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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.