

Distal Radius Fracture Guidelines

Therapy services will generally begin at 10 days to two weeks post injury/surgery.

4-6 weeks post injury/surgery

1. Cast/External fixator removed
2. Patient often placed in soft wrist splint. This should definitely be worn at night for at least 2-3 weeks for patient comfort and so they sleep well at night. If they did not get a splint and are having a lot of pain when sleeping or when they wake in the morning then have them get a wrist splint.
3. Initiate passive/active ROM exercises for the fingers, wrist and forearm.
4. Provide with HEP for A/PROM exercises. Specific attention should be placed on wrist extension and supination.
5. Decrease edema through retrograde massage and manual edema mobilization techniques. Also available are elastic finger sleeves, gloves, and coban wraps.
6. Increase functional use and encourage use at home for light activities (this can be with splint on or off). If patient is fearful of using hand then can initiate pegs removal, cone stacking, etc to encourage the use of the hand. Many patients are fearful that they are going to break it again so they don't use it.
7. Do not do any strengthening (even for grip). Do this functionally for now.

7-8 weeks post injury/surgery

1. Initiate scar massage when incisions have healed.
2. Continue as above.
3. Patient can decrease use of wrist splint as they feel comfortable. Night time is usually the last place to get rid of it.
4. Still no strengthening of anything as the tendons are working on motion. Having to pull the tendons through the scar tissue and swelling with AROM and then doing strengthening could aggravate the tendons.

9-12 weeks post injury/surgery

1. Patient should be out of the wrist splint for most of day if not all. Can also stop wearing at night if patient tolerates.
2. Can initiate grip/pinch strengthening. Can initiate wrist strengthening if motion is within functional ranges (wrist flexion and wrist extension should be at 50-55deg). If patient had a carpal tunnel release then repetitive motion should be avoided until the symptoms have resolved.
3. If PROM is not returning for wrist extension or supination/pronation as expected then consider dynamic splinting. Before initiating dynamic splinting, confirm with physician that there are no bony blocks to prevent motion.

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12-16 weeks post injury/surgery

1. Splint should be definitely discontinued
2. Continue with strengthening program if appropriate.
3. Continue with treatment as needed.