

FACTSHEET

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Broomstick plaster

A “Broomstick” plaster holds your child’s legs apart while both legs are positioned in a plaster. A wooden broomstick forms part of the plaster to reinforce the position being held. A broomstick plaster cast is normally applied to keep the legs as still as possible, while maintaining the most correct position for healing. There are a number of different surgical procedures that need a broomstick plaster to keep the hips and knees in the right position.

Positioning

The hospital therapists will show you how to position your child in sitting and lying. It is important to change positions regularly to relieve pressure and to prevent skin irritation/sores.

Consider:

- During the day, regularly (every 2-4 hours) changing positions: back, side or tummy
- Children can sleep in one position during the night
- Keeping the plaster supported
- Ensuring your child’s feet or ankles are not touching the mattress by placing rolled up towels under their ankles.

Tummy time

- Recommended twice per day for 1 hour
- Place a pillow under their chest and hips to support them and the plaster
- Ensure feet are not pressed on the bed and your child’s head is turned to the side



It is important to check your child’s skin around the plaster regularly. Contact the hospital if there are any red marks or broken down skin.

Equipment

The hospital Occupational Therapist will assess and modify any equipment your child requires. Modification of equipment will assist with positioning, mobility, and activity engagement.

The hospital Occupational Therapist may be required to modify the following equipment:

- car seats
- seats for table top play and feeding
- mobility devices (e.g. a modified stroller/wheelchair)
- a scooter/prone board (for children >2 years) (Note: CHW does not have prone boards)

Please bring your child’s stroller/wheelchair and car seat to the hospital ward for review by the Occupational Therapist. If you do not have this equipment or your equipment is not suitable to modify, the OT can arrange the hire of equipment from the hospital equipment loan pool.

Clothing

Some easy ideas include:

- Larger sized clothing
- Hook and Loop tape, studs or zips into seams (e.g. underwear, shorts or pants)
- Stretch material
- Button down shirts
- Dresses
- Baggy shorts or pants with a split in one side (fixed with Hook and Loop tape, press studs or ties).

NB the plaster may make your child warmer – dress them accordingly.

Self-care

Bathing

Give your child a sponge bath daily making sure that the plaster does not get wet.

Dry shampoo can be used for hair washing. Alternatively, this can be done over a sink/bowl with 2 people to help.

Toileting

Your child can continue to wear nappies with the broomstick plaster. These will need to be changed frequently to avoid the plaster becoming wet.

Older children can use urine bottle, slipper pan, or commode chair for toileting. The hospital occupational therapist will discuss the most suitable option for your child.

Play

Although your child will adapt to and cope with the restrictions of being in a broomstick plaster they will need help to be in the best position to enjoy each play situation.

The hospital occupational therapist can help with ideas for play and positioning at home.

Lifting and handling

The shape of the plaster and the child's inability to move, make lifting and carrying difficult. The plaster will also add to the weight of your child.

When lifting your child, support both the plaster and your child at all times. Always have one hand on the plaster (supporting the weight of the plaster) and one hand behind your child (supporting their back).

Do not lift by the broomstick. Handling the broomstick can weaken the plaster.

Never lift your child from under the arms. The weight of the plaster puts too much pressure on your child's pelvis and spine.

Carry your child as close to you as possible when you are carrying him/her.

NB: In some instances a lifting hoist may be recommended at the therapist's discretion.

School/preschool

Discuss the following considerations with respect to your child's school / kindergarten / preschool with your occupational therapist:

- Physical access to buildings
- Transport available
- Amount of assistance required to get your child into and out of the car, and other mobility options
- Toileting needs
- Positioning.

Prior to the surgery, discuss the upcoming event with your child's teacher. If your child is unable to attend school, arrange for school work to be picked up.

Remember:

- Change your child's position regularly
- The hospital occupational therapist can assist with ideas for managing all areas of home life, including equipment modifications
- Contact the hospital if there are any signs of swelling, red marks or other issues with the plaster.

In addition, please read: [Plaster care factsheet](#).