

**CENTER FOR PEDIATRIC ORTHOPAEDICS & SCOLIOSIS**

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PEDIATRIC SPINE SURGERY  
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PEDIATRIC ORTHOPAEDIC SURGEY

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PEDIATRIC ORTHOPAEDICS CASE MANAGER  
SCOLIOSIS CASE MANAGER

**General Guidelines for Care Following Cast Removal**

Although x-rays show good healing, the bone is not as strong as before fracture. Complete bone healing takes 6 months; therefore care must be taken to protect the extremity during this time as the patient is at risk of re-fracture

In some children, i.e., children with cerebral palsy, fractures can occur following cast removal since bone loses strength with immobilization. Special care should be taken when positioning, exercising, and moving these children.

**Return to Activity**

Once released by Physician, the patient can gradually increase activities. In general, rigorous activity i.e. bicycle riding, roller skating/blading, skateboarding, contact sports should be avoided for at least the amount of time that the patient was in the cast (Example: 1 month in a cast – 1 month decreased activity following cast removal); however, your physician will advise you of your specific instructions. Your physician may also prescribe the use of crutches, a wheelchair, or a splint following cast removal.

**Skin Care**

Immediately following cast removal the skin may be dry and scaly. Do not scratch, pick or peel this area to avoid damaging the new skin. Gentle daily cleansing, not scrubbing, and application of body lotion helps the dead skin to slough off and softens the new skin.

**Appearance**

The casted limb may look smaller than the non-casted limb. This is due to lack of use and returns to normal with regular activity over time. The hair on your affected extremity may also be longer and darker than the unaffected side. This will normalize with time.

You may notice some swelling after the cast is removed. Elevate the limb and limit activity to decrease swelling.

**Joint Mobility**

It is not unusual for joints to be stiff and to not move easily immediately following cast removal. Motion and function will return with time and normal use. Therapy is not usually needed. Active children provide their own therapy by doing the exercises described on the exercise sheet. Be patient and do not push them to increase activity until they are ready. A limp or altered gait is common for up to several months following leg cast removal and should not cause alarm. A limp can persist for six months following a femur fracture. BE PATIENT.

**Notify Your Physician if Your Child:**

1. Has an open sore in the area where the cast was.
2. Has increased pain not relieved by Tylenol.