

Developed by the British Columbia Provincial Nursing Skin & Wound Committee in collaboration with NSWOCs/WCs from:



## Cutimed Off-Loader Select Total Contact Cast: Procedure for Diabetic/Neuropathic Foot Ulcer

<b>Endorsement British Columbia &amp; Yukon</b>	<ul style="list-style-type: none"> <li>• Endorsement done: N/A</li> <li>• Endorsement pending: FNHA, FHA, IHA, ISLH, NHA, PHSA, VCH/PHC &amp; Yukon; until endorsement has been granted by your health authority, please follow your health authority's current document.</li> </ul>
<b>DST Indications for Use</b>	<ul style="list-style-type: none"> <li>• This Decision Support Tool (DST) is to guide health care professionals in the application and removal of the Essity/BSN Cutimed Off-Loader Select Total Contact Cast (TCC) for the treatment of a diabetic/neuropathic foot ulcer.</li> <li>• This DST <b>does not</b> address the application and removal of the Cutimed Off-Loader Select TCC for a Charcot Foot condition without a diabetic foot ulcer (DFU).</li> </ul>
<b>Practice Level</b> as per Provincial Health Profession Act (HPA) Leads & Yukon Professional Practice	<p><b>British Columbia:</b></p> <ul style="list-style-type: none"> <li>• Nurses in accordance with their British Columbia College of Nurses &amp; 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.</li> <li>• 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.</li> <li>• Nurses and Occupational Therapists within their individual competency to perform this activity.</li> </ul> <p><b>Yukon:</b></p> <ul style="list-style-type: none"> <li>• Registered Nurses, Registered Psychiatric Nurses and Licensed Practical Nurses refer to organizational policy and practice in accordance with regulatory bodies.</li> <li>• Occupational Therapists refer to organizational policy and practice in accordance with regulatory bodies.</li> </ul>
<b>Education Requirements</b>	<ul style="list-style-type: none"> <li>• See the <a href="#">Education Requirements &amp; Competencies</a> for doing the Cutimed Off-Loader Select TCC procedure.</li> </ul>
<b>Need to Know</b>	<ul style="list-style-type: none"> <li>• To achieve successful closure of a DFU, offloading the pressure from the wound area is necessary. Offloading can be achieved with a variety of devices, therapeutic shoes, cast walkers, and TCC. TCC should be the first consideration for providing offloading, in particular for forefoot plantar DFUs, as non-removable knee-high devices are considered to be the gold standard of care.</li> <li>• The decision to apply a TCC as part of the wound treatment plan requires a team approach.</li> <li>• TCC is indicated for a client with a DFU with or without a suspected or confirmed Charcot neuropathic osteoarthropathy (CNO) (Charcot Foot) who has:             <ul style="list-style-type: none"> <li>◦ Been assessed as physically and cognitively appropriate for TCC,</li> <li>◦ Adequate vascular supply in the affected limb/foot to support wound healing,</li> <li>◦ An ulcer for which local or systemic infection has been ruled out or successfully treated and</li> <li>◦ Good range of motion of the ankle and knee of the limb that is to be casted.</li> </ul> </li> <li>• TCC is contraindicated for a client with a DFU who has:             <ul style="list-style-type: none"> <li>◦ Involvement or exposure of deeper structures; tendon, joint capsule, or bone.</li> <li>◦ A wound which has a depth greater than its width.</li> <li>◦ Allergies/sensitivities to the cast components.</li> </ul> </li> <li>• <b>In preparation for the first appointment</b>, the following should be discussed with the client/family to ensure success with the treatment:</li> </ul>

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	<ul style="list-style-type: none"> <li>○ The first few TCC appointments are often 1.0-1.5 hours in length; consider having food, fluids and/or medication available as needed.</li> <li>○ Wear clothing that will fit over the cast, (e.g., long pants' leg wide enough to go over the cast).</li> <li>○ Wear appropriate footwear on the non-cast foot to assist with safe mobility.</li> <li>○ The need to wear a shoe on the non-TCC cast foot that has small heel or a heel lift to accommodate the height of the casted foot.</li> <li>○ Have a walker or a cane to assist with stability.</li> <li>○ Not to apply weight on the casted foot for at least first 24 hours.</li> <li>○ Plan for the best transportation to/from the appointment.</li> </ul>
<b>Bookmarks</b>	<a href="#">Procedure: Application</a> <a href="#">Procedure: Removal</a> <a href="#">Client/Family Education and Resources</a> <a href="#">Documentation</a> <a href="#">Client/Family Outcomes</a> <a href="#">References/Bibliography</a> <a href="#">Document Management</a>
<b>Related Documents</b>	<a href="#">Guideline: Diabetic / Neuropathic Foot Ulcer</a> <a href="#">Education Requirements &amp; Competency: Application &amp; Removal of TCC</a> <a href="#">Procedure: TCC E-Z Total Contact Cast</a> Client Health Education Resource: Cutimed Off-Loader Select TCC (TBD)

## Procedure for application of the Cutimed Off-Loader Select TCC system





### Equipment & Supplies:

- Personal protective equipment (PPE) as per Point of Care Risk Assessment i.e., disposable medical mask, safety glasses, gown)
  - Apron
  - Clean gloves
  - pH-balanced skin cleanser
  - Moisturizer
  - Wound tray and cleansing solution
  - Wound dressing supplies as needed
  - Scissors
  - Blue procedure pads/towels
  - Knee support, (e.g., bolster or pillows)
  - Water bucket
  - Water thermometer
  - Flat board 30-35cm in length
- Essity Cutimed Off-Loader Select TCC System kit:
  - 1 - Cutimed Cavity Dressing (use only if appropriate for the wound)
  - 1 - Delta Terry-Net C Stockinette
  - 4 - 5x5cm cotton gauze
  - 1 - Delta Terry-Net white adhesive felt pieces (contains two 8cm circles & one cut-to-length strip )
  - 1 - Black self-adhering adhesive perforated foam
  - 2 - Specialist 100 Padding rolls 10cm
  - 3 - Delta-Lite fiberglass cast tape 7.5cm roll
  - 2 - Delta-Lite fiberglass cast tape 10cm roll
- Rocker Cast Shoe, the size and type is determined by shoe size and foot structure
- Cast protector
- Recommended additional items:
  - Cane, walker, or wheelchair
  - An insert for other foot's shoe to minimize the height discrepancy





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<b>Cutimed Off-Loader Select TCC System: Procedure for Application</b>	
<b>Steps</b>	<b>Key Points/Rationale</b>
<p>1. Prepare the client for the procedure:</p> <ul style="list-style-type: none"> <li>• Explain the procedure to client/family keeping in mind the concepts of Trauma Informed Practice and, where appropriate for the client, Indigenous Cultural Safety, obtain verbal consent (if possible).</li> </ul>	<p>The client undergoing TCC may experience anxiety related to restriction in their activity, management of their ADLs, ability to drive, etc. Provide anxiety management strategies, (e.g., education, &amp; reassurance).</p>
<p>2. Prep the client's limb for casting:</p> <ul style="list-style-type: none"> <li>• Perform hand hygiene.</li> <li>• Wash or shower leg(s) with warm water using a pH-balanced skin cleanser. Pat legs dry and apply moisturizer.</li> <li>• Assess skin for any concerns.</li> <li>• Cleanse the wound, the peri-wound and surrounding skin. Complete a full wound assessment.</li> <li>• Dress the wound as per treatment plan/order.</li> </ul>	<p>Cleansing removes devitalized skin. Moisturizer help provide/maintain good skin health.</p> <p>A full wound assessment will provide a basis for determining wound healing.</p> <p>Wounds must be covered with a dressing (wound filler/secondary dressing) appropriate for the estimated amount of exudate accepted.</p>
<p>3. Set up for the procedure:</p> <ul style="list-style-type: none"> <li>• Gather the supplies.</li> <li>• Open the TCC kit onto a clean table work area.</li> <li>• Lay out procedure pad/towel on the floor work area.</li> <li>• Prepare a bucket with water at 22-27°C. Check water temperature with thermometer. Place bucket on the prepared pads/towels.</li> <li>• Position blue procedure pads under client's leg.</li> <li>• Perform hand hygiene; don apron and gloves.</li> </ul>	<p>The pads/towels soak up any spilled water ensuring the floor work area is safe.</p> <p>The water is used to moisten and activate the polyurethane resin in the casting sock.</p> <p>Apron and procedure pads are to protect nurse's clothing and bed linen.</p>
<p>4. Position the client for comfort:</p> <ul style="list-style-type: none"> <li>• Position client in a semi-fowler or upright sitting position.</li> <li>• Use a bolster/pillows under the thigh to support the knee if needed.</li> <li>• Explain to the client that it will be take at least five layers to create the cast.</li> </ul>	<p>Position client comfortably as the application takes 30 minutes or longer.</p>
<p>5. Apply the stockinette (Layer#1)</p> <ul style="list-style-type: none"> <li>• Ensure moisturizer has absorbed into the skin.</li> <li>• Roll the stocking into a donut.</li> <li>• Position the knee at 90-degree angle for ease of applying the stocking.</li> <li>• Dorsiflex the foot to a 90-degree angle.</li> <li>• Position the stockinette donut over the toes leaving ~10cm length of stocking beyond the toes.</li> <li>• Gently roll the stockinette over the foot and up the leg to the top of the popliteal space/ knee.</li> <li>• Cuff the stockinette back over the toes/upper foot.</li> <li>• Insert 5 x 5cm folded gauze between the toes.</li> <li>• Unfold the cuff back over the toes; leave a 1 to 2 finger-width space between the cuff and the base of the great toe.</li> <li>• Check to ensure the wound dressing has not rolled or folded with the application of the stocking.</li> </ul>	<p>The ankle's 90-degree angle needs to be maintained for the entire procedure as dorsiflexion ensures an angle to support walking once the cast is applied.</p>  <p>Once stocking is on, ensure no wrinkles or folds to protect the underlying skin from pressure.</p> <p>The 1 to 2 finger-width space ensures room for all the toes to move freely.</p> 


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Steps	Key Points/Rationale
<p>6. Apply white self-adhesive felt pieces (Layer#2):</p> <ul style="list-style-type: none"> <li>• Cut the felt strip into a length that runs from the folded cuff on the dorsal of the foot up the leg to two-finger width just below tibial tuberosity.</li> <li>• Remove the top half of the strip's backing and apply the strip two-finger width below the tibial tuberosity.</li> <li>• Remove backing from remainder of the strip: lay the strip down along the shin and anchor it to the folded stockinette at the toes/dorsum of the foot.                             <ul style="list-style-type: none"> <li>◦ For a thin bony leg, double layer the strip.</li> </ul> </li> <li>• Cut away any excess strip.</li> <li>• Ensure there are no wrinkles in strips.</li> <li>• Apply the 8cm circular self-adhesive white felt pads to the medial and lateral malleoli.</li> </ul>	
<p>7. Create a toe-box with black self-adhesive perforated foam:</p> <ul style="list-style-type: none"> <li>• Fold the black foam evenly over the top and bottom of the foot leaving a 2 finger-width space at the top of the foam for the toes to move.</li> <li>• Press the inner and outer foam edges together.</li> <li>• Trim the sides of the foam to conform to the foot shape.</li> </ul>	<p>Folding the black foam in half ensures an equal amount of black foam on both the top/dorsum and bottom/planter areas.</p> 
<p>8. Apply the Specialist 100 padding (Layer#3):</p> <ul style="list-style-type: none"> <li>• Apply a strip of 10cm padding to cover the toe box.</li> <li>• Lay strip(s) of padding over heel and Achilles area; apply extra if needed.</li> <li>• Lay strip(s) of padding over the malleoli; apply extra if needed.</li> <li>• Then apply cast padding from the toes to knee overlapping by 50%, stop 2.5cm below the stockinette.</li> <li>• Apply two layers of padding 2.5cm below the top of the stockinette).</li> </ul>	 <p>The extra 10cm cast padding can be used to protect bony prominences of the foot and ankle.</p> <p>Stopping the padding 2.5cm below stockinette allows for knee flexion to support mobility when the TCC is complete.</p>
<p>9. Apply 1<sup>st</sup> roll of 7.5cm cast tape (Layer#4):</p> <ul style="list-style-type: none"> <li>• Submerge the 7.5cm roll in the prepared container of water for 3 seconds; squeeze once.</li> <li>• Remove roll from water and squeeze again.</li> <li>• Ensure foot is angled at 90-degree angle.</li> <li>• Start at the heel, wrap the cast tape from the heel along the side of the foot (either medial or lateral) over the toes and then down the other side of the foot back to the heel. Repeat this wrap twice.</li> <li>• Using a spiral wrap with 50% overlap and with slight tension, start wrapping around the toes, foot and ankle then continue up the leg until 2.5cm below the stockinette.</li> </ul>	<p>Keeping the foot at a 90-degree angle supports walking and safe mobility.</p>  <p>"Figure-8" wrapping method is not needed as the wrap material is very conformable and has some stretch.</p>

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Steps	Key Points/Rationale
<p>10. Apply <b>1<sup>st</sup> roll of 10cm</b> cast tape (Layer#5):</p> <ul style="list-style-type: none"> <li>• Submerge a 10cm roll cast tape in the prepared container of water and squeeze once.</li> <li>• Remove from water and squeeze again.</li> <li>• Ensure foot is at a 90-degree angle.</li> <li>• Start at the toes and proceed up the foot using a spiral wrap covering all areas of the foot, ankle and heel.</li> <li>• Stop 2.5cm below top of the stockinette.</li> </ul>	 <p>The position of the foot in 90-degree dorsiflexion ensures a correct position of the foot to properly support body weight and ambulation.</p>
<p>11. Set the flat bottom of the cast:</p> <ul style="list-style-type: none"> <li>• Have client bend their knee.</li> <li>• Press a flat, hard surface board onto the bottom of the casted foot.</li> <li>• Apply equal pressure to ensure the board is in complete contact with the heel and all metatarsal heads (1<sup>st</sup> to 5<sup>th</sup>).</li> <li>• Maintain the foot in at 90-degree dorsiflexion for one minute while the cast hardens.</li> <li>• Press and smooth wrapped layers.</li> </ul>	 <p>Using a flat hard surface board assists with creating a flat surface on the bottom of the cast, this will aid the client to walk safely.</p>
<p>12. Apply <b>2<sup>nd</sup> roll of 10cm</b> cast tape (Layer#6):</p> <ul style="list-style-type: none"> <li>• Submerge a 10cm roll cast tape in the prepared container of water and squeeze once.</li> <li>• Remove from water and squeeze again.</li> <li>• Position the cast tape 2.5cm below top of the stockinette and spiral wrap down the leg, around the ankle and the foot.</li> <li>• Do not cover toe area, stop 2.5cm from the end of the cast.</li> <li>• Press a flat, hard surface board onto the bottom of the casted foot.</li> <li>• Apply equal pressure to ensure the board is in complete contact with the heel and all metatarsal heads (1<sup>st</sup> to 5<sup>th</sup>).</li> <li>• Have the client stand on the board for 20 to 30 seconds with <b>knees flexed 5 to 10-degrees</b>, with back straight and not leaning forward.</li> </ul>	 <p>If the plantar surface of the cast is not rigid, apply an extra roll of 10cm cast tape starting at the distal end of the cast.</p> <p>The pressure and the smoothing out of the cast material assists with lamination of the cast layers.</p> 
<p>13. Apply additional rolls if needed:</p> <ul style="list-style-type: none"> <li>• Follow steps 10 to 12 above using the 2<sup>nd</sup> and, if needed the 3<sup>rd</sup> roll of 7.5cm cast tape.</li> </ul>	<p>Additional rolls are strengthening rolls, use if the client is:</p> <ul style="list-style-type: none"> <li>• Very tall and/or has long legs, use one or both rolls.</li> <li>• Over 240lbs, use 5 rolls; apply additional cast tape to the foot/ankle area to strengthen the boot of the cast in order to support the client's weight and then use remaining cast tape to build up the leg part of the cast.</li> </ul>

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Steps	Key Points/Rationale
<p>14. Finish the cast:</p> <ul style="list-style-type: none"> <li>• With wet gloves, apply gentle pressure to mold the cast to the leg. Smooth the entire wrap, especially in gaiter area, to remove wrinkles.</li> <li>• Check for any soft areas of the cast, (e.g., metatarsal heads) and apply addition cast material to strength area.</li> <li>• Fold the top of the stockinette down over the padding at the top of the cast.</li> <li>• Allow the cast to harden.</li> </ul>	<p>Folding the stockinette down protects the tissues from friction and harm, providing a soft finished edge to the top of the cast.</p>
<p>15. Prepare for safe walking/mobility:</p> <ul style="list-style-type: none"> <li>• Ensure the floor around the bed/stretcher is clean of any spilled water and/or fibreglass material.</li> <li>• Apply the walking shoe to the casted foot.</li> <li>• With the client standing, assess:                             <ul style="list-style-type: none"> <li>○ The height of both legs to see if one leg is higher than the other.</li> <li>○ Their balance.</li> <li>○ Their gait.</li> </ul> </li> <li>• Provide a walking aid (cane or walker, or wheelchair for the heavy-weight client).</li> <li>• Client may require an insert in their other shoe to prevent significant height discrepancy.</li> <li>• Apply walking shoe.</li> </ul>	<p>Water and/or cast material on the floor are a falls-risk.</p>  <p>Walking cast shoe needs to be fitted to ensure support for the entire plantar surface of the cast.</p>
<p>16. Clean up the workspace:</p> <ul style="list-style-type: none"> <li>• Discard the dressing tray, disposable scissors, and TCC supplies.</li> <li>• Discard cast water.</li> </ul>	
<p>17. Set up return appointment:</p> <ul style="list-style-type: none"> <li>• Initial cast should be removed within 2 to 3 days of application for assessment.</li> <li>• Removal/reapplication is done weekly except for the following conditions which require a more frequent schedule:                             <ul style="list-style-type: none"> <li>○ If piston-ing is occurring; change cast 2 to 3 times/week.</li> <li>○ For wounds with larger amounts of exudate, such as those over the mid-foot or rear-foot, change cast 2 to 3 times/week.</li> </ul> </li> <li>• Client should wear the cast for 1 to 2 weeks following wound closure or until their offloading maintenance footwear is available.</li> </ul>	<p>Assessment includes checking for areas of redness which would indicate heel piston-ing (movement up/down inside the cast) or foot slippage due to decreased edema, as well as the condition of dressing if present.</p>
<p>18. Client teaching:</p> <ul style="list-style-type: none"> <li>• Advise the client that should the cast get damaged, to go to Urgent Care/Emergency to have cast removed</li> </ul>	<p>No special instructions needed for ER staff; cast material is similar to the material used for casting a broken bone.</p> <p>For addition client teaching points please see Client/Family Education and Resources (Link TBD).</p>

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## Procedure for removal of the Cutimed Off-Loader Select system

### Equipment & Supplies:

- Blue pads/towels
- Hearing protection for HCP and client (muffs or plugs)
- Marking pen
- Cast cutter/saw with vacuum
- Cast spreader
- Bandage scissors

Cutimed Off-Loader Select TCC System: Procedure for Removal	
Steps	Key Points/Rationale
<p>1. Prepare the client for the procedure:</p> <ul style="list-style-type: none"> <li>• Explain the procedure to client/family keeping in mind the concepts of Trauma Informed Practice and, where appropriate for the client, Indigenous Cultural Safety, obtain verbal consent (if possible).</li> <li>• Demonstrate the saw against your hand.</li> <li>• Advise client they will feel the vibration of the saw.</li> <li>• Have client comfortably supine in the bed.</li> <li>• Provide client with hearing protection.</li> </ul>	Hearing protection helps to minimize the noise of the saw.
<p>2. Prepare for the procedure:</p> <ul style="list-style-type: none"> <li>• Ensure cast blade is clean of any old dry resin.</li> <li>• Assemble cast saw and vacuum.</li> <li>• Plug in cast saw.</li> <li>• Lay out cast spreader and scissors if using.</li> <li>• Cover the work area floor with towels.</li> <li>• Put in hearing protection devices.</li> <li>• Perform hand hygiene and put on clean gloves.</li> </ul>	Cast residue is slippery (a falls-risk for HCP and client).
<p>3. Mark out saw lines:</p> <ul style="list-style-type: none"> <li>• Using the marker pen, draw a line from the top of the cast down to the toes on both the medial and lateral sides of the cast.</li> <li>• Draw a line across the toe of the cast.</li> </ul>	
<p>4. Cut the cast:</p> <ul style="list-style-type: none"> <li>• Using the cast saw with vacuum attached, start at the top of the cast and cut on the medial line.</li> <li>• Repeat similar cut on the lateral drawn line.</li> <li>• Then cut across the toe of the cast.</li> </ul>	
<p>5. Remove the cast:</p> <ul style="list-style-type: none"> <li>• Use cast spreaders to separate the anterior portion of the cast from the posterior portion.</li> <li>• Cut stockinette at the top of the cast with bandage scissors to completely separate cast.</li> <li>• Remove anterior shell, by gently lifting up at the proximal end of cast on anterior shell.</li> </ul>	
<p>6. Remove protective layers:</p> <ul style="list-style-type: none"> <li>• Cut padding and remaining stockinette with bandage scissors.</li> <li>• Remove foot from cast.</li> <li>• Dispose of the cast.</li> </ul>	

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• Steps	Key Points/Rationale
7. Wash and assess limb: <ul style="list-style-type: none"> <li>• Wash the limb with pH-balanced cleanser.</li> <li>• Assess the skin for medical device related pressure injury and/or friction injury.</li> <li>• Re-assess wound.</li> <li>• Perform an advanced lower limb assessment, if needed.</li> </ul>	
8. Assess walking cast shoe and replace if: <ul style="list-style-type: none"> <li>• Straps are too loose or damaged.</li> <li>• Shoe is damaged.</li> </ul>	

### **Client/Family Education and Resources**

Review with the client/family the TCC Client Health Education Resource (TBD) that outlines the following:

1. The course of TCC therapy:
  - Appointments for the 6-8 weeks of therapy.
  - Tips for comfort.
  - Tips for safe mobility.
  - Tips for caring for the TCC boot.
  - When to seek help and who to call.
  - If needing to go to Emergency - special instructions for how to remove the TCC-EZ cast.
  - PharmaCare coverage or extended health coverage for orthotic footwear once the wound has closed.
2. Post TCC therapy:
  - Care to be done in the first month following the completion of the TCC therapy.
    - Orthotic foot-wear appointments.
  - Skin health for the feet.
  - Ensuring good blood flow to the feet.
  - Having footwear checked by the footwear specialist on a regular basis.
  - Having regular checkup with Family Physician/Nurse Practitioner.

### **Documentation**

1. With each TCC application/removed and/or wound dressing is changed, document on the appropriate paper or e-documentation tool as per agency policy and include the following:
  - The full wound assessment.
  - The numbers (#) of interface and wound filler packing pieces removed/replaced.
  - Document the client's response to the dressing change.
  - Document the TCC application (include name of TCC kit used) and client response to the procedure.
2. Document TCC clinical outcomes and care plan revisions as they occur.
3. Document education regarding TCC walking and safe mobility.
4. Document client/family TCC teaching provided on transition of care and any wound supplies or TCC kits given to client/ family on transition to the community setting.
5. Report TCC adverse events in the Patient Safety Learning System or report the safety event according to health authority or agency guidelines.

### **Client Outcomes**

1. Intended
  - a. The diabetic foot ulcer will heal.

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- b. The wound remains infection free.
  - c. The Charcot Foot will be stabilized.
2. Unintended
- a. The diabetic foot ulcer does not heal.
  - b. The wound becomes infected.
  - c. The client requires an amputation.

**References/Bibliography**

1. BSN (now Essity) Cutimed Off-Loader Select Total Contact Casting System - Information for Use (2013).
2. The International Working Group on the Diabetic Foot (2023). Guidelines on offloading foot ulcers in persons with diabetes IWGDF 2023 update. <https://iwgdfguidelines.org/wp-content/uploads/2023/07/IWGDF-2023-06-Offloading-Guideline.pdf>

**Document Management**

This guideline is based on the best information available at the time it was published and relies on evidence and avoids opinion-based statements where possible. It was developed by the Provincial Nursing Skin & Wound Committee and has undergone a Provincial Partner Review process.

<b>Created By</b>	British Columbia Provincial Nursing Skin & Wound Committee in collaboration with NSWOCs/WCs from across all Health Authorities
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<b>Review Date (s)</b>	
<b>Endorsement Dates</b>	

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