## Remove (Cast)

- IMPORTANT: DO NOT BIVALVE CAST TO REMOVE. ENSURE YOU ARE FAMILIAR WITH PROPER TECHNIQUE OF USING CAST SAW.
- 1. Remove outer boot.
- At top of cast, cut stockinette horizontally and pull protective felt padding towards knee.
- 3. Use cast saw with hands always in contact with patient and saw.
- a. Cut down anterior crest of tibia and across dorsum of foot. (Fig. 16)
- b. Make second cut across toes.
- c. Make optional cut across malleoli if necessary.
- 4. Use bandage scissors to cut protective white sleeve from knee to toes. (Fig. 17)
- 5. Pull protective felt padding away from tibia and dorsum of foot. (Fig. 18)
- 6. Use bandage scissors to cut stockinette.
- Remove foot/leg by grasping cast edges, spreading, and pulling off like a boot.
   Take care due to sharp edges. Do not impinge on toes. (Fig. 19)
- 8. Dispose of properly.



Fig. 16



Fig. 17



Fig. 18



Fig. 19

## Reimbursement

#### **Outpatient Wound Clinic/Center**

CPT 29445 (Application of a Total Contact Cast) – Physician Reimbursement APC 0426 (Links with CPT 29445) – Medicare Clinic Reimbursement

#### Physician Office

CPT 29445 (Application of a Total Contact Cast) – Physician Reimbursement Q4038 (Fiberglass Cast Supplies) – Supply Reimbursement TCC-EZ® is equivalent to 3 rolls

### Reimbursement Hotline:

Call our dedicated Reimbursement Information Line at 1-800-474-9511, Monday-Friday, 9 a.m.-5:30 p.m. EST

#### **Product Questions or Orders**

Order Code Description (All units and cases sold individually unless stated otherwise)

#### TCC-EZ® Casting Systems

TCC23000 10 Casting Systems 3" with 2 Regular Boots TCC23001 10 Casting Systems 3" with No Boot Casting System 3" Single Application TCC23002 5 Casting System 3" with 1 Regular Boot TCC23005 5 Casting System 3" with No Boot TCC23051 TCC24000 10 Casting Systems 4" with 2 Regular Boots TCC24001 10 Casting Systems 4" with No Boot TCC24002 Casting System 4" Single Application TCC24005 5 Casting System 4" with 1 Regular Boot TCC24014 10 Casting Systems 4" with 1 Large Boot TCC24016 10 Casting Systems 4" with 1 Large Charcot Boot TCC24024 10 Casting Systems 4" with 1 Extra Large Boot TCC24026 10 Casting Systems 4" with 1 Extra Large Charcot Boot TCC24051 5 Casting System 4" with No Boot TCC24214 10 Casting Systems 4" with 2 Large Boots TCC24224 10 Casting Systems 4" with 2 Extra Large Boots TCC25050 5 - 3" and 5 - 4" with 2 Regular Boots

5 - 3" and 5 - 4" with No Boot

#### TCC-EZ® Boots

TCC25051

TCC21100 Regular Boot
TCC21114 Large Boot
TCC21116 Large Charcot Boot
TCC21124 Extra Large Boot
TCC21126 Extra Large Charcot Boot

#### MedE-Kast™ Casting Systems

TCC2MDKK Case of 10 Casting Systems
TCC2MDKKS Casting System - Single Application
TCC2ULTR Ultra Case of 10 Casting Systems
TCC2ULTRS Ultra Casting System - Single Application

#### Rolls

TCC2FCT03 MedE-Kast 3" Roll Fiberglass Case Tape (10 Rolls)
TCC2FCT04 MedE-Kast 4" Roll Fiberglass Cast Tape (10 Rolls)
TCC2PFC045 MedE-Kast 4" x 5 Yards Plaster Rolls (12 Rolls)

#### Other Items

TCC2SAW Cast Removal Saw

TCC2SAWSSB Cast Removal Saw Replacement Stainless

Steel Blades (4 Blades)

TCC2VACFLT Dust Vacuum Disposable Filter Cartridge

TCC2VAC Cast Removal Dust Vacuum
TCC2SPRL Cast Removal Spreader Large



Derma Sciences, Inc. 214 Carnegie Center, Suite 300 Princeton, NJ 08540 (p) 800 445 7627 (f) 609 514 8554 Email: cs@dermasciences.com

www.TCCEZ.com









Advancing the Gold Standard of Care to the Next Generation.

Application Guide Easy as 1 • 2 • 3\*

For more information visit **TCCEZ.com** or **TCCpatient.com** 



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# TCC-EL Easy as 1 · 2 · 3\*



# 1 Prep (Patient Preparation)

NOTE: See Size Chart

- 1. Apply foam dressing to ulcer area and secure with paper tape. If sterile dressing package appears compromised, **DO NOT USE.** (Fig. 1)
- 2. Apply stockinette.
- a. Pull stockinette over entire foot extending to knee. Avoid disrupting the tape and dressing.
- b. Smoothly fold excess stockinette over dorsum of foot and secure with plastic tape. Leave one to two fingers at the end of the toes so they will not be impinged.
- c. Cut excess stockinette. (Fig. 2)
- 3. Apply protective felt padding.
- a. Align circular flaps over malleoli with shorter/ narrower portion towards knee. (Fig. 3)
- b. Use plastic tape to secure circular pads to malleoli, then tape along tibia. **Do not tape** around entire leg.
- c. Loosely wrap remaining protective felt padding to cover toes and plantar surface of foot. Leave a finger's width space beyond longest toe to ensure toes are not impinged. (Fig. 4)
- d. Secure in place with plastic tape at dorsum of foot, under arch, and behind heel. Cut any excess padding to allow for approximately 1-3" (2.5cm-7.6cm) of padding beyond heel. (Fig. 5)
- e. Trim corners of heel for optimal cast contact.



- 4. Open clear plastic bag containing protective white sleeve and remove from bag.
- a. Starting with a 2" (5cm) fold, roll sleeve into doughnut shape. (Fig. 6)
- b. Place sleeve over toes and unroll sleeve extending toward knee leaving 2" (5cm) of stockinette exposed
- c. Pull sleeve to cover toes leaving approximately 2-4" (5cm-10cm) of excess beyond toes.
- d. Ensure all existing protective layers are not being disrupted or binding the toes. Loosely fold excess sleeve over dorsum of foot and secure with plastic tape.
- e. Cut excess sleeve. (Fig. 7)
- f. Cut excess felt padding at knee even with the white protective sleeve and fold the stockinette over the white protective sleeve.













# 2 Roll (Casting)

- Use 70°F 80°F (22-27°C) temperature tap water. Cooler water will negatively impact the activation process. Warmer water will cause the cast to harden faster, but if too warm will weaken the cast.
- 1. Just prior to casting, place patient in a prone position with leg flexed at knee. (Fig. 8)
- 2. Apply cast sock.
- a. Starting with a 2" (5cm) fold, roll cast sock into a doughnut shape, leaving approximately 2-3" (5cm-7.6cm) of unrolled sock. (Fig. 9)
- b. To ensure thorough saturation, completely immerse rolled cast sock into water for 5-10 seconds, counting slowly. Give two gentle squeezes under water.
- c. Remove from water and squeeze gently and shake to remove excess water. Do not wring.
- d. Use one gentle stretch and position sock so unrolled end extends beyond toes by approximately 2-3" (5cm-7.6cm). *(Fig. 10)*



Fig. 10

- e. Gently unroll sock towards knee. (Fig. 11)
- f. Fold back excess cast sock to widest point of calf to shorten cast length. Fold the proximal edge of stockinette distally covering all loose edges.
- g. *Immediately* place patient's foot in a *90°* neutral position. *(Fig. 12)*
- h. If necessary, slide fingers between patient's dorsum of foot and sock to smooth out wrinkles in any layers.
- Loosely fold excess sock over dorsum of foot. Smooth and contour fold at toes to attach to cast. Do not impinge toes. (Fig. 13)
- Using wet gloves aggressively rub the cast, conforming to provide a customized fit to the leg, ankle area and Achilles tendon. Ensure all lavers are smooth and the toes are not impinged. (Fig.14)
- 3.Continue to smooth cast and maintain foot in a neutral position with ankle as close to a 90° angle as possible for 3 to 5 minutes until cast is firm enough that patient cannot overcome cast. Then allow patient to sit for remainder of drying time.
- 4.Allow cast to dry 15-20 minutes until toe area of cast is cool and hardened. Some flex in the cast is normal and to be expected.









Fig. 12



Fig. 13



# 3 Apply (Outer Boot)

- 1. After the cast sock has cooled and hardened apply the outer boot (15-20 minutes after casting)
- a. Place hardened cast between upright struts of walker boot.
- b. Ensure struts align with (are parallel to) patient's tibia and fibula and place the heel at the rear of the boot. (Fig. 15)
- c. Secure ankle strap, toe strap and then top straps to keep walker boot positioned properly relative to patient's leg during ambulation.
- d. Adjust top straps so they are snug around the patient's leg. Instruct patient that these straps must be snug at all times.
- e. Allow the patient to lightly weight bear.
- 2. Review these instructions with your patient:
- a. Avoid weight-bearing activity for 24 hours after casting application. (Cast does not fully cure for 24 hours).
- b. **Outer boot MUST always be worn** for ambulation. Ambulation without boot will cause instability, damage cast, and delay progress of healing. Charcot patients must wear outer boot at all times.
- c. Ensure your patient has and understands the emergency removal instruction card and patient instructions.
- On patients where the foot is deformed or so large that it cannot fit within the upright struts of the boot, the device is contraindicated.
- Recommendation: Cover cast to protect the other foot and leg. especially while sleeping.



†Boot may be purchased separately

# Advancing the **Gold Standard of Care** to the Next Generation.

#### Recommended Cast Sock Sizing

	3"		3" or 4"		4"			
	1		,					
11"	14"	15"	16"	17"		24"		
CALF SIZE								

#### **Boot Dimensions\*\***

Measurements	Regular	<b>L</b> arge <sup>†</sup>	Extra Large <sup>†</sup>				
Length	11.40"	12.25"	13.75"				
Width at Ankle	3.94"	4.11"	4.29"				
Width at Toe	4.66"	4.76"	5.14"				
Approximate Shoe Size							
Men's 6-10		10.5 – 13 wide	13.5 – 18 X-wide				
Women's	5-11.5	11.5 + wide	11.5+ X-wide				

- Patients who wear wide shoes may need to be evaluated for a Large or Extra Large Boot.
- <sup>†</sup> Charcot Large and Extra Large boots designed for rocker bottom deformity are available.

## **Activity Level and Weight Guidelines**

Activity	Active	Sedentary	Non-Ambulatory	
Patient Weight**	<325 lbs	<400 lbs	400+ lbs	

- \* Refer to the complete Instructions for Use.
- \*\* Refer to the Boot Instructions for Use.

For More Information Visit: **TCCEZ.com** or call **800.445.7627** 

For patient information visit: **TCCpatient.com**