

## Distal Radius Fracture ORIF

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### Goals of therapy

- Minimize post-op edema
- Maximize digit and wrist range of motion, especially supination
- Prevent early scar adhesions to finger flexor tendons
- Maximize grip strength

### 0 – 2 Weeks

- In post-op dressings
- Patient to independently begin early finger range of motion and forearm rotation

### 2 weeks (First follow up visit with PA)

- Post-op dressings removed
- Patient fitted with removable splint
- 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: 1 time per week for first 6 weeks, then 2 to 3 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

### Weeks 2-6

- Continue active wrist range of motion

- Continue finger, elbow and shoulder range of motion, including forearm rotation
- Frequency of therapy: 1 time per week
- Scar management

#### Weeks 6-7

- Wean from splint
- Begin passive wrist range of motion
- Frequency of therapy: 2 to 3 times per week, as needed
- Begin gentle weight-bearing

#### Week 8

- May begin impact loading
- May begin strengthening, if needed.