat a child backwards-facing on the toilet, (so that they face the back of the toilet) and to set up a chair in front of the toilet in for the caregiver to sit on and support the patient from the back to ensure their safety and balance.
- Diapering: Diapering methods vary slightly based on the size of the child. However, the goal is to ensure as little soiling of the cast as possible.
 - Diapering as frequently as possible is recommended to prevent leaking.
 - For most children: it is suggested to diaper inside the cast and tuck in around all of the cast edges.
 - BEFORE tucking the diaper into the cast, it is best to insert an adult incontinence pad inside the diaper to ensure further fluid absorption. Caregivers of patients with difficult diapering scenarios suggest cutting out the back plastic of the incontinence pad prior to inserting it in the diaper to encourage fluid absorption into the diaper.
 - Once a diaper with pad is tucked into the cast, it is suggested to use a medical diaper/pull-up OVER the cast/diapering area to hold the diaper in place and further prevent leakage/soiling.
 - Diapering techniques can be adapted for every child and will be something that therapists go over extensively with caregivers.

SHOWERING/BATHING

- Caregivers and patients have found that the most effective method of showering is to lay the child on their back on the counter next to the bathroom/kitchen sink. The kitchen is typically suggested because there is often more countertop space.
 - Patient will have to sponge bathe until the cast is removed, making sure to keep the cast completely dry during the process.
 - For washing the patient's hair, maintain the same position of the child, but allow them to relax their head into the sink so that water can rinse down the drain without creating a higher risk of wetting the cast. Kitchen faucets that have moveable faucets make it easier to wash hair.

- Make sure to dry the patient's body/hair before moving them after bathing to ensure that water does not run down the body into the casted areas.

SPICA CAST TABLES

- Parents and caregivers of children with spica casts have previously suggested looking into “Spica Tables” for children post-operatively.
- Spica tables are designed to promote positioning children in functional upright seating so that they can play, craft and eat with others.
- Spica tables can often be purchased through insurance, although they are still very expensive.
- Cheaper options include customized sites like this one suggested by a parent: <https://www.ivyrospicachairs.com> – where customized chairs are constructed for children to use post-operatively.
- Sinai's team is currently looking into reaching out to community volunteer projects to produce tables that we could rent out to families, however right now we are suggesting that families do the same in attempts to get spica tables built for children at a more affordable price.