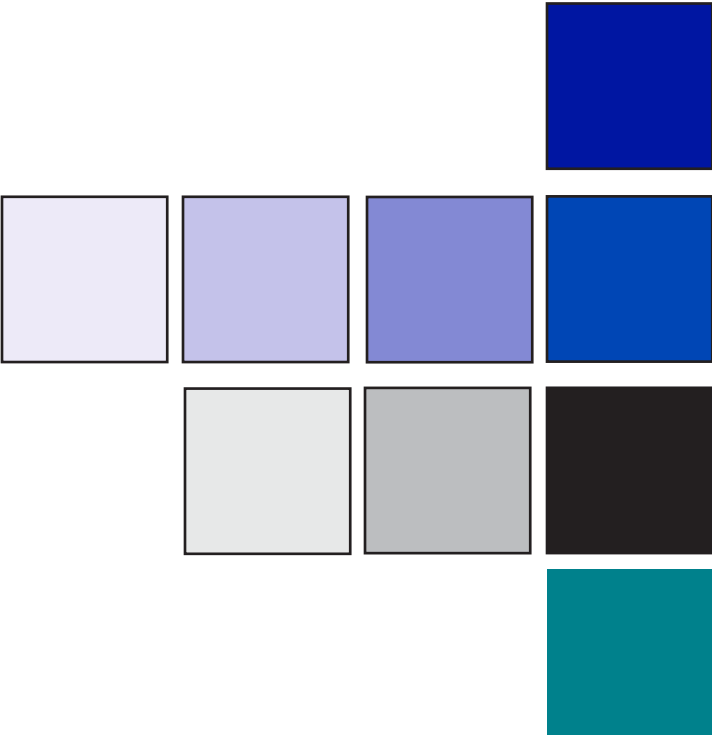




CURECAST

Orthopedic Splint



Instruction for use

**Caution:** This product has been designed and tested for single patient usage. It is not recommended for multiple patient use. If any problem occur with the use of this product, immediately contact your medical professional.

**Please read these instructions before use**

The healthcare professional applying this casting material is responsible for the proper care of the patient. Only responsible, qualified, and experienced healthcare professionals should apply casting tape to patients.

**Indications for use:** CURE CAST materials are to be used for casting, splinting, and external immobilization.

**Material Description:** CURE CAST materials consist of a knitted synthetic substrate impregnated with a water activated polyurethane resin.

**Product Storage:** This product should be kept and stored at room temperature. Storage at high temperature may result in a reduced shelf life and tacky handling characteristics. In addition, avoid damaging, puncturing, or tearing the casting tape pouch in storage as this may cause premature hardening in the package.  
NOTE: Storage at high temperature will result in a reduced shelf life. The shelf life of CURE CAST is approximately three years if stored in the ideal conditions mentioned above.  
This product is a disposable medical device.

**Flammability:** Uncured polyurethane tape will burn over an open flame. Finished casts using CURE CAST tape will not support combustion under normal conditions as defined by the NFPA Standard #702-1975 and the Flammable Fabrics Act (CS-191-53).

**Pre-Application Precautions:**

- 1) The healthcare professional applying this casting material is responsible for the proper care of the patient. Only qualified and experienced healthcare practitioners should apply CURE casting material to patients.
- 2) The polyurethane resin can adhere to unprotected skin or clothing. Please ensure that protective gloves are applied before handling the casting material.
- 3) Exposure of the resin to ambient air or water will initiate the activation process and the tape will begin to harden. Therefore, it is important that the cast tape pouch remain free from punctures until it is time to submerge the cast tape in water and apply the cast to the patient.
- 4) As the material begins to set, it will release (exotherm). The following conditions may increase heat to uncomfortable/injurious levels:
  - a. The more layers applied to the cast, the higher the exotherm. Please exercise caution and monitor the patient closely when applying multiple layers of cast tape.
  - b. Submerging the roll in water over 80° Fahrenheit (27° Celsius) may result in a higher exotherm temperature.
  - c. Applying any coverings such as wraps, dressings, and/or padding over a setting cast, or splint, or lying the cast on any surface such as a pillow during the setting process should be avoided. In addition, proper care and caution should be exercised with children and patients with sensitive skin.
- 5) Do not insert any materials in between the cast and the patient or padding.
- 6) Inform the patient that they should avoid getting the cast wet. Skin maceration and irritation may result from prolonged / frequent wetting of the cast material.

**Cast Application:**

- 1) Immerse the cast tape roll in room temperature water (68°F (20°C) to 75°F (24°C)) and firmly squeeze the roll three to four times while it is submerged in the water. If more than one cast tape pouch is required, only open one pouch at a time to ensure consistency.
- 2) Traditional casting techniques are to be exercised when applying the casting material. Construct the cast by wrapping spirally, overlapping the previous turn one-half to two-thirds the width of the tape. As with any cast, take care to avoid wrapping too tightly. To ensure a snug fit, however, wrap with slight tension on the tape rather than the rolling application common to plaster.
- 3) Three or four layers provide a strong non-weight bearing cast and five to eight layers are typically adequate for weight-bearing cast. Additional layers are generally not necessary for strength and will reduce porosity.
- 4) The product should be rubbed well during application for optimal lamination of the cast tape layers. The cast will begin to set in approximately 3 to 5 minutes when the material is activated with room temperature water.
- 5) Allow 30 minutes before allowing the patient to bear weight on the cast.

**Cast Removal:**

Cast Removal, alteration, uni/bivalving, and repairing should be instituted with care. The applicator is responsible for any alteration and/or removal of the cast or splint. A standard cast saw should be used for cast removal. Exercise caution during cast removal to avoid bony prominences, as well as, exercises heat build up from the cast saw blades. In addition, avoid exposed edges of the cast to prevent scratches.

**Patient Instructions:** Instruct the patient, of the following information to help insure patient comfort and safety, as well as, care for the cast integrity.

- 1) Patients should be notified by their healthcare professional as to proper care for their injury, cast care instructions, mobility instructions, and how/when to notify their healthcare professional should problems with the cast occur.
- 2) Patients should be encouraged to avoid excess/frequent wetting of the cast. The cast may be cleaned with a damp cloth if necessary. Should the cast become wet, use a towel to remove excess moisture and then use a blower dryer to sufficiently dry the undercast materials.
- 3) Skin maceration and irritation may result from frequent wetting of the cast without proper drying.
- 4) Do not insert any foreign materials into the cast. Avoid activities that may result in dirt, sand, or other foreign substances getting beneath the cast materials.
- 5) If necessary, rough edges of the cast may be reduced with a nail file.
- 6) The patient should immediately contact their healthcare professional if they experience; painful pressure or rubbing from the cast, their toes or fingers become numb or bluish in color, or if the cast feels too tight. In addition, the patient should notify their healthcare professional if the cast softens or breaks at any time.

**DOES NOT LEAVE RESIDUE WHEN APPLIED**

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Orthopedic Splint



Instruction for use



**Indications:**

CURE CAST is intended for use in the construction of most common orthopedic casts, specialized prosthetics, and orthopedics devices. This product has been designed and fasted for single patient usage.



**Material Description:**

CURE casting materials consist of a knitted synthetic substrate impregnated with a water activated polyurethane resin. Exposure to any moisture including ambient humidity will cause the tape to harden and become rigid. Set times vary between 3 to 5 minutes when the material is activated with room temperature water.

**Application Instructions**

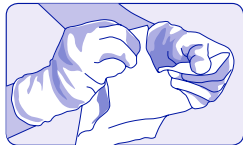


**Preparation:**

Prepare proper scissors, protective gloves, cast padding, and room temperature water (20-25°C).

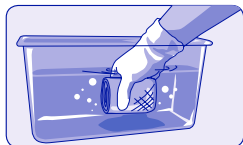


**How to Apply:**



**Step 1: Opening the package**

Wear protective gloves and cover the affected area with CURE UNDERPAD (If desired, additional cast padding may be used) and open pouch using finger holes simultaneously.



**Step 2: Immerse Cast Tape in water**

Immerse CURE CAST in clean and room temperature (20°C) water for 10 seconds and squeeze the roll three or four times. This will ensure that water is penetrating all layers to provide consistent resin activation.



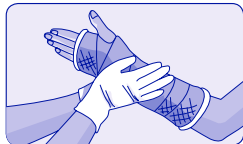
**Step 3: Squeeze out excess water from CURE CAST Tape roll**

Remove cast roll tape from water and squeeze three to four times to drain out excess water.



**Step 4: Apply CURE CAST tape to the area**

Construct the cast by wrapping the area spirally, with slight tension, overlapping the previous turn one-half to two-thirds the width of the tape. Three or four layers provide a strong non-weight bearing cast and five to eight layers are typically adequate for weight-bearing cast. Additional layers are generally not necessary for strength and will reduce porosity.



**Step 5: Mold the cast**

The product should be rubbed well during application for optimal lamination of the cast tape layers.

**Cast Removal:**

CURE CAST may be windowed, trimmed or removed with traditional cast saw equipment. Routine cast removal precautions should be taken to avoid injury to the patient while cutting equipment is being used.

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