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## **Distal Radius Fracture with Fixation Rehabilitation Protocol**

**DISCLAIMER:** The following Physical Therapy protocol is intended to be utilized by the clinician as a guideline in the treatment of this disorder. It is based on current research and has been formulated as a collaborative effort between Physicians and Physical Therapists. It is not intended to serve as a substitute for sound clinical decision making. Every patient is a unique case, and it should be anticipated that not all patients will fit into the timelines set forth in this protocol. If the Physical Therapist has any questions regarding the course of treatment, the referring physician should be contacted for further guidance.

### **Phase 1:**

#### **1-14 Days Postoperative**

- Do NOT remove the surgical bandage.
- Restrictions: No heavy lifting or pulling greater than 0 lbs. for 6 weeks. No driving if the surgical bandage extends above the elbow.
- Exercise:
  - The patient is to begin active and passive range of motion of the fingers to prevent stiffness and reduce swelling.

#### **10-14 Days Postoperative**

- Orthotic: The therapist will supply a cock up wrist splint or Sugartong splint. The orthosis is to be worn at all times, including sleeping. The orthosis may be removed for hygiene purposes and to perform the exercise program. The therapist will instruct proper skin care to prevent skin breakdown. The skin should be completely dry before re-applying the orthosis.
- Exercise:
  - Instruct the patient to begin active range of motion of the wrist. The patient is to continue active and passive range of motion of the fingers.

- If the prescription indicated a wrist cock-up orthosis, then instruct the patient to begin active range of motion of the forearm.

- Manual:

- Educate the patient on anti-edema management. This includes, but not limited to, self-retrograde massage, cold therapy, and extremity elevation. The anti-edema management will continue for several weeks.

### **3 Weeks Postoperative**

- Manual: The therapist will begin scar tissue management to decrease sensitivity and density, which could include ultrasound and/or silicone gel pads per therapist discretion. The scar tissue management will continue for several weeks.

## **Phase 2**

### **4 Weeks Postoperative**

- Exercise:

- Initiate AROM of forearm

- Manual:

- Instruct the patient to begin passive range of motion (gentle stretching) of the forearm and forearm.

## **Phase 3**

### **6 Weeks Postoperative**

- Exercise:

- A progressive strengthening exercise program can be initiated.

- Restrictions: The patient is allowed to begin light (2 lbs.) lifting and pulling. The weight can be increased as tolerated depending on the patient's strength and comfort.

- Orthotic:

- The wearing time in the wrist cock-up orthosis should be gradually reduced 1-2 hours each day. It is expected that the patient is completely out of the orthosis within 7-10 days (by early week 7)

### **10 Weeks Postoperative**

- Exercise:

- Instruct the patient to continue their home exercise program for range of motion and strengthening.

- If the patient has not achieved functional range of motion and strength, then continue with occupational therapy for an additional 2-4 weeks.

### **12 Weeks Postoperative**

- The patient may resume normal activities of daily living as tolerated.
- Work status: The patient is allowed to return to full duty status if the job requirements have been met. If not met, then a functional capacity evaluation and work hardening program may be recommended.
- The healing process can take up to a full year. Therefore, it is advised to continue with the home exercise program until goals have been met.

### References of adaptation:

Distal Radius Fracture ORIF Rehabilitation Protocol. OrthoIllinois. Crystal Lake, Illinois. Kelly Holtkamp, M.D. 2016