

Therapeutic Casting Pathway

Finding	Notes	Possible Indications
Dorsiflexion Stress Test <ul style="list-style-type: none"> Where does a general DF stress go (on what axis/what joints/tissues) if no corrective force is applied? What is the end feel? 		<ul style="list-style-type: none"> Indicates areas of compromised stability/relative flexibility that may need manual stabilization during cast application in order to direct forces to TC joint
TC Axis Test <ul style="list-style-type: none"> Can PROM be performed at the TC joint? (try moving into more PF before saying no) 		<ul style="list-style-type: none"> If no, need to cast toward the transverse plane first, before applying DF stretch Stretch in the restricted direction— inversion/ eversion at the hindfoot
<ul style="list-style-type: none"> What is the axis of true TC DF? 		<ul style="list-style-type: none"> Align therapist's body (pelvis, femurs, forearms) so that DF forces are stretching perpendicular to this axis *rotating from the sagittal plane as needed*
<ul style="list-style-type: none"> What structures are limiting further motion? What is the end feel of those structures? 		<ul style="list-style-type: none"> Perform preparatory treatment to fascia, soft tissue, muscle, and joint structures that are identified as the structures limiting movement Direct cast forces at the limiting structures Orthopedic referral
Structural findings <ul style="list-style-type: none"> What structural (bony) findings are present (leg, hindfoot, midfoot, forefoot) 		<ul style="list-style-type: none"> Align therapist's body so that PROM occurs in the TC joint Accommodate for coronal plane findings to align for weightbearing Use landmarks proximal to involved area to adjust alignment Orthopedic referral
Hindfoot diagnosis group		
<ul style="list-style-type: none"> Neutral Hindfoot 		<ul style="list-style-type: none"> Consider prone casting to increase mechanical advantage of stretch and decrease volitional resistance
<ul style="list-style-type: none"> Pronated Hindfoot 		<ul style="list-style-type: none"> Check closely for coronal and transverse plane structural findings Initial casts may need to address transverse plane restrictions Protect fragile medial structures Inversion wrap Inversion heel lock
<ul style="list-style-type: none"> Supinated Hindfoot 		<ul style="list-style-type: none"> Manual therapy to release medial structures Eversion wrap Eversion heel lock