

Robert Kollmorgen DO

Physical Therapy or Occupational Therapy Protocol for Open Reduction and Internal Fixation of Distal Radius Fracture

Phase I: Protection Phase (weeks 0-6)

GOALS:

- Reduce hand and finger swelling.
- Prevent shoulder and elbow stiffness.

ANCILLARY MEASURES:

- Use pain medication as needed.
- Keep operated hand strictly elevated in foam arm cradle for 3-5 days postop.
- Plaster immobilization for 2-6 weeks postop depending on the severity of the fracture and the rigidity of the fixation. Plaster splint is changed every 2 weeks.

EXERCISES:

- Active and Passive Finger Motion:** Actively bend your fingers into the palm, making a tight fist, then extend the fingers straight. You may use the non-operated hand to aid in full range of motion of the fingers. Repeat 5-6 times per day.
- Shoulder Range of Motion:** Begin progressive active shoulder range of motion in all planes, 10 repetitions, repeat 3 times per day.

PRECAUTIONS:

- Report hand numbness or tingling to our office.
- Keep plaster splint clean and dry. Cover with plastic before showering.
- Avoid pushing off with operated extremity.

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Protocol W3

Physical Therapy or Occupational Therapy Protocol for Open Reduction and Internal Fixation of Distal Radius Fracture

Phase II: Motion Phase (weeks 7-12)

GOALS:

- Maintain shoulder and finger range of motion (ROM).
- Improve elbow and wrist ROM

ANCILLARY MEASURES:

- Transition from plaster splint to removable short-arm splint 2-6 weeks postop.
- Discontinue removable short-arm splint at 8 weeks postop.
- Scar massage and/or gel pad for scar sensitivity as needed.
- Edema control with compression glove if needed.

EXERCISES:

- Continue all Phase I exercises:** Maintain full active shoulder ROM and finger ROM.
- Elbow Range of Motion:** Begin active ROM by flexing and extending the elbow, 10

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repetitions, repeat 3 times per day.

- Forearm Rotation:** Rotate your forearm by bringing palm upward (supination), then palm downward (pronation). You may assist this forearm motion with the opposite hand if necessary.
- Wrist Range of Motion:** Begin progressive active ROM of the wrist by bringing the wrist back, then flexing the wrist toward the palm . Complete 10 repetitions and repeat 3 times per day. You may assist wrist motion with the opposite hand.
- Grip Strengthening:** Begin grip strengthening by squeezing rubber ball, Silly Putty or Nerf ball. May progress to hand exerciser if desired.

PRECAUTIONS:

- Avoid pushing off with operated hand.
- No heavy lifting or sports activity.

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Protocol W3

Physical Therapy or Occupational Therapy Protocol for Open Reduction and Internal Fixation of Distal Radius Fracture Phase III: Strengthening Phase (weeks 13-26)

GOALS:

- Maintain wrist ROM.
- Improve upper extremity strength.

ANCILLARY MEASURES:

- Continue scar massage if needed.
- Gel pad for tender scar if needed.

EXERCISES:

- Continue Phase I and II exercises.**
- Grip Strengthening:** Continue hand strengthening with a squeeze ball or hand exerciser.
- Wrist flexion curl:** Sit with operated forearm resting on a table, hand extended over the edge of the table. Grasp a one pound dumbbell weight. With palm up, flex your wrist, curling the weight inward. Hold for 2 seconds, 5 repetitions.
- Wrist extension curl:** Sit with operated forearm resting on a table, hand extended over the edge of the table. Grasp a one pound dumbbell weight. With palm downward, extend your wrist backward. Hold for 2 seconds, 5 repetitions.

PRECAUTIONS:

- Discontinue wrist curls if painful.
- Avoid heavy lifting and sports activity.
- Unrestricted activity is permitted at 6 months postop