UPPER EXTREMITY ULTRAFLEX CASTING GUIDELINES

DO…

- Record ALL extremity measurements on the Ultraflex Fabrication Order Form. Also, mark ALL necessary anatomical landmarks on the stockinet before casting. Mark and note areas for added relief such as open wounds, grafts, and bony prominences.
- Place the cutting strip on the opposing side of where shells will reside and away from bony landmarks or other areas needing relief. Exp.: Cutting strip should be placed on posterior humerus and ulnar border when molding for an EO or EWHO with anterior humerus and radial shells.
- Capture 2/3 to 3/4 of each limb segment in order to maximize leverage inferior and superior to the joint axis
- Use fiberglass taping material whenever possible.
- Wrap the cast between 2 and 3 layers of thickness.
- Allow the cast to completely set before boxing and shipping.
- Use appropriate padding and box size to avoid distortion during shipping.

DO NOT…

- Distort the cast while trying to achieve additional correction in the mold either on or off the patient. Cast corrections will be done by the Ultraflex lab at the request of the practitioner.
- Wrap the cast in less than 2 or more than 3 layers of thickness.
- Use soft casting materials.

Ultraflex Upper Extremity Areas of Specialty

Indication:	ORTHOPEDIC	ORTHOPEDIC	NEUROLOGIC	NEUROLOGIC	NEUROLOGIC
Diagnoses:	Radial Head Fracture, Olecranon Fracture, Colles Fracture	Biceps Tendon Repair, Complex Elbow Fracture	Spastic Hemiplegia	CVA	Spastic Quadriplegia
Problem:	Loss of supination or pronation post wrist or elbow trauma	Lack of full elbow ROM	Lack of reach grasp and pinch and active supination	Tight intrinsic finger flexors and wrist flexors	Shortening of long flexor and pronator muscle lengths
Solution:	EWHO CM with P11	EO CM	FIRST FLEX	WHO CM	EWHO
					
Casting Guidelines:	**1.** Cast wrist in slight extension and forearm in neutral/handshake position **2.** Cast elbow in comfortable mid-range flexion **3.** Cast from MCPs to axilla, open thumb	**1.** Cast with elbow in comfortable/permit-able mid range flexion **2.** Position forearm in neutral/handshake position **3.** Capture entire limb from wrist to axilla	(Cast Segmentally distal to proximal) **1a.** Pronate forearm, flex elbow and wrist. **1b.** Cast hand with MPs FLEXED, fingers STRAIGHT, thumb in opposition/partial abduction + wrist FLEXED **2.a.** SUPINATE arm before crossing elbow **2b**. Continue cast to axilla with elbow in flexion	**1.** Drop wrist into maximum flexion. **2.** Cast for 10-15 degrees of MP flexion and straight DIP and PIP joints with good palmar arch.	(Cast Segmentally distal to proximal) **1a.** Flex elbow and wrist **1b.** Cast hand with thumb in opposition/abduction, accentuating palmar arch **2a.** Correct forearm to maximum supination **2b.** Continue cast to axilla with elbow in flexion
Notes:	Also available by measurements with fracture brace shells (EWHO Fb)	Off the shelf version also available (EO CF) or fracture brace version by measurements (EO Fb)	CAST MUST CAPTURE MAXIMUM SUPINATION + palmar arch should be accentuated during casting	Clearly mark palmar crease. Mark axis for 2nd and 5th MPs when using dynamic finger pan. Document finger lengths.	Final cast position should capture maximum supination patient can tolerate comfortably

Call Ultraflex Clinical Technical Support at 1-800-220-6670 with any questions.