


## REHABILITATION GUIDELINES FOR DISTAL RADIAL FX ORIF (CONSERVATIVE)

### PHASE I (WEEK 1)

DATES:

Appointments	Begin therapy 3-7 days post-op. Therapy for 2x/week, as per MD recommendation.
Rehabilitation Goals	<p>Immobilization to protect fracture fixation</p> <ul style="list-style-type: none"> <li>Fabricate resting cock-up wrist splint that allows finger movement-</li> <li>Or off-the-shelf splint if okay with MD (remove for hygiene, dressing, eating, exercise)</li> </ul> <p>Control edema and pain Encourage AROM HEP – shoulder, elbow, forearm, wrist (gentle), digits Infection prevention</p>
Precautions	<p>Avoid lifting, pushing, pulling, operating heavy machinery. Full time splint use. Do not test strength.</p>
Suggested Therapeutic Exercises	<p>Tendon Gliding with Wrist Ext &gt; 21°</p>  <p>AROM Finger Flexion/Extension AROM Elbow Flexion/Extension Gentle AROM of wrist, as tolerated. Reaching in all planes. Elevation with overhead fisting.</p>
Progression Criteria	<p>Decreased edema Full finger AROM</p>

### PHASE II (6-7 WEEKS)

DATES:

Appointments	Continue therapy 2x/wk per MD request. 6 week MD follow-up visit.
Rehabilitation Goals	<p>Edema &amp; Scar Management Controlled mobilization and tendon gliding Begin gentle strengthening Return to light activities/ADL and functional tasks. Continue gentle AROM/AAROM in wrist.</p>
Precautions	<p>Avoid weight bearing. Wean from splint</p>

Suggested Therapeutic Exercises	Heat Passive Warm-Up Blocking – PIP & DIP Joints AROM/AAROM Wrist <ul style="list-style-type: none"> <li>• Flex/Ext – make a loose fist to isolate wrist flexors &amp; extensors</li> <li>• Radial/Ulnar Deviation</li> </ul> Gentle PROM – Pronation/Supination, Flex/Ext, R/U Deviation <ul style="list-style-type: none"> <li>• Slow, long stretch.</li> <li>• Hold at end range 10-15 seconds</li> </ul> Lightly grasp beans, rice <ul style="list-style-type: none"> <li>• Finger flexion with wrist extension</li> </ul> Isometric exercises Wean from splint Cold pack post-exercise  <i>Retrograde massage &amp; compressive wrap if swelling is still significant.</i>
Progression Criteria	75% normal AROM of wrist. Able to perform exercises.

**PHASE III (7-8 WEEKS)**

**DATES:**

Appointments	Continue therapy 2x/wk.
Rehabilitation Goals	Restore AROM to full range. Prevent scar contracture Control residual edema and pain
Precautions	
Suggested Therapeutic Exercises	Gentle PROM & joint mobs to wrist if full ROM not achieved. Functional activities with minimal resistance. Gentle strengthening/light putty exercises
Progression Criteria	

**PHASE IV (8 WEEKS)**

**DATES:**

Appointments	Continue therapy 2x/wk.
Rehabilitation Goals	Wean from splint Strengthen entire upper extremity
Precautions	Okay to test strength.
Suggested Therapeutic Exercises	Continue exercises from above as needed Isotonic strengthening Heavy putty Work simulation tasks that facilitate full ROM with resistance up to 5lbs.
Progression Criteria	Discharge when 90% of full AROM and ability to manage 5lb weight is achieved. Independent with home exercises.

**References:**

Slutsky, D. J., MD, & Herman, M., MA, OTR/L, CHT. (2005). Rehabilitation of Distal Radius Fractures: A Biomechanical Guide. *Hand Clinics*, 21, 455-468.

Brehmer, J. L., MD, & Husband, J. B., MD. (2014). Accelerated Rehabilitation Compared with a Standard Protocol After Distal Radial Fractures Treated with Volar Open Reduction and Internal Fixation. The Journal of Bone and Joint Surgery, 96, 1621-1630.

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