



Distal Radius (ORIF) Open Reduction and Internal Fixation Dr. Bakker's Post-op Protocol

IMPORTANT INSTRUCTIONS FOLLOWING SURGERY:

- After surgery, your forearm and hand will be in a large bandage and plaster splint. Please DO NOT remove this. Try to keep your bandage clean and dry.
- To minimize swelling, you must keep your hand lifted up to your shoulder level.
- When sitting or lying, you should use pillows to support your surgically affected extremity, especially when sleeping.
- Encouragement for finger movement to avoid stiffness and to help with swelling reduction. A pulling sensation may be noted, but this is normal.
- May take Vitamin C daily, 1500 mg.

REFERRAL TO HAND THERAPY:

- You will be instructed to make an appointment with hand therapy (OT) 7 days following your surgery. Depending on the clinic where hand therapy will be performed, please contact our Edina office at 952-456-7000 or our Plymouth office at 763-520-7870, to schedule.
- The goals for hand therapy following a distal radius open reduction and internal fixation is to regain full range of motion, decrease pain, progress to strengthening activities, and return to functional activities.
- You will be seen in hand therapy approximately 1-2 times each week. Frequency of therapy is dependent on the patient's stiffness, hand/finger swelling or pain.

WEEKS 0-1:

- Remain in the post-operative splint in 90 degrees flexion at the elbow.
- Perform gentle range of motion of the fingers and light activity use of the hand.
- No lifting weight greater than a full coffee cup.
- Ice 20-30 minutes three times daily.
- Transition to Tylenol.
- Take 1500 mg of Vitamin C daily for the next 4 weeks.

- Attend hand therapy (OT) at one week post-operatively for the fabrication of a custom removable forearm-based splint. Your therapist will instruct you in range of motion exercises. In therapy you will conduct hand, wrist and forearm exercises as tolerated. Edema management will be reviewed. Modalities may be used. A home exercise program will be designed for you.

WEEKS 1-2:

- Discontinuation of narcotics is expected, continue with Tylenol and ibuprofen as needed.
- Continue in Hand Therapy, emphasizing hand, wrist and forearm active motion. Swelling management and the use of modalities as needed.
- Illustrated picture exercises will be provided in therapy for wrist movement, including back/forth, side-to-side, and palm up/palm down.
- Low-grade discomfort from performing your exercises is expected, but can be discussed with your therapist.
- The custom splint should be worn with activities, but may be removed for bathing and to perform home exercise program.
- Return to the clinic at the end of week two for evaluation and suture removal.
- You may get your surgical area wet after sutures are removed, but it is best to avoid submerging your incision for 1-2 days.

WEEKS 2-6:

- Continue with OT with the goals of increasing ROM, scar tissue management, and decreasing pain/inflammation.
- The custom splint will continue to be worn with activities and at night when sleeping.
- Your therapist will alter and adjust your exercise program as you progress.
- Refrain from heavy lifting with your injured extremity.

WEEKS 6-8:

- Return to the clinic at six weeks post-operatively for re-evaluation and repeat imaging.
- Continue with OT with the goals of improving strength and pain free range of motion.
- A weaning process from the custom splint will be initiated at week six.
- Transition to activities as tolerated.

WEEKS 8-12:

- Follow up at week twelve for re-evaluation or as needed if there are no concerns.
- Complete discontinuation of the custom splint at week eight.
- Progress to strengthening in Hand Therapy, with discharge from hand therapy being expected during this time frame.
- Perform all activities as tolerated.
- You will experience range of motion gains for six months to one year post date of injury.