

**DISTAL RADIUS FRACTURES
with ORIF (Open Reduction, Internal Fixation)
PROTOCOL**

WEEK 1

- Patient will present with stitches intact. Steri-strips may be used for protection of suture line
- Fabrication of volar wrist cock-up splint to be worn at all times except exercise
- Patient to perform wrist, digit and forearm AROM exercises for 10 repetitions 4-5 times per day
- Initiate edema management as needed, including edema gloves, tensogrip sleeves, ice and elevation

WEEK 2

- Sutures removed
- Initiate scar management including scar molds and scar massage
- Continue AROM exercise to wrist and forearm; digits PRN
- Initiate AAROM exercises to wrist and forearm; digit ROM PRN
- Pending pain and edema, patient may remove splint and use affected upper extremity during gentle ADL's
- Initiate ultrasounds for pain and edema management PRN

WEEK 3

- Initiate gentle strengthening with theraputty and a 1# weight for wrist PRE's
- Initiate isolated wrist extension exercises (digits in flexion, i.e. holding a pencil)
- Continue scar and edema management
- Continue A/AAROM exercises
- Progress to gentle PROM if needed
- Patient to continue wearing splint for protection during involved or strenuous activities and at night.

WEEK 4

- Progress to the BTE as tolerated
- Upgrade home program as needed
- Continue splint for protected activities and at night.

WEEK 6

- Discontinue splint
- Progress strengthening on BTE
- Initiate gentle wrist loading
- Continue scar management, range of motion, and modalities as needed.

CONSIDERATIONS:

- Patient may resume normal activities as tolerated as early as 6 weeks post-op.
- Many younger/athletic patients progress at an even faster rate than stated above.

- Many elderly patients progress at a slower pace than stated above.
- Joint mobilizations may be utilized pending patient tolerance and fracture healing.