

## **DISTAL RADIUS FRACTURE GUIDELINES**

**Therapy services will generally begin at four to six weeks post injury/surgery.**

### **4-6 weeks post injury/surgery**

1. Patient often placed in soft wrist splint for 2-3 weeks.
2. Initiate passive/active ROM exercises for the fingers, wrist, and forearm.
3. Provide with HEP for A/PROM exercises. Specific attention should be placed on wrist extension and supination.
4. Decrease edema through retrograde massage and manual edema mobilization techniques. Elastic finger sleeves, gloves, and Coban wraps can be used to reduce edema.
5. Increase functional use and encourage use at home for light activities (this can be with splint on or off).

### **7-8 weeks post injury/surgery**

1. If external fixator was removed previously, initiate scar massage when incisions have healed.
2. Continue as above.
3. Patient can decrease use of wrist splint as they feel comfortable.

### **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. If patient had a carpal tunnel release, repetitive motion should be avoided until the symptoms have resolved.
3. If PROM is not returning for wrist extension or supination/pronation as expected, consider dynamic splinting. Before initiating dynamic splinting, confirm with physician that there are no bony blocks to prevent motion.

### **12-15 weeks post injury/surgery**

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