

DISTAL RADIUS FRACTURES

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0 – 2 Weeks Post-Op:

- In post-op splint. Do not remove and keep clean and dry.
- Patient to independently begin early finger range of motion and forearm rotation.

2 Weeks Post-Op:

- At the end of 2 weeks, first follow-up in clinic with PA-C.
- Post-op dressings removed at appointment and new x-rays obtained.
- Patient fitted with removable splint for comfort only.
- 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: 2 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:

- 2nd post-op visit with MD.
- Continue active wrist range of motion.
- Continue finger, elbow and shoulder range of motion, including forearm rotation.
- Frequency of therapy: 2 times per week
- Scar management

6 Weeks Post-Op:

- Discontinue splint if still using
- Begin passive wrist range of motion
- Frequency of therapy: 1 time per week, as needed
- Begin gentle weight-bearing, with M.D. clearance

12 Weeks Post-Op:

- May begin strengthening, if needed