

Broomstick Plasters in Perthes Disease

Children with Perthes Disease may be managed in broomstick plasters soon after diagnosis. These are special long leg plaster casts, from the top of thigh to the ankle, which hold the legs wide apart. They are applied by the orthopaedic surgeon.

While in broomstick plasters the hip is protected. Although broomstick plasters are cumbersome, the hip is rested and safe even while the child is active.

The child will most likely become quite independent in standing and walking around the home. Depending on the age of the child, crutches or walking frame will be helpful for walking short distances. The physiotherapist will train your child and recommend the most suitable walking aid. A wheelchair will be necessary for mobility outside the home (**Figure 1**). Wheelchairs, gait aids and ramps etc are available for hire at the EDC.

The plasters are usually removed after six weeks. It is normal for the child to initially feel stiff and anxious. Swimming is an excellent activity to gently restore strength and mobility after the plasters have been removed. Around 50% of children require only one set of broomstick plasters. However if the hip remains irritable, or if there is concern regarding the position of the femoral head in the socket, repeat periods in broomsticks may be helpful.

Caring for a child in broomsticks is easier with some simple adjustments. See *Caring for your Child in Broomstick Plasters* (**Orthopaedic fact sheet 38**) for some helpful advice.

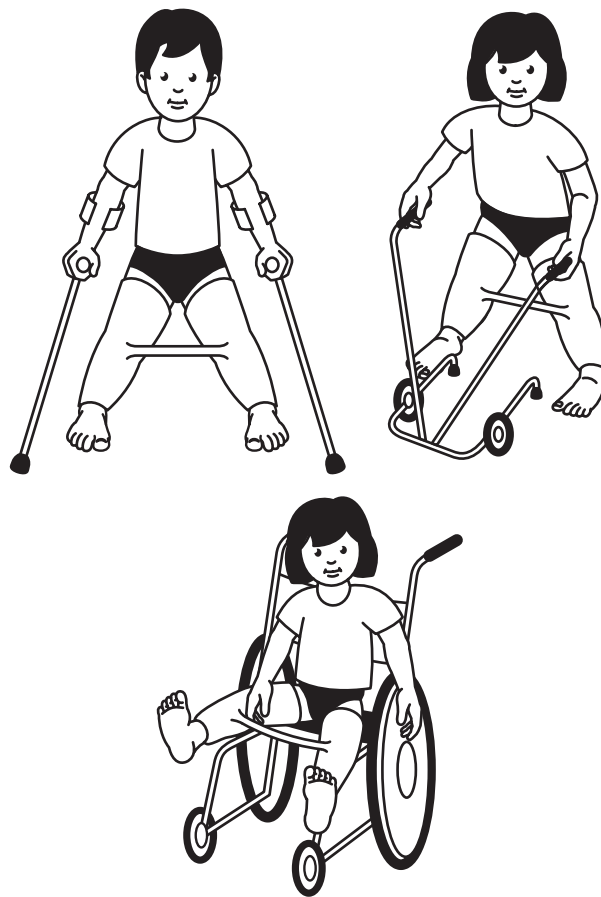


Figure 1. A child with broomstick plasters can be active using crutches, walking frame or a wheelchair.