

DISTAL RADIUS FRACTURE REHABILITATION PROTOCOL

The following Post-Operative Guidelines were developed for patients undergoing wrist fracture surgery. Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression and will be dependent on adequate soft tissue healing time. The program should balance the aspects of tissue healing and appropriate interventions to maximize function.

For patients with severe fractures, or for those with comorbidities such as diabetes, osteoporosis or high Body Mass Index (BMI), healing times and range of motion (ROM) progressions may be delayed.

Typically, patients are discharged from the hospital on the day of surgery. The arm is placed in a splint to protect the repair. At 2 weeks (Post-Operative Phase 2), the hard splint is removed and a removable splint is used instead. The incision can get wet at that time. Patients may begin physical therapy two weeks after surgery if they choose. Not all patients need physical therapy. You will discuss this during your first post operative visit with Dr. Kent. Patients are kept non-weight bearing and no active ROM for 2 weeks. During this period, they are encouraged to elevate the arm and control swelling.

Phase I, 0-1 weeks. No formal physical therapy, splint at all times.

PRECAUTIONS	<ul style="list-style-type: none">- Use splint at all times for 2 weeks- Use pillows to support operative arm when sitting or sleeping
Post-Operative Goals	<ul style="list-style-type: none">- Pain and edema control; Cryotherapy and elevation- Elbow and shoulder Range of Motion (ROM)
Treatment Recommendations	<ul style="list-style-type: none">- Rest, ice to affected wrist- Non-weight bearing operative upper extremity- Continue short arm volar splint until first post-op appointment- Finger ROM and Gripping exercises (without weights)- Activities of daily living (ADL) training- Initiate and emphasize importance of home exercise program (HEP)
Criteria for Advancement	<ul style="list-style-type: none">- Decreasing discomfort at rest- Adequate wound healing- Independent with ADLs- Independent with HEP

Phase II, 2-6 weeks. Start gentle ROM exercises, no lifting.

PRECAUTIONS	<ul style="list-style-type: none"> - Use splint at all times except to bathe and perform exercises - No lifting anything heavier than a water bottle
Post-Operative Goals	<ul style="list-style-type: none"> - Pain and edema control; Cryotherapy and elevation - Elbow and shoulder Range of Motion (ROM) - Begin active and passive wrist ROM (AROM/PROM)
Treatment Recommendations	<ul style="list-style-type: none"> - AROM and PROM for wrist extension/flexion, radial/ulnar deviation - Wrist pronation/supination exercises. - Stable internal fixation: OK to be moderately aggressive with ROM exercises (Dr. Kent will specify) - Wrist cockup splint to be worn starting at 2 week post-op visit until 6 weeks post op when not doing PT/OT exercises.
Criteria for Advancement	<ul style="list-style-type: none"> - Decreasing discomfort at rest - Adequate wound healing - Minimal discomfort with ROM exercises

Phase III, 6-12 weeks. Regain full ROM and begin gentle strengthening

PRECAUTIONS	<ul style="list-style-type: none"> - Use splint at all times except to bathe and perform exercises - No lifting anything heavier than a water bottle
Post-Operative Goals	<ul style="list-style-type: none"> - Full wrist range of motion (ROM) - Begin gentle strengthening exercises. DO NOT BEGIN UNTIL ROM 75% NORMAL (AROUND 6 WEEKS POSTOP)
Treatment Recommendations	<ul style="list-style-type: none"> - Discontinue wrist brace at 6-8 weeks post-op - Forearm flexors/extensors strengthening - Modalities PRN: Ultrasound, Phonophoresis, E-stim, Moist Heat, Ice - No contact sports/heavy lifting until 12 weeks post-op
Criteria for Advancement	<ul style="list-style-type: none"> - Full ROM - No pain with resistance exercises

Phase IV, 12+ weeks. Return to all activities.

PRECAUTIONS	<ul style="list-style-type: none"> - Avoid too much too soon
Post-Operative Goals	<ul style="list-style-type: none"> - Full hand, wrist, and elbow strength
Treatment Recommendations	<ul style="list-style-type: none"> - Start progressive build-up of stamina and strength - Slow return to all activities and heavy lifting - Advance to impact activities and sports as tolerated
Criteria for Advancement	<ul style="list-style-type: none"> - No pain with impact exercises - Operative side should have >90% strength and stamina of opposite side