

Delta-Cast®

Dynacast® Prelude

Acute synthetic splint
system application guide



Delta-Cast®

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Dynacast® Prelude

Acute Synthetic Splint System

Dynacast® Prelude is an acute fibreglass splinting system specifically incorporating fibreglass, covered by a polypropylene padding. Stronger and more versatile than traditional plaster of Paris, it is ideal for trauma and post-op applications from acute through to rehabilitation phase.

Strong, light and durable

- Resin coated fibreglass provides a high strength splint which is resistant to breakdown
- Will not breakdown when wet

Quick setting and early weight bearing

- Dynacast® Prelude has an initial set of 3 - 5 minutes and reaches weight-bearing strength in approximately 20 minutes

No mess or waste

- With no plaster mess, Dynacast® Prelude is ideally suited to the theatre and ward environment
- The continuous roll format ensures clinicians will only use what is required and provides versatility to choose the length of splint to suit the indication and patient

Patient comfort

- Soft polypropylene padding covers the fibreglass splint minimising the risk of pressure points
- Naturally aids moisture transmission away from the skin to enhance patient comfort

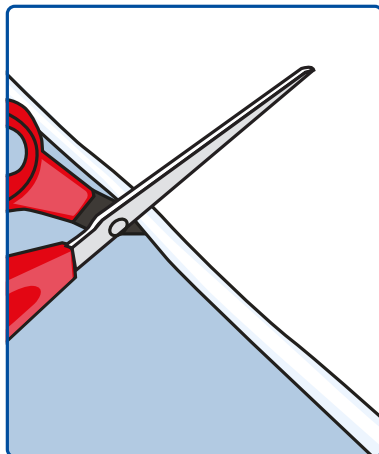
ILS (interlocking strength) technology

- Provides strength and durability
- Minimises wrinkles and creases in the finished splint

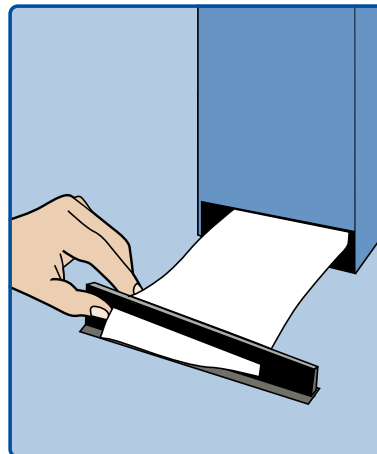
Code	Size	Colour	Pack Qty	NHS SC Code
71418-00	2.5cm x 4.6m roll	White	1 x 1	EAF082
71420-00	5cm x 4.6m roll	White	1 x 1	EAF083
71421-00	7.5cm x 4.6m roll	White	1 x 1	EAF084
71415-00	10cm x 4.6m roll	White	1 x 1	EAF085
71416-00	12.5cm x 4.6m roll	White	1 x 1	EAF086
71417-00	15cm x 4.6m roll	White	1 x 1	EAF087
71419-00	20cm x 2.3m roll	White	1 x 1	EAM1844

Preparation Guidelines

Directions

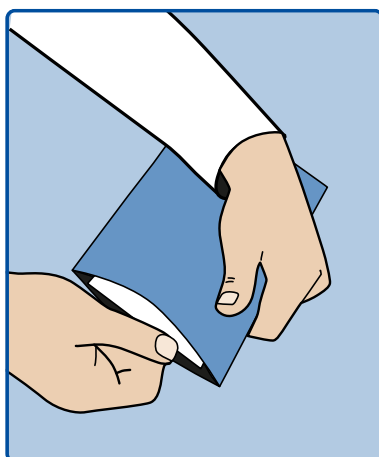

1

Select splint width and cut to desired length.

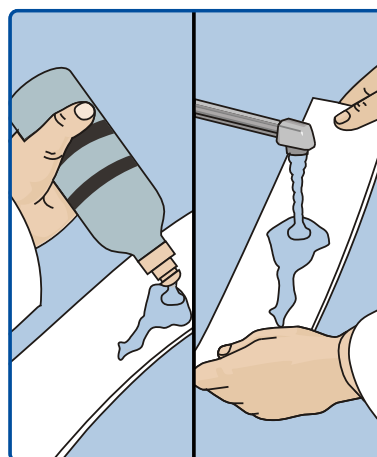

2

Immediately reseal foil on roll with clip:

- 1) Fold or push remaining roll back into foil pouch.
- 2) Push clip down tightly over the end of the pouch making sure foil is smoothly flattened in clip.

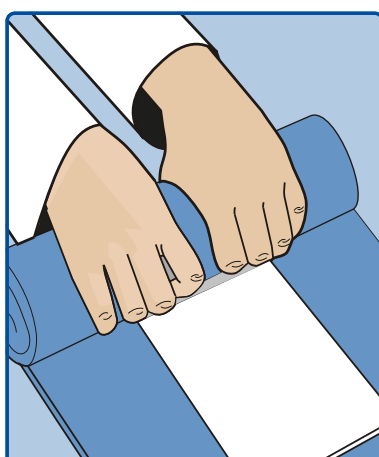

3

Open padding and trim fiberglass splint to clinical requirements. Ensure edges are covered by the padding.

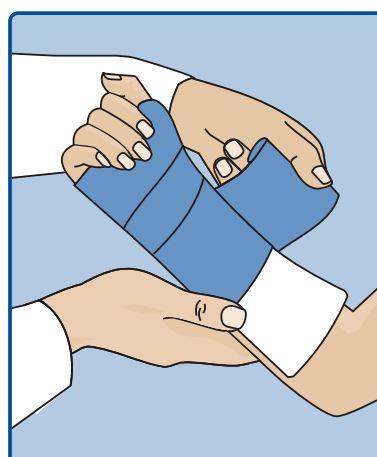

4

Activate the fiberglass splint with cool water (21-25°C). Roll or fold splint to squeeze out excess water.

Caution: Hot water will shorten working times and increase exotherm reaction.


5

If felt becomes wet during the application of water, place felt with splint inside on a towel. Roll snugly and squeeze out additional water.


6

Place splint on patient and wrap with bandage. Mould splint to patient's limb for 2-4 minutes until splint sets. Monitor patient according to standard procedures.

Precautions:

1. Use gloves when handling the fiberglass splint. Take care to prevent the fiberglass splint coming into direct contact with patient's skin. The fiberglass splint should always be covered in felt when applied to the patient.
2. If it should come into contact with the skin, blot with alcohol or acetone and wash with soap and water before it cures. Cured polymer resin should flake off the skin after several days.
3. Hot water will increase the exothermic reaction of the splint as it cures. Instruct the patient that the splint may feel warm as it is being applied and that they should report any burning sensation.
4. Care should be taken in handling the foil packaging, as punctures will result in premature hardening of the splint material. Store in a cool, dry location.

Tips for Better Splinting

1	Always use cool, clean water	
2	Do not over saturate fibreglass splint, minimum water required to activate Dynacast Prelude	
3	Make sure splint is smooth when placing on patient	
4	Smooth the splint on without squeezing. Mould splint using palms, not fingertips	
5	Apply bandage with controlled tension to assist with conformability	
6	Ensure splint edges are covered with felt padding	
7	Leave finger tips or toes exposed to check for circulation	
8	Maintain the position of the limb until splint cures	
9	Pre and post neuro-vascular assessments are imperative - check for:	Function
		Arterial pulse
		Capillary refill
		Temperature-skin
		Sensation
10	Provide full verbal and written discharge advice as required:	Review F-A-C-T-S (#9) for patient to monitor
		Patient should not remove splint unless approved by physician
		Protect splint from getting wet
		Review R-I-C-E instructions: Rest / Ice / Compression / Elevation

Finger Splint

POSSIBLE INDICATIONS



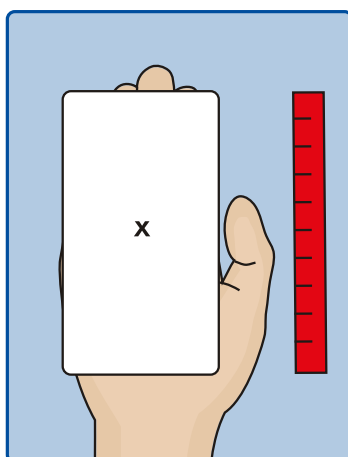
- Finger Fractures
- Finger Lacerations
- Tendon Repairs

RECOMMENDED WIDTH



7.5cm or 10cm for most patients 5cm Paediatric

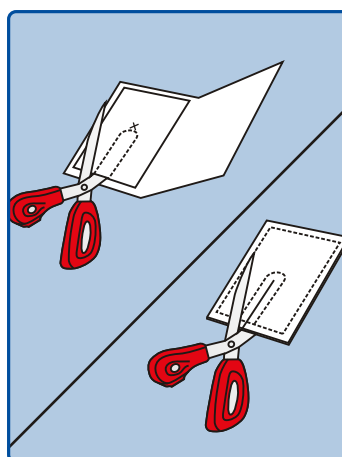
Directions



1

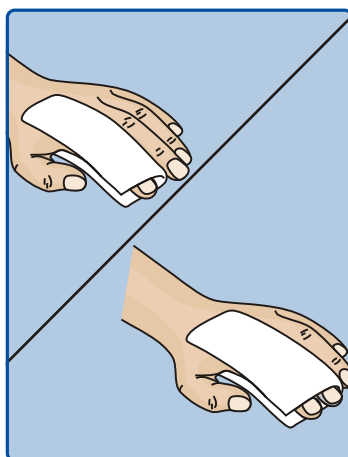
Measure from the tip of the injured finger to 2.5 - 5cm from wrist joint. Hold the splint up to patient's hand and measure the length of the injured finger. Mark the spot with a pinch at the web space (x).

Cut Dynacast Prelude splint length needed and remove from foil sleeve. Stretch padding over exposed edges.



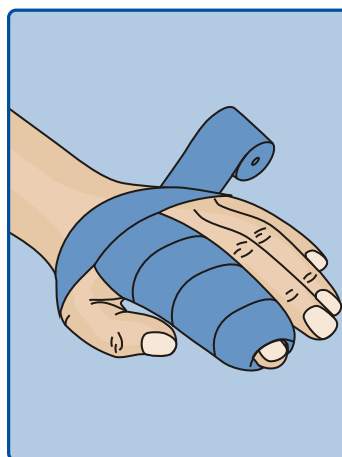
2

Open padding and cut out a 2.5cm wide strip up the centre of the fibreglass substrate up to the pinch. Close padding and cut up centre, leaving a margin of padding on either side.



3

Activate the splint as directed. Slide the "trouser legs" next to the injured finger, with one "leg" on each side of the hand. Fold the entire splint in one direction, capturing the injured finger. Fingers may be 'buddied' together for additional support.



4

Wrap with elastic bandage to secure the splint.

Mould and position as prescribed by physician.

Finger Strip

POSSIBLE INDICATIONS



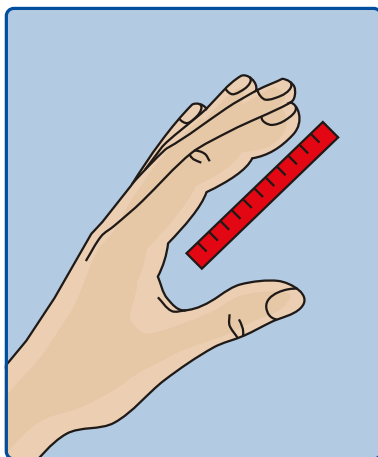
- Finger Fractures
- Finger Lacerations
- Sprains/Strains

RECOMMENDED WIDTH



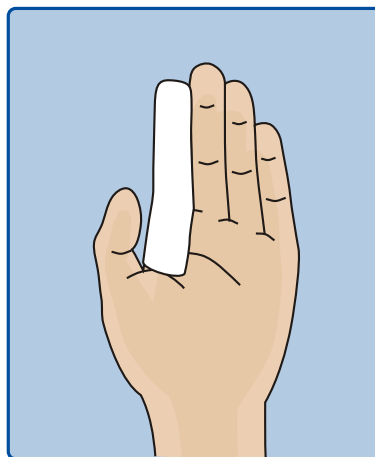
2.5cm, or 5cm if including 2 or more fingers in splint

Directions



1

Measure from just past the tip of the involved finger to the base of the metacarpal.

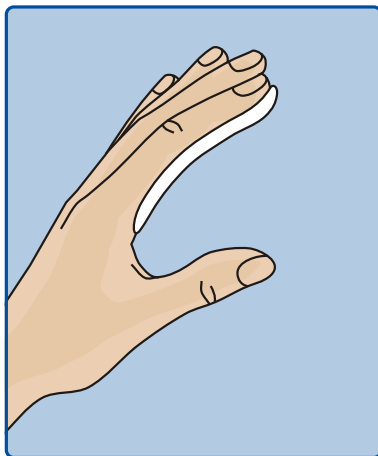


2

OPTIONAL

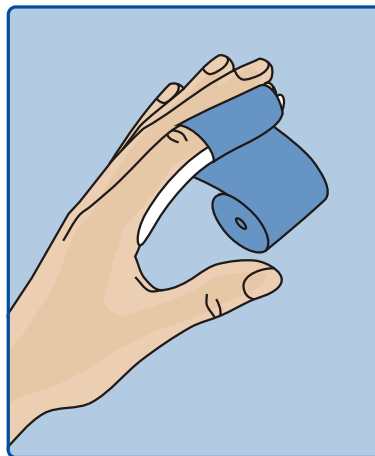
If support of the metacarpal is desired, measure to base of the thumb. Cut desired length.

Cut Dynacast Prelude splint length needed and remove from foil sleeve. Stretch padding over exposed edges.



3

Activate splint as directed. Apply to injured finger as indicated.



4

Wrap with bandage. Mould and position as prescribed by physician.

Finger Protector With Window (Optional)

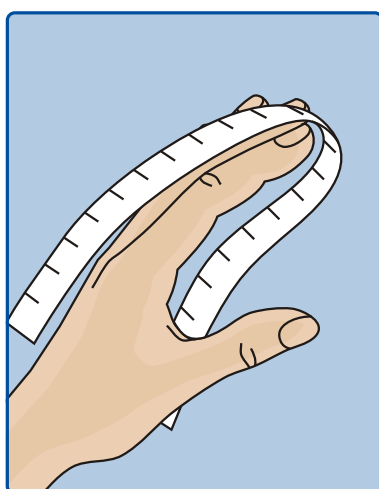
POSSIBLE INDICATIONS →

- 2nd, 3rd or 4th Finger Fractures
- Flexor Tendon Repairs or Extensor Tendon
- Crushing Injuries
- Lacerations

RECOMMENDED WIDTH →

- 2.5cm - Single Finger Injuries
- 7.5cm - Three Finger Injuries
- 5cm - Two Finger Injuries
- 10cm - Four Finger Injuries

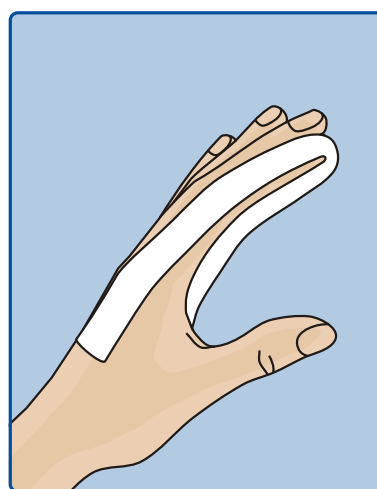
Directions



1

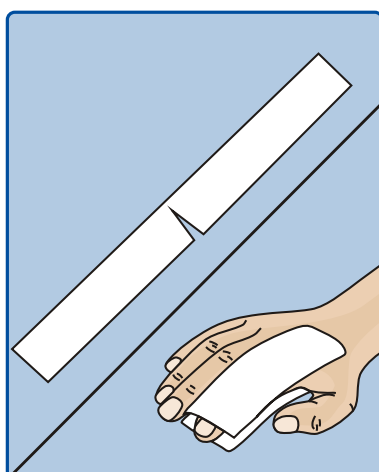
Measure from dorsal side of hand, go over the involved finger down the volar side. Length of splint is dependent upon extent of injury and physician's preference.

Cut Dynacast Prelude splint length needed and remove from foil sleeve. Stretch padding over exposed edges.



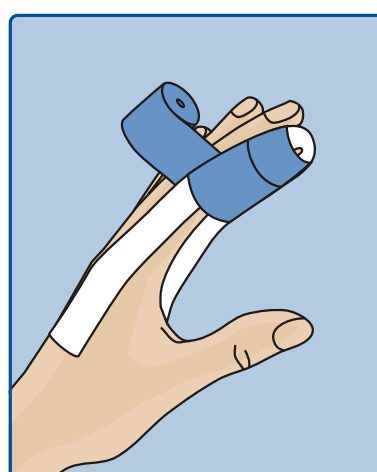
2

Activate the splint as directed. Apply splint enclosing finger if desired (if finger tip is injured). Make sure wrist flexion is possible if wrist is not involved.



3 OPTIONAL

(For window) At half point of splint, cut towards taped side, leaving edge of padding intact. Activate the splint as directed. Slide splint on finger, leaving fingernail exposed to check for circulation.



4

Wrap with bandage. Mould and position as prescribed by physician.

Figure-8 Thumb

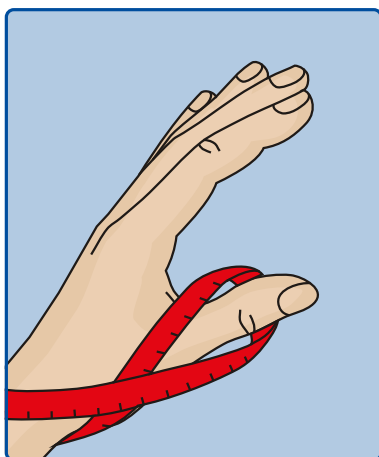
POSSIBLE INDICATIONS

- Skier's / Game Keeper's Thumb
- Ulna Collateral Ligament Sprain

RECOMMENDED WIDTH

- 2.5cm for most patients

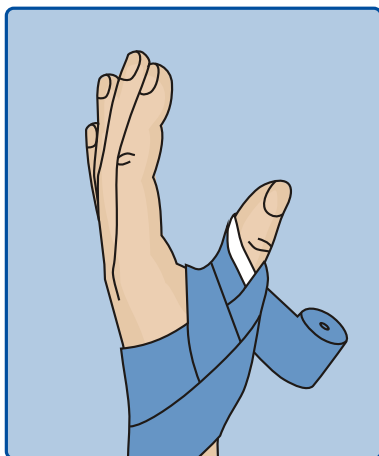
Directions

**1**

To measure length, use a measuring tape. Wrap tape around the thumb and overlap the end around base of the bony prominence of the wrist (also known as the styloid process of the ulna) in a figure of eight fashion.

**2**

Cut this length of material (should be approximately 35 - 38cm). Activate the splint as directed. Centre splint on the web space, crossing over the dorsal aspect of thumb in a figure of eight fashion and overlapping the cut edges around the styloid process of the ulna.

**3**

Wrap with a small elastic bandage, overlapping in a figure of eight formation. Mould and position as prescribed by physician.

Thumb Spica

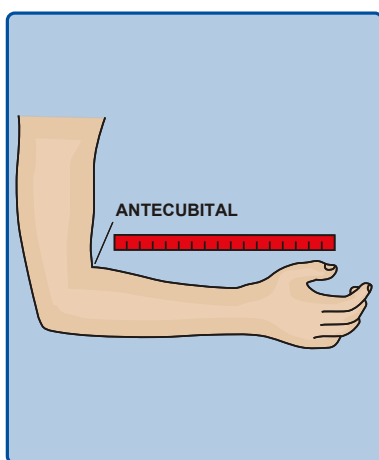
POSSIBLE INDICATIONS →

- Scaphoid Fractures
- Ulna Collateral Ligament Sprains
- Thumb Dislocations
- Tendonitis

RECOMMENDED WIDTH →

- 7.5cm or 10cm for most patients
- 5cm Paediatric

Directions

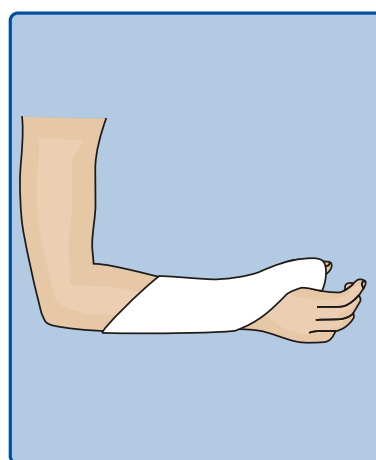


1

Measure from the tip of the thumb to 5cm from the antecubital. Prepare the splint as directed.

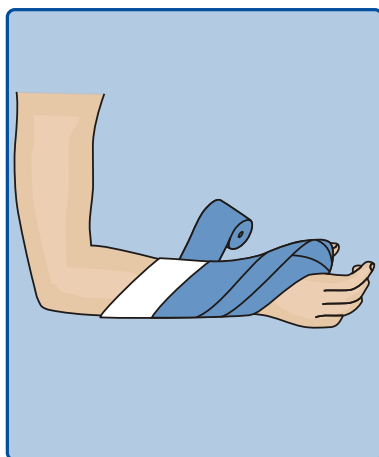
Cut Dynacast Prelude splint length needed and remove from foil sleeve. Stretch padding over exposed edges.

Activate splint as directed.



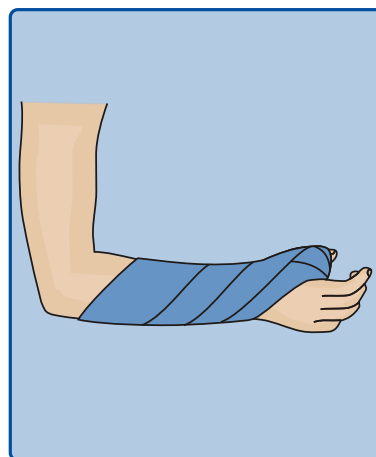
2

Apply the splint by placing one end at the tip of the thumb and spiraling the rest over the dorsal aspect of the hand and forearm.



3

Wrap by starting at the wrist and making two figure of eight wraps around the thumb.



4

Mould and position as prescribed by physician.

Thumb & Wrist Immobiliser

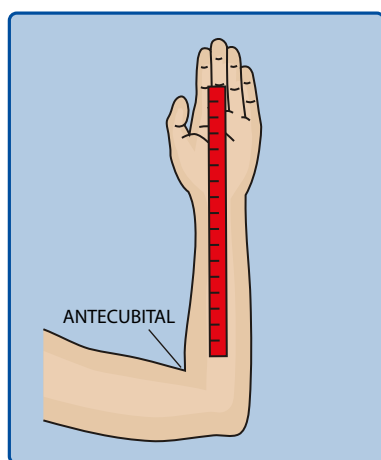
POSSIBLE INDICATIONS →

- Scaphoid Fractures
- Carpal Tunnel
- Proximal Hand, Thumb Injuries / Strains

RECOMMENDED WIDTH →

- 7.5cm or 10cm for most patients
- 5cm Paediatric

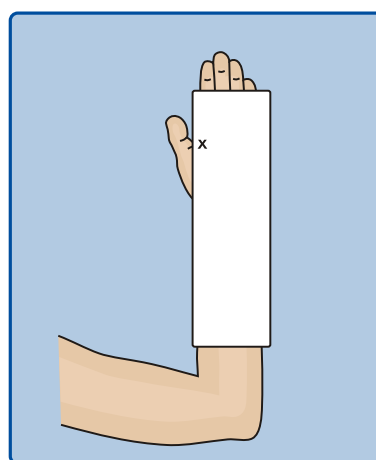
Directions



1

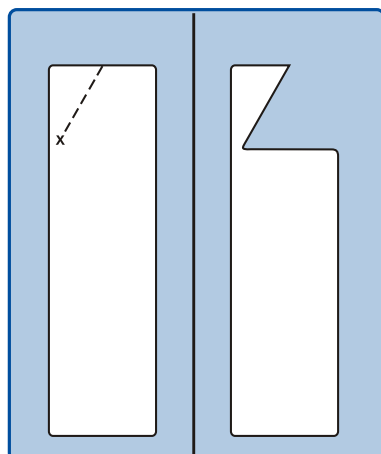
Measure from the Proximal Interphalangeal Joint (PIPJ) to 5cm below the antecubital.

Cut Dynacast Prelude splint length needed and remove from foil sleeve. Stretch padding over exposed edges.



2

Place on patient's hand at the PIPJ and down the arm. Pinch or mark at the web space of thumb.



3

Cut down from the centre end of splint at an oblique angle towards your pinch. Then cut away that corner leaving the thumb portion. Stretch padding or tape over cut edges. Activate the splint as directed.



4

Place splint on the patient. Wrap the thumb portion of the splint starting at the web space and wrap around the thumb. Anchor splint at wrist with bandage and continue around thumb and down the arm. Position as prescribed by physician.

Volar Splint

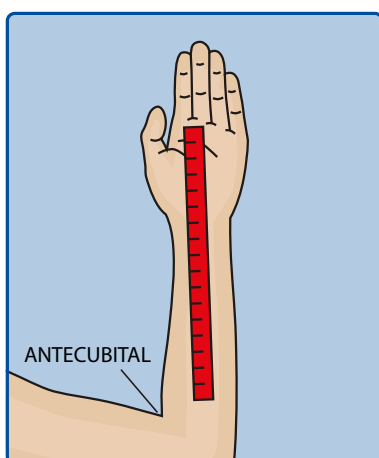
POSSIBLE INDICATIONS →

- Wrist Sprains and Fractures
- Carpal Tunnel Syndrome
- Lacerations
- Night Splints

RECOMMENDED WIDTH →

- 7.5cm or 10cm for most patients
- 2.5cm or 5cm Paediatric

Directions

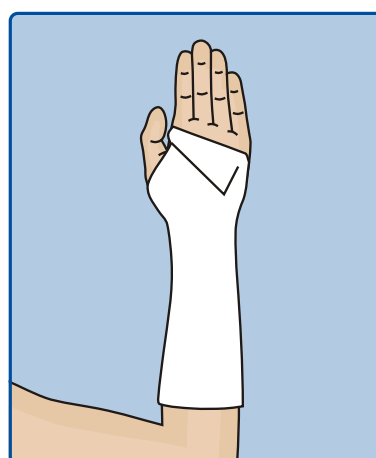


1

Measure from 2.5cm above the palmar crease to 5cm from the antecubital.

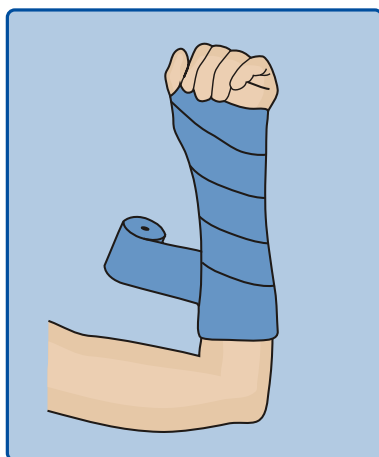
Cut Dynacast Prelude splint length needed and remove from foil sleeve. Stretch padding over exposed edges.

Activate splint as directed.



2

Fold one edge of the splint over 2.5cm. Place fold at the angle of the palmar crease.



3

Wrap with elastic bandage to secure the splint. Mould and position as prescribed by physician.

Dorsal Splint

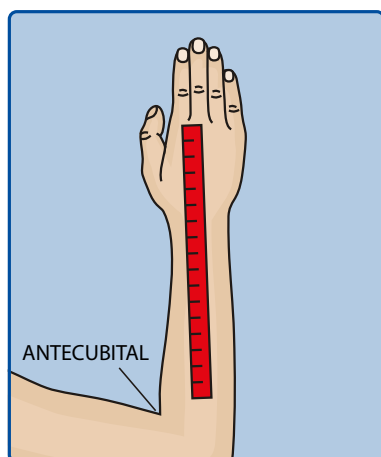
POSSIBLE INDICATIONS →

- Wrist Fractures
- Tendon Repairs
- Lacerations

RECOMMENDED WIDTH →

- 7.5cm or 10cm for most patients
- 5cm Paediatric
- 2.5cm Infant

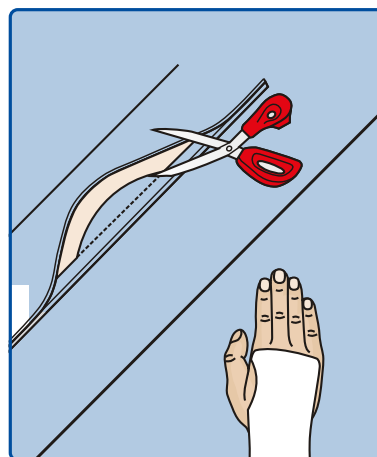
Directions



1

Measure from the metacarpophalangeal joint (MCPJ) on the dorsal aspect of the hand to 5 - 7.5cm from the antecubital.

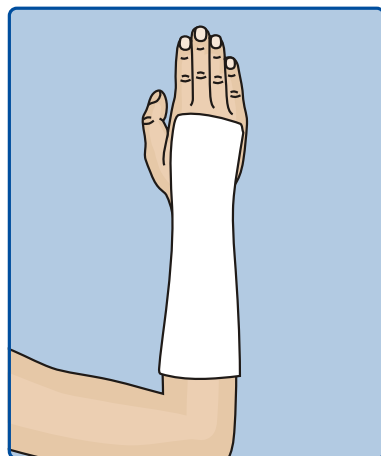
Cut Dynacast Prelude splint length needed and remove from foil sleeve. Stretch padding over exposed edges.



2

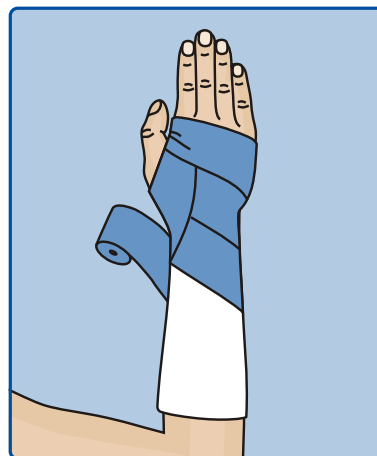
OPTIONAL

Splint may be trimmed to allow for complete range of motion of the thumb. Open padding, trim fibreglass at taped edge in a curve. Be sure padding covers all exposed edges.



3

Prepare splint as directed. Place on dorsal side of hand. Allow for flexion of fingers.



4

Secure with bandage, anchoring at the wrist and proceeding around the palm, working distal to proximal down the splint. Mould and position as prescribed by physician.

Volar Dorsal

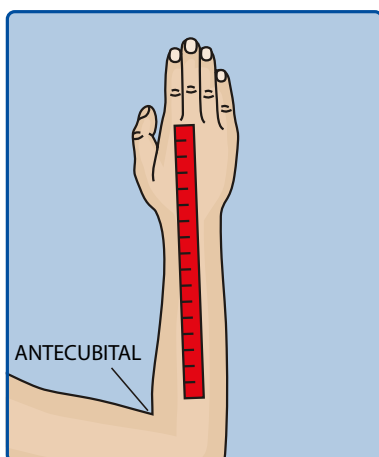
POSSIBLE INDICATIONS →

- Severe Wrist Sprain
- Forearm Fracture
- Laceration

RECOMMENDED WIDTH →

- 7.5cm or 10cm for most patients
- 5cm Paediatric
- 2.5cm Infant

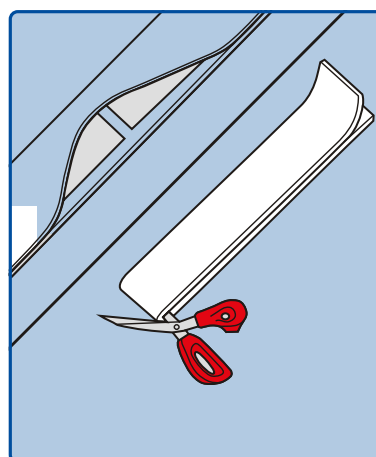
Directions



1

Measure from 2.5cm above the palmar crease to 5cm from the antecubital. Double this measurement.

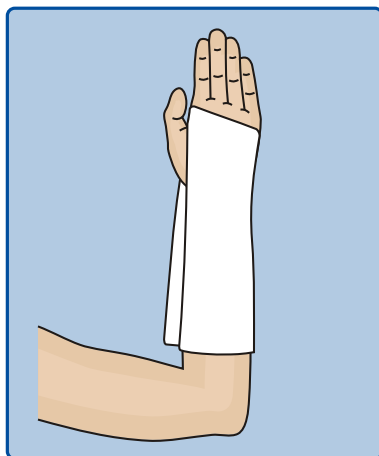
Cut Dynacast Prelude splint length needed and remove from foil sleeve. Stretch padding over exposed edges.



2

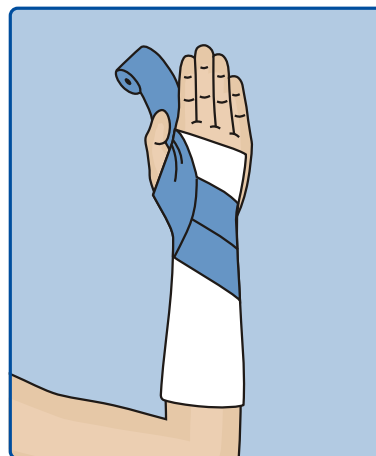
OPTIONAL

At the centre point of splint, open the padding at the taped edge and cut fibreglass in half. Close back up and pull both ends of splint to stretch padding at centre point about 4cm. Make final cut at centre, leaving one edge intact.



3

Activate the splint as directed. Place splint on the volar and dorsal aspects of the forearm, using the hinged edge anchored at the web space of thumb.



4

Secure with bandage, anchoring at the wrist and proceeding around the palm, working distal to proximal down the splint. Mould and position as prescribed by physician.

Teardrop Splint

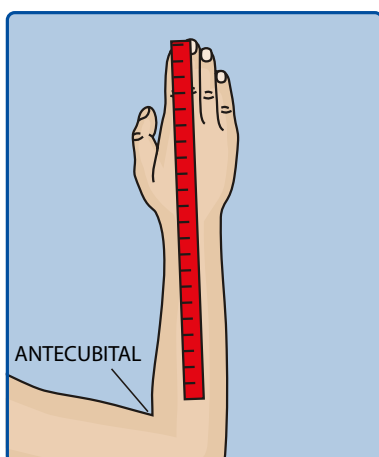
POSSIBLE INDICATIONS →

- 2nd & 3rd Metacarpal Fractures
- Flexor or Extensor Tendon Repairs
- Crushing Injuries
- Lacerations

RECOMMENDED WIDTH →

- 10cm, 12.5cm or 15cm for most patients
- 7.5cm Paediatric

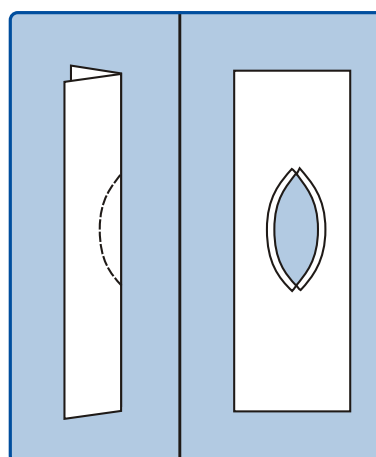
Directions



1

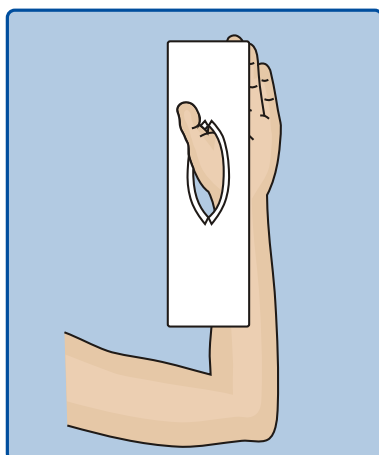
Measure from tip of 3rd finger to 5cm from the antecubital.

Cut Dynacast Prelude splint length needed and remove from foil sleeve. Stretch padding over exposed edges.



2

Fold splint in half lengthwise and locate the middle. Cut a hole for the thumb, approximately 6cm. Prepare the splint as directed. Tape the edges. Ensure the edges are covered with felt padding.



3

Place thumb through the hole and fold over injured fingers. Wrap with elastic bandage.



4

Mould and position as prescribed by physician. Ensure the edges are covered with felt padding.

Boxer Splint (4th-5th Metacarpal Splint)

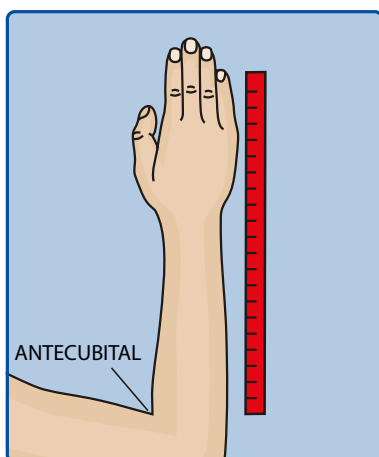
POSSIBLE INDICATIONS ➔

- 5th Metacarpal Fractures
- 4th Metacarpal Fractures

RECOMMENDED WIDTH ➔

- 7.5cm & 10cm for most patients

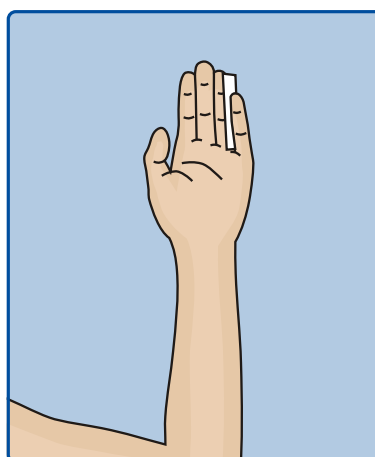
Directions

**1**

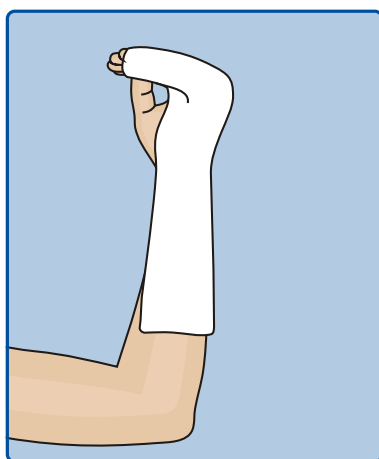
Measure from the tip of the little finger to 5cm from the antecubital.

Cut Dynacast Prelude splint length needed and remove from foil sleeve. Stretch padding over exposed edges.

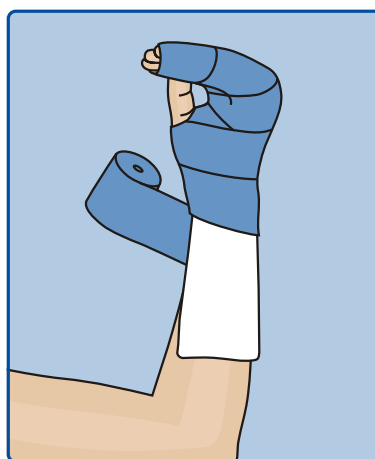
Activate splint as directed.

**2**

Padding can be placed between the fingers to help prevent maceration.

**3**

Apply the splint to the ulna side of the hand, creating an ulna gutter.

**4**

Wrap with elastic bandage to secure the splint. Mould and position as prescribed by physician.

Reverse Sugar Tong

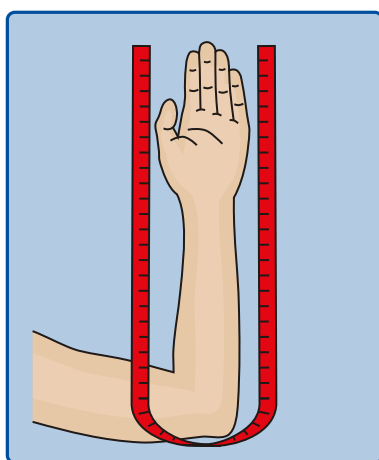
POSSIBLE INDICATIONS →

- Wrist Fractures
- Forearm Fracture

RECOMMENDED WIDTH →

- 7.5cm, 10cm, 12.5cm for most patients
- 5cm Paediatric

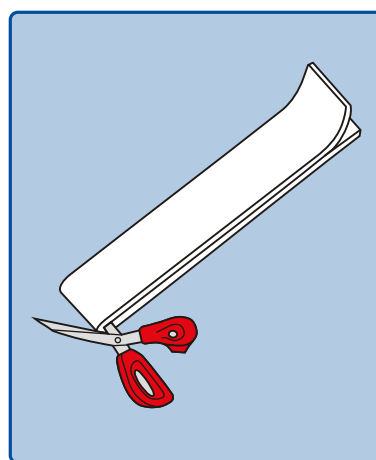
Directions



1

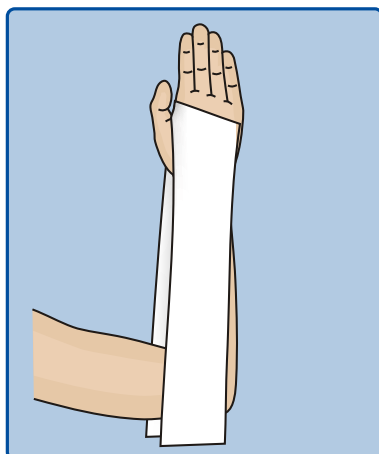
Measure from behind the elbow extending up both sides of the arm to the tips of the fingers.

Cut Dynacast Prelude splint length needed and remove from foil sleeve. Stretch padding over exposed edges.



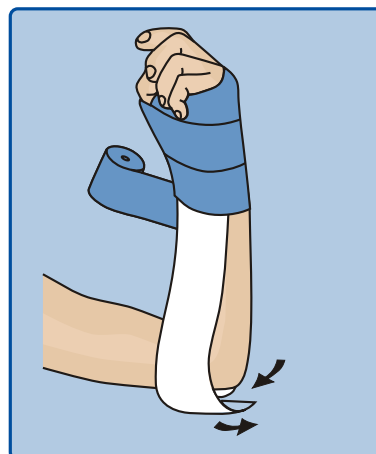
2

Fold the splint in half. Cut across the splint at the fold leaving approximately 1cm attached. Pad the edges with tape. Activate splint as directed. Ensure the edges are protected with felt padding.



3

Apply the splint on the patient's arm, placing the the attached section into the web space of the thumb.



4

Wrap with elastic bandage to secure the splint. At the elbow, fold one side of the excess material behind the elbow and overlap with the other side.

Secure in place with a series of figure of eight wraps. Mould and position as prescribed by the physician.

Posterior Elbow

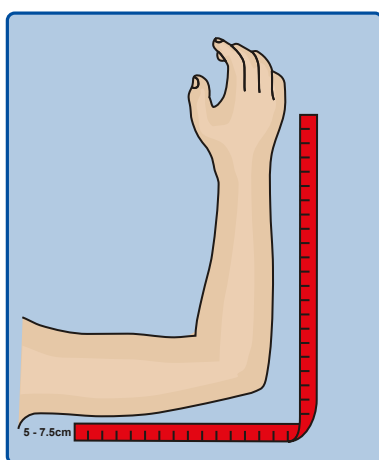
POSSIBLE INDICATIONS →

- Supracondylar Fractures
- Elbow Sprains / Strains

RECOMMENDED WIDTH →

- 10cm or 12.5cm for most patients
- 5cm or 7.5cm Paediatric
- 5cm Infant

Directions

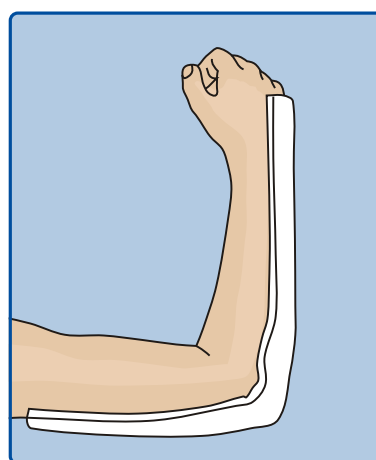


1

Measure from 5cm to 7.5cm from the axilla to the fifth metacarpal head.

Cut Dynacast Prelude splint length needed and remove from foil sleeve. Stretch padding over exposed edges.

Activate splint as directed



2

Apply the splint to the patient. Before wrapping the elbow, cut or fold at the medial and lateral aspects of the elbow. Overlap to create a dart. Ensure all cut edges are covered with felt padding and take care not to push in and cause a pressure point.



3

Wrap with elastic bandage to secure the splint.

Wrap once in the web space to prevent splint from sliding down.

Mould and position as prescribed by physician.

Dorsal - Lateral Elbow Splint

POSSIBLE INDICATIONS →

Post-Traumatic:

- Elbow Strains and Sprains

Post-Operative:

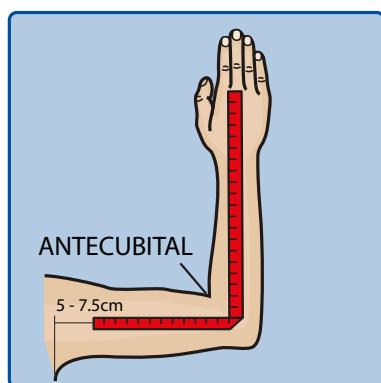
- Bicep Tendon Repair

RECOMMENDED WIDTH →

- 7.5cm or 10cm for most patients

- 5cm Paediatric

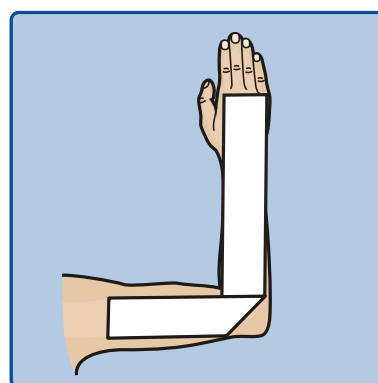
Directions



1

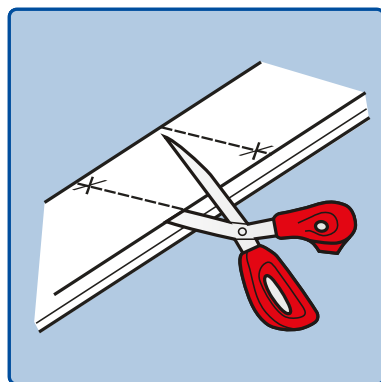
Measure from 5cm to 7.5cm distal to the axillary region to the metacarpal heads dorsally.

Cut Dynacast Prelude splint length needed and remove from foil sleeve. Stretch padding over exposed edges.



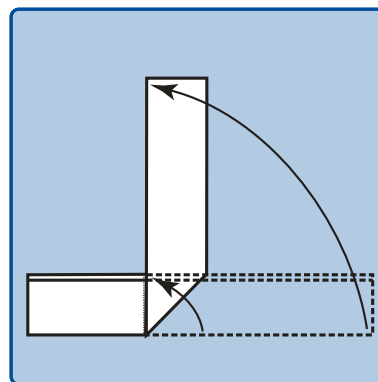
2

Place dry splint on the patient, positioning their arm in the same way as measured. Fold the material at the elbow to achieve a 90 degrees angle. Mark splint with a pen on both sides where the two edges of the splint overlap.



3

Cut and remove the top layer of padding between pen marks, creating a square of exposed fibreglass where the material was folded.



4

Activate the splint as directed. Refold creating a triangle of fibreglass on the elbow.



5

Reposition splint onto arm and secure with an elastic bandage.

Mould and position as prescribed by the physician

U Slab

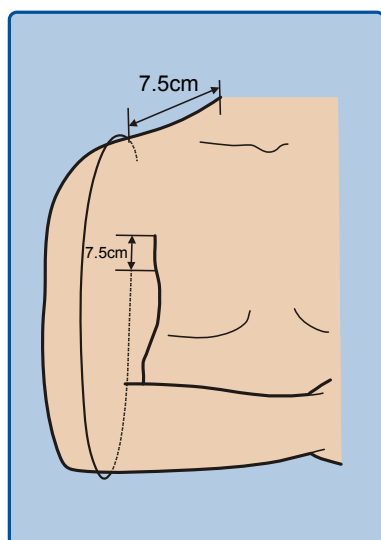
POSSIBLE INDICATIONS

- Midshaft Humeral Fracture

RECOMMENDED WIDTH

- 7.5cm, 10cm and 12.5cm most patients
- 5cm Paediatric

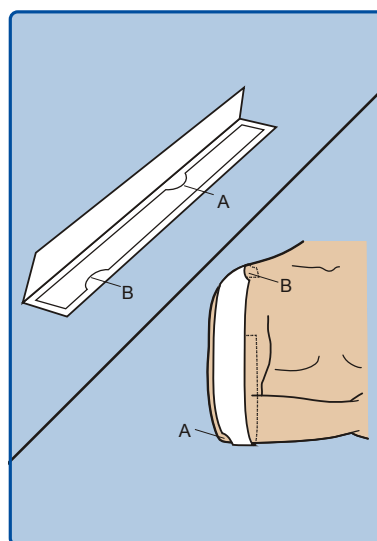
Directions



1

Measure from 5cm to 7.5cm under the axilla, up around the elbow and over the humerus so that the end of the splint covers the top of the shoulder but doesn't dig into the neck. Cut appropriate length.

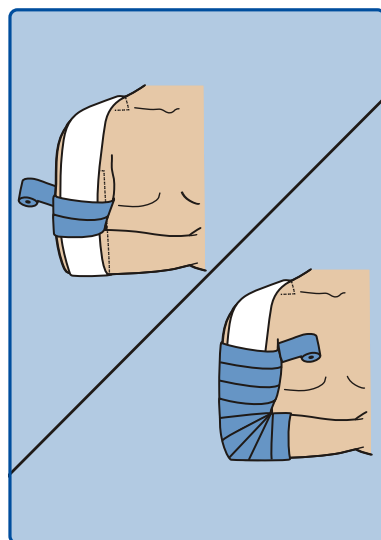
Cut Dynacast Prelude splint length needed and remove from foil sleeve. Stretch padding over exposed edges.



2

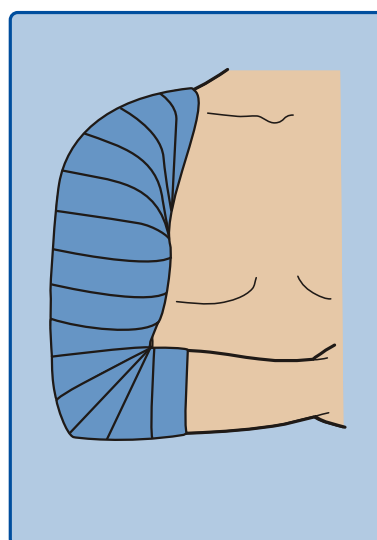
Open padding and trim fibreglass as illustrated to enhance conformability and reduce risk of creasing.

Activate splint as directed.



3

Apply splint to arm. Begin wrapping at bicep, capture the elbow and continue wrapping distal to proximal up the humerus.



4

Mould and position as prescribed by physician.

Knee Immobiliser

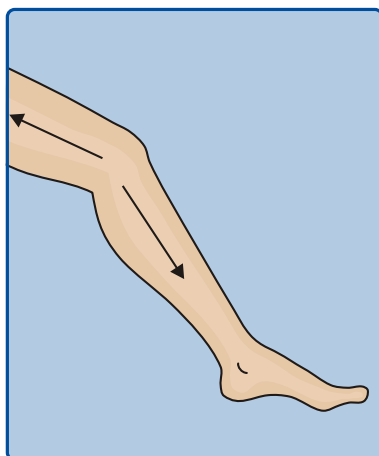
POSSIBLE INDICATIONS →

- Knee Injuries and Sprains
- Post-op Knee Surgery

RECOMMENDED WIDTH →

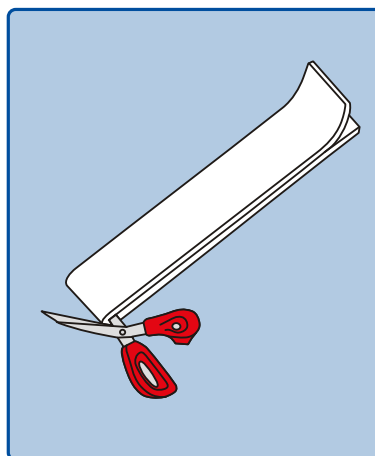
- 10cm or 12.5cm for most patients
- 5cm or 7.5cm Paediatric

Directions



1

Measure 20cm to 25cm above and below the patella, then double it (approximately 80cm) Cut Dynacast Prelude splint length needed and remove from foil sleeve. Stretch padding over exposed edges.



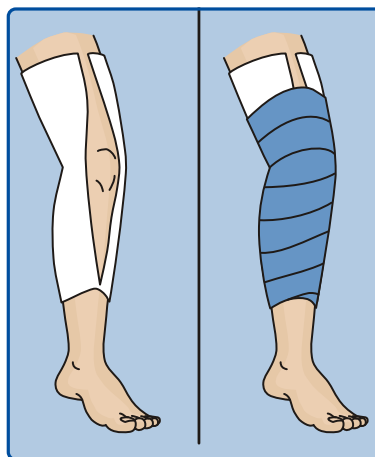
2

Fold the splint in half. Cut across the splint at the fold leaving approximately 1cm attached. Activate the splint as directed, ensuring the felt padding covers cut edges.



3

Place padded hinge on the anterior side of the calf and place the splint on the medial and lateral sides of the leg.



4

Wrap elastic bandage from distal to proximal. Mould and position as prescribed by physician.

Ankle Stirrup

POSSIBLE INDICATIONS



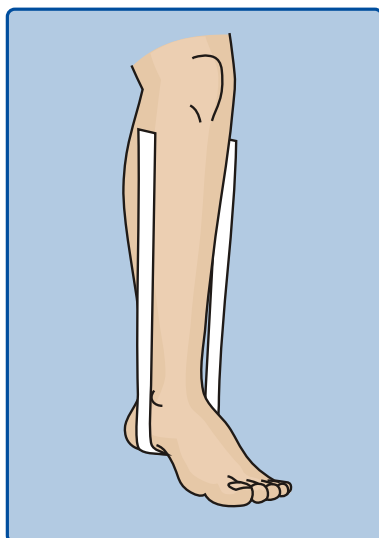
- Ankle Sprain / Strain
- Ankle fractures

RECOMMENDED WIDTH



- 7.5cm or 10cm for most patients
- 5cm Paediatric
- 2.5cm Infant

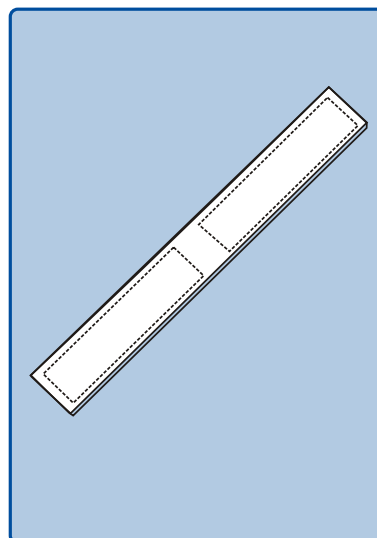
Directions



1

Measure from medial to lateral and under the heel of the foot. This measurement should begin and end approximately 5cm below the patellar. Length can be reduced depending on indication of injury.

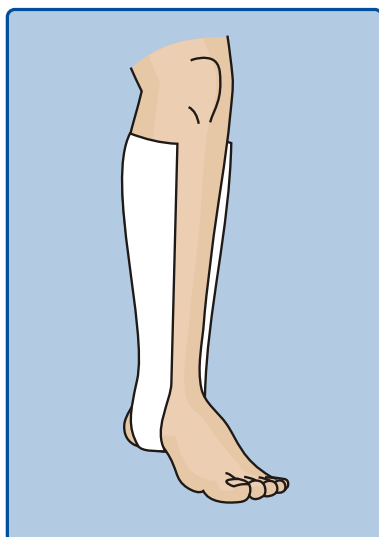
Cut Dynacast Prelude splint length needed and remove from foil sleeve. Stretch padding over exposed edges.



2

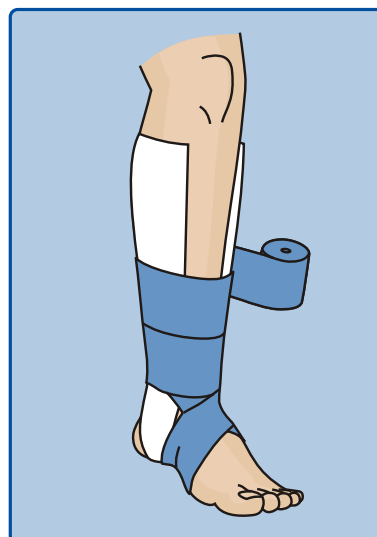
OPTIONAL

Fold in half. Open up padding at centre crease and cut the fibreglass only. Close and stretch padding creating a gap where the heel will be placed, approximately 5cm.



3

Activate the splint as directed. Apply stirrup centralised on medial and lateral side of leg. Anchor stirrup with elastic bandage just above the ankle.



4

Wrap around the heel and across the talus bone in a figure of eight fashion several times and then proceed up the leg, working distal to proximal and overlapping elastic bandage halfway as you wrap the leg.

Posterior Leg (Darted)

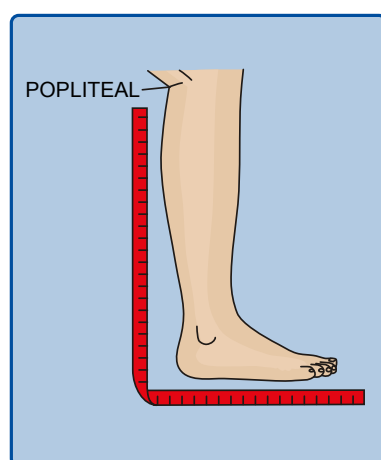
POSSIBLE INDICATIONS →

- Distal Tibia / Fibula Fractures
- Ankle Sprains
- Achilles Tendon Ruptures
- Metatarsal Fractures

RECOMMENDED WIDTH →

- 10cm, 12.5cm, 15cm or 20cm for most patients
- 5cm or 7.5cm Paediatric
- 5cm Infant

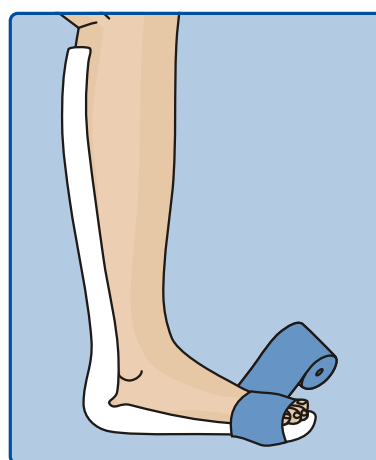
Directions



1

Measure from 5cm below the popliteal to 5cm beyond the toes.

Cut Dynacast Prelude splint length needed and remove from foil sleeve. Stretch padding over exposed edges. Activate the splint as directed.



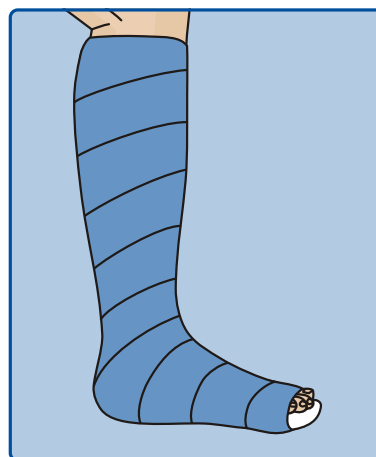
2

Fold the splint under 2.5cm at the toes to make a reinforcing toe plate. Place the splint under the foot, extending slightly beyond the toes and wrap as follows: start at the toes, work up the foot, skip the ankle and wrap behind the achilles.



3

Overlap or cut or fold below the malleolus to create a dart. Ensure all cut edges are covered with felt padding and take care not to push in and cause a pressure point



4

Wrap the heel and continue wrapping the rest of the leg. Mould and position as prescribed by physician.

Reinforced Posterior Leg Splint (Folded)

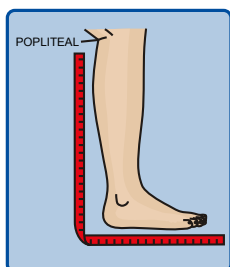
POSSIBLE INDICATIONS →

- Severe Ankle Sprain / Strain
- Metatarsal Fractures
- Hair Line Fractures
- Distal Tibia / Fibula Fractures

RECOMMENDED WIDTH →

- 10cm, 12.5cm, 15cm or 20cm for most patients
- 7.5cm Paediatric
- 5cm Infant

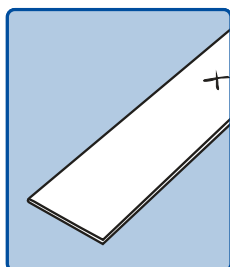
Directions



1

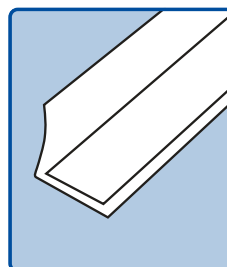
Measure from 5cm below the popliteal to the end of toes or to 5cm beyond the toes for optional toe plate. Cut material needed and remove from foil sleeve.

Cut Dynacast Prelude splint length needed and remove from foil sleeve. Stretch padding over exposed edges.



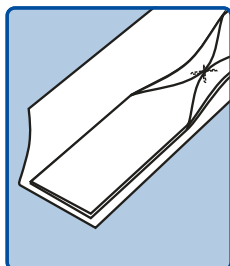
2

Measure from toe to heel base and mark where heel would rest on splint.



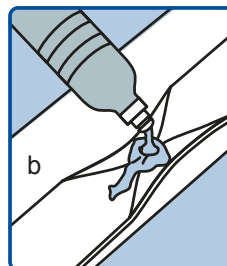
3

Open padding at taped edge to expose the fibreglass splint.



4

Fold fibreglass material in at heel base to centre seam to form a 15cm crescent (approximately 7.5cm above and below heel centre mark).



5

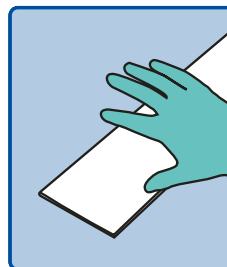
Apply water directly on fibreglass especially at crescent fold.

This will allow for maximum lamination.



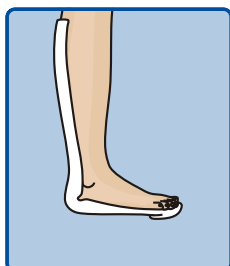
6

Smooth down crescent folds with gloved hands to laminate.



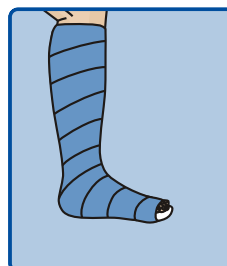
7

Close padding and remove water by squeezing in a towel twice. Smooth splint one last time before applying.



8

Fold the splint under 2.5cm at the toes to make a toe plate (optional). Place the splint under the foot, extending from the toes and smooth splint on before securing splint with elastic bandage.



9

Mould and position as prescribed by physician.

Reinforced Posterior Leg Splint (Butterfly)

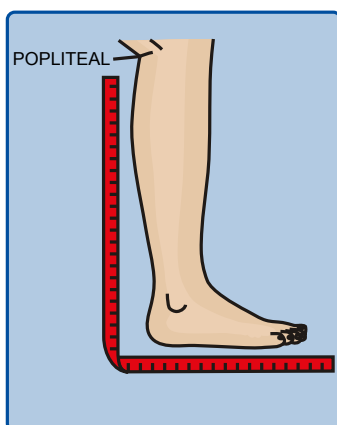
POSSIBLE INDICATIONS →

- Severe Ankle Sprain / Strain
- Metatarsal Fractures
- Distal Tibia / Fibula Fractures
- Non-Displaced Ankle Fracture

RECOMMENDED WIDTH →

- 10cm, 12.5cm, 15cm or 20cm for most patients
- 7.5cm Paediatric
- 5cm Infant

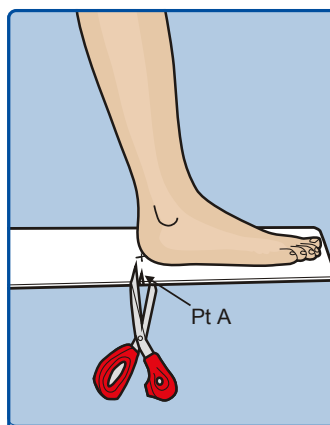
Directions



1

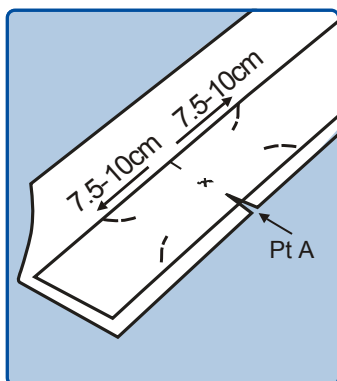
Measure from 5cm below the popliteal to the end of toes or to 5cm beyond the toes for optional toe plate. Cut material needed and remove from foil sleeve.

Cut Dynacast Prelude splint length needed and remove from foil sleeve. Stretch padding over exposed edges.



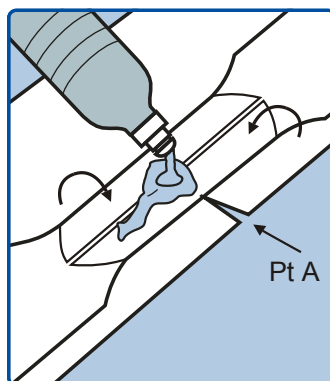
2

At base of heel (pt A), snip padding to mark 90° angle.



3

Open padding and cut fibreglass splint as indicated in image from 7.5cm - 10cm either side of marked Pt A.



4

Wet fibreglass and fold the 'butterfly' in towards centre seam (x) at a curve. This creates a reinforced, yet open area.



5

Close padding and remove water by squeezing in a towel twice. Apply to patient. Be sure to place reinforced side away from patient to avoid pressure points.



6

Wrap distal to proximal. Mould and position as prescribed by physician. Ensure that toes are not constricted.

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Tel: 01482 670100
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