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## Rehabilitation Guidelines after Fixation of Distal Radius Fractures

DISCLAIMER: The intent of this protocol is to provide therapists with guidelines for rehabilitation based on a review of the best available scientific literature for this type of surgical procedure performed by Dr. Avallone using his operative technique. It is not intended to serve as a substitute for sound clinical decision making. Therapists should consult with Dr. Avallone if they require assistance in the progression of post-operative patients.

### Phase I: Wound Healing (0-14 Days)

1. Protection – postop splint
2. Edema control – elevation
3. Pain control – analgesics
4. Motion – Active-assistive range of motion all other joints from DIPs to C-spine

### Phase II: Fracture Healing (2 to 8 weeks)

1. Protection – removable, forearm-based, lightweight, circumferential, thermoplastic splint with Velcro closures
2. Edema control – elevation and compression glove
3. Motion – Active range of motion of wrist and forearm out of splint; passive range of motion and stretch to fingers, thumb, and elbow while in splint
4. Strengthening – light putty for intrinsic strengthening as early as 4 weeks
5. Function – progressive light functional use in splint

### Phase III: Functional Recovery (8-12 weeks)

**\*Note: the beginning of this phase assumes that the fracture is healed, all temporary fixation devices have been removed, and wrist range of motion exercises can be started with few restrictions**

1. Protection – wean from splint
2. Motion – unrestricted
3. Strengthening – strong putty
4. Function – increase to full use

*Adapted from Putnam and Seitz in Rockwood and Green's Fractures in Adults – Fifth Edition*