


REHABILITATION GUIDELINES FOR DISTAL RADIAL FX ORIF (ACCELERATED)

PHASE I (WEEK 1)

DATES:

Appointments	Begin therapy 2-7 days post-op. Therapy for 2x/week, as per MD recommendation.
Rehabilitation Goals	Immobilization to protect fracture fixation x 6 weeks except for ROM ex's <ul style="list-style-type: none"> • Off the shelf wrist splint –or- • Fabricate resting cock-up wrist splint that allows finger movement (remove for hygiene, dressing, eating, exercise) Control edema and pain Encourage AROM HEP – shoulder, elbow, forearm, wrist (gentle), digits Infection prevention
Precautions	Avoid lifting, pushing, pulling, operating heavy machinery. Full time splint use. Do not test strength.
Suggested Therapeutic Exercises	Tendon Gliding with Wrist Ext > 21°  AROM/PROM Finger Flexion/Extension AROM Elbow Flexion/Extension AROM of wrist, as tolerated. AROM of forearm, as tolerated. Reaching in all planes. Elevation with overhead fisting.
Progression Criteria	Decreased edema Full finger AROM

PHASE II (2-4 WEEKS)

DATES:

Appointments	Continue therapy 2x/wk per MD request. 6 week MD follow-up visit.
Rehabilitation Goals	Edema & Scar Management Controlled mobilization and tendon gliding Begin gentle strengthening

	Return to light activities/ADL and functional tasks. Continue gentle AROM/AAROM in wrist. Wean from splint
Precautions	Avoid weight bearing. Continue with splint x 6 weeks except for ex's.
Suggested Therapeutic Exercises	Heat Passive Warm-Up Blocking – PIP & DIP Joints AROM/AAROM Wrist and forearm <ul style="list-style-type: none"> • Flex/Ext – make a loose fist to isolate wrist flexors & extensors • Radial/Ulnar Deviation • Pronation/supination PROM – Pronation/Supination, Flex/Ext, R/U Deviation <ul style="list-style-type: none"> • Slow, long stretch. • Hold at end range 10-15 seconds Lightly grasp beans, rice <ul style="list-style-type: none"> • Finger flexion with wrist extension Isometric wrist and forearm exercises Light putty strengthening Cold pack post-exercise <i>Retrograde massage & compressive wrap if swelling is still significant.</i>
Progression Criteria	75% normal AROM of wrist. Able to perform exercises.

PHASE III (4-5 WEEKS)

DATES:

Appointments	Continue therapy 2x/wk.
Rehabilitation Goals	Restore AROM to full range. Prevent scar contracture Control residual edema and pain
Precautions	Start weaning from splint except for high risk activities
Suggested Therapeutic Exercises	PROM & joint mobs to wrist if full ROM not achieved. Functional activities with minimal resistance. Strengthening-isotonic exercises
Progression Criteria	

PHASE IV (6-8 WEEKS)

DATES:

Appointments	Continue therapy 2x/wk.
Rehabilitation Goals	Wean from splint Strengthen entire upper extremity
Precautions	Okay to test strength.

Suggested Therapeutic Exercises	Continue exercises from above as needed Work simulation tasks that facilitate full ROM with resistance up to 5lbs.
Progression Criteria	Discharge when 90% of full AROM and ability to manage 5lb weight is achieved. Independent with home exercises.

References:

- Slutsky, D. J., MD, & Herman, M., MA, OTR/L, CHT. (2005). Rehabilitation of Distal Radius Fractures: A Biomechanical Guide. *Hand Clinics*, 21, 455-468.
- Brehmer, J. L., MD, & Husband, J. B., MD. (2014). Accelerated Rehabilitation Compared with a Standard Protocol After Distal Radial Fractures Treated with Volar Open Reduction and Internal Fixation. *The Journal of Bone and Joint Surgery*, 96, 1621-1630