

**TJ Ridley, MD**

Phone: 763-717-4120 | Website: [TJRidleyMD.com](http://TJRidleyMD.com) | Instagram: @dr.\_ridley

**ORIF Distal Radius Fracture Rehabilitation Protocol**

The goals of this protocol are to minimize post-op edema, maximize digit and wrist ROM (especially supination), prevent early scar adhesions to finger flexor tendons, and maximize grip strength.

**PHASE I – IMMEDIATE POST-SURGICAL PHASE (WEEK 0-2):**

- Splint
  - Patient to remain in post-operative splint and dressings until follow up with hand therapy
- Activity
  - Patient to independently begin early finger range of motion and forearm rotation
  - Full elbow and shoulder motion in all planes to prevent joint stiffness
- Medications:
  - Short course of narcotic pain medication is prescribed (i.e. Oxycodone, Percocet, etc.)
  - OTC NSAIDS (ibuprofen, naproxen)
  - OTC Vitamin C (500mg for 50 days)
    - This has been shown to reduce the risk of Complex Regional Pain Syndrome (CRPS)
- Schedule follow up visit with hand therapist 5-10 days after surgery
- Schedule follow up visit with Dr. Ridley's team 12-14 days after surgery for suture removal

**POST OP THERAPY VISIT (5-10 DAYS):**

- Dressings and splint removed
- Patient to be fitted with removable splint
- Begin gentle active wrist range of motion for 4 weeks

**POST OP CLINIC VISIT (12-14 DAYS):**

- First post-operative visit with Dr. Ridley's team
- Sutures to be removed if appropriate
- Patients should be off of all narcotics at this time

**PHASE II – EARLY REHABILITATION PHASE (WEEK 2-6):**

- Frequency of therapy 1x per week
- Splint to be removed during therapy
- Begin gentle active wrist range of motion
- Lifting restriction: 5lbs

- Continue finger motion
  - Include intrinsic stretches and home program
  - Thumb IP blocking exercises
- Continue forearm, elbow and shoulder range of motion as needed
- Edema reduction techniques including Isotoner glove, edema mobilization massage, Kinesio Tape
- Begin scar management
- Monitor for signs of CRPS
  - If present, begin CRPS protocol to include desensitization
- Patient education to include fracture precautions, anatomy, progression of bone and wound healing, implications of scar formation and immobilization.
  - Smoking cessation education as needed

### **PHASE III – ADVANCED MOBILIZATION PHASE (WEEK 7-8):**

- Frequency of therapy 2-3x per week for range of motion as needed
- Wean from removable splint
- Begin passive wrist range of motion
- Begin strengthening as tolerated
- Lifting restriction: 10lbs
- At 8 weeks, initiate work conditioning for those with heavy manual labor occupations

### **PHASE IV – RETURN TO ACTIVITY PHASE (WEEK 9-11):**

- Frequency of therapy 1x per week as needed
- Continue advancement of strengthening
- Lifting restriction: advance as tolerated
- May begin impact loading
- Return to unrestricted activity with return to manual labor and sports as tolerated

### **PHASE IV – RETURN TO SPORT/WORK (WEEK 12+):**

- Continue therapy as needed
- Full functional use as tolerated
- Full function after a wrist fracture usually takes at least 6 months and up to 2 years to achieve.
  - Emphasize to the patient the need to continue home exercises as well as the fact that they will continue to improve for quite some time.