

## **DISTAL RADIUS FRACTURES**

- ❖ 0 – 2 weeks post-op
  - In post-op dressings
  - Patient to independently begin early finger range of motion and forearm rotation
- ❖ 2 weeks post-op:
  - First follow-up with M.D.
  - Post-op dressings removed at appointment
  - Patient fitted with removable splint
  - Begin gentle active wrist range of motion for 4 weeks
  - Continue finger, forearm rotation, elbow and shoulder range of motion, as needed. Include intrinsic stretches in home program. Thumb IP blocking exercises, especially with volar plating
  - Edema reduction techniques, including Isotoner glove, edema mobilization massage, Kinesiotape
  - Begin scar management
  - Monitor for signs of CRPS
    - If present, begin CRPS protocol to include desensitization
  - Frequency of therapy: 1 time per week for first 6 weeks, then 2 to 3 times per week, as needed to regain range of motion
  - Patient education to include fracture precautions, anatomy, progression of bone and wound healing, implications of scar formation and immobilization
- ❖ 2-6 weeks post-op:
  - Continue active wrist range of motion
  - Continue finger, elbow and shoulder range of motion, including forearm rotation
  - Frequency of therapy: 1 time per week
  - Scar management
- ❖ 6 weeks post-op:
  - Wean from splint
  - Begin passive wrist range of motion
  - Frequency of therapy: 2 to 3 times per week, as needed
  - Begin gentle weight-bearing, with M.D. clearance
- ❖ 12 weeks post-op:
  - May begin strengthening, if needed