

# FACTSHEET

This fact sheet is for education purposes only. Please consult with your doctor or other health professionals to make sure this information is right for your child. If you would like to provide feedback on this fact sheet, please visit: [www.schn.health.nsw.gov.au/parents-and-carers/fact-sheets/feedback-form](http://www.schn.health.nsw.gov.au/parents-and-carers/fact-sheets/feedback-form).

## Broomstick plaster

A “Broomstick” plaster holds your child’s legs apart with both legs in a plaster. A wooden broomstick is used between their legs to hold your child’s legs apart. A broomstick plaster cast is used to keep the legs as still as possible, in the most correct position for healing. A broomstick plaster is used to keep the hips and knees in the right position after a number of different surgical procedures.

### Positioning

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

### Consider:

- Changing positions every 2-4 hours: back, side or tummy, during the day
- Having children sleep in one position during the night
- Keeping the plaster supported
- Making sure that 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 your child’s chest and hips to support them and the plaster
- Make sure feet are not pressed on the bed and your child’s head is turned to the side



Check your child’s skin around the plaster every morning and night. Contact the hospital if there are any red marks or broken down skin.

### Equipment

The hospital Occupational Therapist (OT) will assess and modify any equipment your child needs. Modification of equipment will help your child’s positioning, mobility, and activity engagement.

The hospital OT may need to modify the following equipment:

- car seats
- seats for table top play and feeding
- mobility devices (e.g. a modified stroller/wheelchair)

Please bring your child’s stroller/wheelchair and car seat to the hospital ward for review by the (OT). If you do not have this equipment or your equipment is not suitable to modify, the OT can assist you with arranging the hire of the appropriate equipment.

## 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).

Please note that the plaster may make your child warmer, so you will need to dress them accordingly.

## Self-care

### Bathing

Give your child a sponge bath every day. Make 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 a urine bottle, slipper pan, or commode chair for toileting. The hospital occupational therapist will discuss the best option for your child.

## Play

Your child 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. 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.

In some instances a lifting hoist may be recommended by the hospital OT.

## School/preschool/day-care

Talk to your OT about your child's school /preschool/ day-care. You will need to consider:

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

Before the surgery, discuss the upcoming event with your child's teacher. If your child is not able to go to school, ask if you can pick up their school work. A return to school factsheet will be provided by your hospital OT for further information.

### Remember:

- Change your child's position regularly
- The hospital OT 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.

For more information, please read: [Plaster cast care factsheet and pressure injuries factsheet](#)