



## Application & Removal of a Total Contact Cast Education Requirements & Competencies

This document establishes the educational requirements and competencies for all Registered Nurses (RNs) and Registered Psychiatric Nurses (RPNs) and Licensed Practical Nurses (LPNs), and Occupational Therapists (OTs) responsible for applying and removing a Total Contact Cast (TCC).

### Practice Level:

British Columbia:

- Nurses in accordance with their British Columbia College of Nurses & Midwives' scope of practice related to the provision of wound care and their health authority's limits and conditions for this diabetic/neuropathic foot ulcer treatment.
- Occupational Therapists in accordance with their College of Occupational Therapists of British Columbia and their health authority's limits and conditions for this diabetic/neuropathic foot ulcer treatment.
- Nurses and Occupational Therapists within their individual competence to perform this activity.

Yukon:

- Registered Nurses, Registered Psychiatric Nurses and Licensed Practical Nurses refer to organizational policy and practice in accordance with regulatory bodies.
- Occupational Therapists refer to organizational policy and practice in accordance with regulatory bodies.

### Prerequisites:

Prior to undertaking TCC application education, the learner must have successfully completed the following prerequisite education modules:

- How Wounds Heal
- Wound Assessment
- Wound Cleansing
- Wound Packing
- Wound Cleansing & Packing of Non-Visible Wound Bed (LPNs only)
- Compression Therapy
- Basic Lower Limb & Advanced Lower Limb Assessment (HA specific)

### Lesson Plan

The plan lays out the learning activities to be completed, and the resources available to support this learning, for the acquisition of knowledge and the development of skills for application/removal of TCC.

### Competency Checklist

The checklist consists of both verbalization of theory and demonstration of skill to show competency related to applying and removing TCC.

### Definitions

**Client:** generic term used to describe a recipient of care regardless of care setting; patient in the hospital, client in community; resident in long-term care.

**Competency:** The integration and application of knowledge, skills and judgment required for safe and appropriate performance in an individual's practice,

**Mentor:** A Nurse Specialized in Wound, Ostomy & Continence (NSWOC), Wound Clinician (WC), OT competent in the TCC application.

### References

British Columbia College of Nurses and Midwives. (2026). <https://www.bccnm.ca/Pages/Default.aspx>

## Document Management

Created By:	British Columbia Provincial Nursing Skin & Wound Committee and NSWOCs/WCs from across all Health Authorities.
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**Application of Total Contact Cast  
Learning Plan**

Learning Activity	Resources	Date Done
1. Review your college's scope of practice as well as any limits and conditions for performing TCC.		
2. Review health authority/agency specific policies, specific practice limits and condition and practice standards for applying/removing TCC.	If needed, discuss with your mentor where to find these.	
3. Review the PNSWC Diabetic Foot Ulcer guideline.	<a href="#">Diabetic/Neuropathic Foot Ulcer: Guideline</a>	
4. Read the TCC procedure to gain an understanding of the general theory and responsibilities regarding performing a specific TCC application.	Discuss with your mentor which procedures you need to learn for your site. Read/review the procedure: <ul style="list-style-type: none"> <li>• <a href="#">TCC-EZ</a></li> <li>• <a href="#">Cutimed Off-Loader Select</a></li> </ul>	
5. Determine where to find the equipment needed to TCC.	Discuss with your mentor.	
6. Observe mentor doing an application of TCC.	Set up with your mentor.	
7. Observe mentor doing a removal of TCC.	Set up with your mentor.	
10. Perform TCC application with mentor.	Set up with your mentor.	
11. Perform TCC removal with mentor.	Set up with your mentor.	
12. As per your health authority/agency process, with your mentor, complete the Competency Checklist for the specific TCC therapy.	See next pages.	
13. Complete any additional competency validation/ compliance requirements of the health authority/ agency.	Discuss with your mentor.	

## Application of Total Contact Cast Application Competencies

Cutimed Off-Loader Select     TCC-EZ

	Date Met	Mentor's Initials
<b>Knowledge</b>		
1. Describe the purpose of TCC.		
2. Describe the client assessment needed prior to application/reapplication.		
3. Describe when TCC should not be applied/reapplied.		
4. Describe wound or limb assessment concerns should be referred to a NSWOC/Wound Clinician or Physician/NP.		
5. Describe why it is important to have the foot in 90° dorsiflexion throughout the application.		
6. Describe equipment and supplies needed for the TCC application and where to find them.		
7. Describe what complications can occur if cast not correctly applied.		
8. Describe client teaching to be done and re-enforced.		
9. Describe rationale for return appointment(s) within the first week of therapy.		
<b>Skill</b>		
1. Demonstrate setting up a safe workspace for the TCC application.		
2. Demonstrate the correct technique for prepping the limb prior to starting TCC.		
3. Demonstrate the correct technique for applying each of the layers:		
• Stockinette/sock.		
• Protective strip(s).		
• Cast padding.		
• Water bath is at the correct temperature.		
• Cast layer(s) in the correct order.		
• Application of cast done in appropriate time for the type of TCC.		
4. Demonstrate how to correctly finish the cast:		
• 90° angle for the foot.		
• Smooth out any wrinkles.		
• Appropriate time allowed for cast to harden.		
• Correct application of cast shoe.		
5. Demonstrate how to ensure client is safe to walk.		
6. Demonstrate how to remove the cast:		
• Cast marking for saw lines.		
• Cutting the cast		
• Removing the cast and padding layer.		
7. Demonstrate documenting the care provided.		
8. Demonstrate cleaning/disinfecting and storage of TCC equipment & supplies.		

See below for signatures

**Learner**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

**Mentor** (to be signed-off as per HA/agency process)

Print Name \_\_\_\_\_ Signed \_\_\_\_\_ Initials \_\_\_\_\_

**Learning Plan for Unmet Skills**