

UVA Health Medical Center  
**Competency Verification Record (CVR)**  
**Casting, Lower Extremity - Ambulatory**  
**Role: Orthopedic Technician, Athletic Trainers and Medical Assistants**

**Employee Name:** \_\_\_\_\_ **Employee ID #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Disclaimer:** Competency Verification Records (CVR) are temporarily stored in the Department's competency filing system until completion has been recorded on a permanent competency form (e.g., OCA, ACR). The CVR requires a validator's signature.

**Transfer of CVR to Permanent Record:** With this record of a validated competency, the preceptor, Dept. NEC, manager, or their designee locates the matching competency statement on the Annual Competency Record (ACR), Orientation Competency Assessment (OCA) Regional Competency Assessment (RCA), or Department Specific Competency (DSC) form. *(If the statement is not present, it can be written-in.)* The competency statement is then initialed and dated as complete.

<b>Competency Statement:</b>	Applies lower extremity casts.		
<b>Validator(s):</b>	Licensed Independent Provider (LIP), Advanced Practice Provider (APP) and Orthopedic Techs		
<b>Validator Documentation Instructions:</b>	Validator documents method of validation (below) and initials each skill box once completed <b>and</b> places their full name, signature, and completion date at the end of the document.		
<b>Method of Validation:</b>	DO	Direct Observation – Return demonstration or evidence of daily work.	
	T	Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test.	
	S	Simulation	
	C	Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced.	
	D	Discussion: Identify questions related to a competency and ask orientee to provide an example of their real-life experiences.	
	R	Reflection: A debriefing of an actual event or a discussion of a hypothetical situation.	
	QI	Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed.	
	N/A	If the specific product or process step is not used in the respective area or by the respective role, then this step is deemed N/A.	
<b>Validation Instructions:</b>	This form is complete when application of all 6 types of casts have been demonstrated. Each validator must sign the bottom of this document.		

**Name of CVR:** Casting, Lower Extremity - Ambulatory

**Date CVR Created:** 2/2025     **Date CVR Revised:**

**Subject Matter Expert(s):** Damon Cromer, Angela Scott, and Megan Fretwell

CVR Template: Created 11/10/2018; Revised: 11/21/2018; 12/29/2022; 6/8/2023; 3/27/2024; 11/2024; 1/2025, 2/2025

UVA Health Medical Center  
**Competency Verification Record (CVR)**  
**Casting, Lower Extremity - Ambulatory**  
**Role: Orthopedic Technician, Athletic Trainers and Medical Assistants**

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Validation Method	Validator's Initials					
		Short Leg Cast	Short Leg Cast with Toe Plate	Total Contact Cast	Patella Tendon Bearing Cast	Long Leg Cylinder Cast	Long Leg Cast
Verbalizes best uses for splinting procedures and their properties such as: Fiberglass, Plaster of Paris, and prefabricated materials	D						
Verifies order and indication for casting.	DO						
Reviews injury with LIP to determine the casting method.	DO						
Reviews the patient's electronic health record (EHR) for contraindications. (i.e. allergies to latex, medications, or casting materials)	DO						
Validates that the patient and family have received an explanation of the procedure according to their individual communication and learning needs.	DO						
Measures stockinette to proper length and width to allow proper conformability to the appendage or extremity, without being too loose or tight, without wrinkles or creases.	DO						
Places joint in neutral position unless directed otherwise by prescribing physician. (90 degree of ankle flexion, wrist slightly extended in a position of function)	DO						
Applies cast padding in prescribed manner, overlapping 50% with each consecutive wrap, providing two complete layers.	DO						

**Name of CVR:** Casting, Lower Extremity - Ambulatory

**Date CVR Created:** 2/2025      **Date CVR Revised:**

**Subject Matter Expert(s):** Damon Cromer, Angela Scott, and Megan Fretwell

CVR Template: Created 11/10/2018; Revised: 11/21/2018; 12/29/2022; 6/8/2023; 3/27/2024; 11/2024; 1/2025, 2/2025

UVA Health Medical Center  
**Competency Verification Record (CVR)**  
**Casting, Lower Extremity - Ambulatory**

**Role: Orthopedic Technician, Athletic Trainers and Medical Assistants**

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Validation Method	Validator's Initials					
		Short Leg Cast	Short Leg Cast with Toe Plate	Total Contact Cast	Patella Tendon Bearing Cast	Long Leg Cylinder Cast	Long Leg Cast
Provides extra protection to observed bony prominences. (i.e. heel, malleoli, metatarsal heads, proximal fibula, anterior tibia, flexion creases and fulcrum points, etc.)	DO						
Applies the cast tape the same manner as the cast padding.	DO						
Readdress positioning of cast or splint to the appendage or extremity as it cures, laminating for maximum strength and rigidity, with the proper molding to maximize strength, patient comfort, fit and management of the given injury.	DO						
Ensures the finished cast or splint accommodates for all range of motion allowed by the prescribing physician.	DO						

**Reference Table/Pictures if applicable:** N/A

*Competency Verified by:*

\_\_\_\_\_  
*Validator's Name (printed)* *Validator's signature* Date: \_\_\_\_\_

*Competency Verified by:*

\_\_\_\_\_  
*Validator's Name (printed)* *Validator's signature* Date: \_\_\_\_\_

**Name of CVR:** Casting, Lower Extremity - Ambulatory

**Date CVR Created:** 2/2025 **Date CVR Revised:**

**Subject Matter Expert(s):** Damon Cromer, Angela Scott, and Megan Fretwell

CVR Template: Created 11/10/2018; Revised: 11/21/2018; 12/29/2022; 6/8/2023; 3/27/2024; 11/2024; 1/2025, 2/2025

UVA Health Medical Center  
**Competency Verification Record (CVR)**  
**Casting, Lower Extremity - Ambulatory**  
**Role: Orthopedic Technician, Athletic Trainers and Medical Assistants**

*Competency Verified by:*

\_\_\_\_\_  
*Validator's Name (printed)* *Validator's signature* Date: \_\_\_\_\_

*Competency Verified by:*

\_\_\_\_\_  
*Validator's Name (printed)* *Validator's signature* Date: \_\_\_\_\_

*Competency Verified by:*

\_\_\_\_\_  
*Validator's Name (printed)* *Validator's signature* Date: \_\_\_\_\_

*Competency Verified by:*

\_\_\_\_\_  
*Validator's Name (printed)* *Validator's signature* Date: \_\_\_\_\_

**Reference:** Brown, S. A., & Radja, F. E. (2015). *Orthopaedic immobilization techniques: A step-by-step guide for Casting & Splinting*. Sagamore Publishing.

**Name of CVR:** Casting, Lower Extremity - Ambulatory

**Date CVR Created:** 2/2025 **Date CVR Revised:**

**Subject Matter Expert(s):** Damon Cromer, Angela Scott, and Megan Fretwell

CVR Template: Created 11/10/2018; Revised; 11/21/2018; 12/29/2022; 6/8/2023; 3/27/2024; 11/2024; 1/2025, 2/2025