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FRACTURE CARE INFORMATION

Billing: You have been seen by your medical provider today for a surgical condition or a fracture. Your insurance company requires a billing process described as “global care”. This global fee is billed on the first day you are seen by your physician. This fee covers your professional care (that care provided by the physician and his assistants) during the next 90 days. Services and supplies that are not included in this global fee include additional cast changes, X-rays, braces and dressings. **During this global period, usually 90 days, you will not be billed for additional physician services but will be required to bring a \$25 payment each visit to go towards your portion of the fees for the additional supplies noted above.** This form of billing is dictated by your insurance company and is the way they choose to pay for the medical services you receive.

Why splints and casts? Splints and casts support and protect injured bones and soft tissue, reducing pain, swelling, and muscle spasm. In some cases, casts or splints are applied following surgery.

Splints or “half casts” provide less support than casts. However, splints can be adjusted to accommodate swelling from injuries easier than casts. Often a splint is applied to a fracture for the first 3-7 days to allow the swelling to go down before you’re placed in a hard cast. Your doctor will decide which type of support will be best for you. The doctor or his assistant will apply the splint or cast.

What materials are used in splints and casts? Fiberglass or polyester materials form the hard supportive layer in splints and casts. The under layer/liner is padding and provides protection and comfort. A gortex or delta-dry liner is waterproof and can get wet. Because we need to get a good fit/mold, only certain types of casts can be water proof. More often, we use a cotton type material that is not waterproof and cannot get wet.

Getting used to the splint or cast: If your treatment is going to be successful, you must follow your doctor’s instructions carefully. *The following information provides general guidelines, and is not a substitute for your doctor’s advice. Swelling due to your injury may cause pressure in your splint or cast for the first 48 to 72 hours. This may cause your injured arm or leg to feel snug or tight in the splint or cast. To reduce the swelling:*

Elevate your injured arm or leg above your heart by propping it up on pillows or some other support. You will have to recline if the cast is on your leg. Elevation allows fluids and blood to drain “downhill” to your heart.

Move your uninjured but swollen fingers or toes gently and often.

Apply ice to the splint or cast. Place the ice in a dry plastic bag or ice pack and loosely wrap it around the splint or cast at the location of the injury. Ice that is packed in a rigid container and touches the cast at only one point will not be effective.

Warning signs following splint or cast application: Pain and swelling are both expected and common in the first few weeks following any injury. Rest and elevation greatly reduce pain and swelling and speed the healing process. If you experience any of the following warning signs, *contact your doctor’s office immediately for advice.*

Numbness and tingling in your hand or foot.

Excessive swelling below the cast.

Increasing pain over 24 hours

Care of your splint and cast: After you have adjusted to your splint or cast for a few days, it is important to keep it in good condition. This will help your recovery.

Keep your splint or cast dry. Use two layers or plastic to keep your cast dry while you shower or bathe.

Keep dirt, sand, and powder away from the inside of your splint or cast.

Do not pull out the padding.

Do not break off rough edges of the cast or trim the cast before asking the doctor. You can use a nail file to smooth a rough edge.

Inspect the skin around the cast. If your skin becomes red or raw around the cast, contact your doctor.

Inspect the cast regularly. If it becomes cracked or develops soft spots, contact our office.

What if I have an itch under the cast? NEVER stick anything into the cast. You may damage the lining allowing rough fiberglass to rub on the skin. Sometimes a blow dryer on cool can cause the itch to go away. (Do Not use the blow dryer on hot, it can scald the skin!!). Other things that sometimes work are to rub the same area on the opposite limb, ice, or you may want to try tapping on the cast above the area of the itch. You may also try over the counter Benadryl as long as you don't have any allergies to this Medication.

What if my cast gets wet? It is important to keep the cast dry. Covering the cast with a plastic bag and tape can keep water from being splashed on it in the bath, but will not protect it from being completely submerged. If the cast does get wet, using a blow dryer on a cool setting can dry it out. If you need to come in for a new cast please call our office, remember that extra casting/splinting supplies are not covered in the global fracture care charge.

What can I do in my cast? While a cast can provide excellent support to a healing fracture, things can still shift in a cast. The exact limitations depend on the type of fracture, but in general, you should avoid all contact of fall-prone activities. This includes trampolines, playground equipment, skateboards, bikes, team sports, etc... The doctor will provide you with any additional restrictions or special instructions.

Sometimes, it may be necessary to replace a cast as swelling decreases and the casts "gets too big:". Often as a fracture heals, a splint may be applied again to allow easy removal for therapy.

How is the cast removed? We use a cast saw that wiggles back-and-forth, the friction cuts the hard part of the cast. Touching the blade to bare skin doesn't cut it, which we can demonstrate for you before removing the cast. It can be noisy, but most kids and adults do well with cast removal.

What happens when the cast comes off? This depends on the fracture. Sometimes a second cast or protective splint is needed for a short time. In any case for at least a month after the fracture is done being treated, you should continue to avoid all contact or fall-prone activities. This includes trampolines, playground equipment, skateboards, bikes, team sports, etc...

How many x-rays do you need to take? There are often at least 3 sets of x-rays taken of any given fracture. The first set is usually done by whoever you initially saw for the fracture. The second set is done when we see you at your first visit to make sure nothing has shifted (depending on the fracture this may be done before or after we place you in a splint or cast). A third set is usually done when the cast comes off to make sure everything is healing properly. Occasionally there may be additional x-rays done in the following months, especially if it is a fracture that may involve future growth.

If there are any questions concerning this today, please alert one of the staff members and they will get assistance for you. You are also welcome to contact our billing office or the orthopedics manager at 435-716-2800.