# Distal Radius Fracture ORIF Rehabilitation Guidelines

**Phase 1 Precautions: Maintain postoperative splint for 10-14 days after surgery.**
**Avoid lifting, pushing, pulling or forceful gripping with the surgical arm.**
**Balance relative rest for recovery with appropriate amount of activity for tissue health, avoiding-fear avoidance behaviors.**

| Phase 1: Starts after Surgery | Emphasis on | Orthosis | Exercise |
|---|---|---|---|
| 1-2 weeks | Protection<br><br>Keep the postoperative splint clean and dry<br><br>Minimize swelling<br><br>Prevent finger stiffness and loss of motion for the unaffected joints<br><br>Avoid upper quadrant pain from holding arm in a guarded position | Postoperative splint: volar wrist vs. Muenster<br><br>A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises | Elevation<br><br>NWB of the surgical upper extremity<br><br>Suggested Therapeutic Exercise<br>• Finger flexion and extension AROM and AAROM for tendon glides<br>• Active finger ABD/ADD, assisted by lacing fingers with contralateral hand<br>• AROM Thumb IP and MCP flexion/extension (if available in postoperative splint)<br>• AROM elbow through full available motion if not immobilized in the postoperative splint<br>• If not contraindicated by a non related shoulder dysfunction: active and active assisted shoulder range of motion through full available motion, glenohumeral ER with scapular retraction<br>• Forward and backward shoulder circles moving the scapula on the thorax<br>• Gentle, pain-free cervical AROM to relieve tension<br>• Abdominal breaths/deep breathing<br><br>Encourage staying active throughout the day as able, good sleep hygiene, good hydration and nutritional intake |

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# Distal Radius Fracture ORIF Rehabilitation Guidelines

**Phase 2 Precautions: Avoid lifting, pushing, pulling or forceful gripping with the surgical arm.**
**No resistance strengthening until 6 weeks post op.**

| Phase 2 | Emphasis on | Orthosis | Exercise |
|---|---|---|---|
| 2-6 weeks | Patient will have a postoperative care: 2-week postoperative appointment with the surgical team for wound assessment and suture removal<br><br>Balance relative rest with appropriate amounts of therapeutic activity for recovery<br><br>Restore active finger flexion and extension deficits<br><br>Address FPL gliding deficits<br><br>Initiate light dexterity activities<br><br>Initiate wrist and forearm AROM<br><br>Scar management | Wrist orthosis full time (including sleep) removing for hygiene, skin care, and hand therapy exercises<br><br>Compression sleeves and gloves as needed | Suggested Therapeutic Exercise<br>• Finger flexion and extension AROM and AAROM for tendon glides<br>• Active finger ABD/ADD, assisted by lacing fingers with contralateral hand<br>• Place and hold finger motion addressing any active lag<br>• Thumb joint blocking to facilitate active FPL gliding with active thumb IP flexion and extension<br>• Light dexterity activities<br>• AROM wrist 4-way<br>• AROM forearm pronation/supination<br>• May add AAROM for wrist and forearm after week 4 (gravity assisted, light assisted motion)<br>• AROM elbow through full available motion<br>• Active and active assisted shoulder range of motion through full available motion<br>• Scapular retraction and forward and backward shoulder circles<br>• Encourage remaining generally active as tolerated, following precautions<br><br>Scar management activities |

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# Distal Radius Fracture ORIF Rehabilitation Guidelines

**Phase 3 Precautions: Avoid weight bearing for intra-articular fractures until post op week 10-12 at minimum *AND* cleared by the surgeon.**
**Avoid forceful manipulation of the wrist joint to regain range of motion.**
**Avoid EDC compensatory activity for active wrist extension.**
**Avoid progressing strengthening if poor soft tissue response is noted.**

| Phase 3 | Emphasis on | Orthosis | Exercise |
|---|---|---|---|
| 6-8 weeks | Begin gradual strengthening for functional activities<br><br>Restoration of wrist and forearm range of motion<br><br>Proprioception training (NWB for intra-articular fractures)<br><br>Continue restoration of active finger/thumb range of motion, if applicable<br><br>Continue to address dexterity deficits<br><br>Scar management<br><br>Encourage light functional use of the surgical hand for self care ADL's | May begin removing orthosis for light, sedentary ADL's (keyboarding, meals) at 6 weeks post op<br><br>Wrist orthosis gradual weaning at 8 weeks post op as tolerated, continuing at night for positioning and joint/soft tissue recovery prn | Suggested Therapeutic Exercise<br><br>• Continue above exercises to address finger ROM and FPL gliding deficits<br>• Continue to address dexterity deficits<br>• Prolonged, low-load ROM for wrist and forearm ROM deficits<br>• wrist extension strengthening without compensatory EDC activity<br>• Submaximal isometric wrist strengthening<br>• Progressive resistive exercises for wrist and forearm strengthening as tolerated<br>• Proximal strengthening with light resistance beginning post op week 8 as tolerated (may use wrist orthosis for support)<br><br>Progress light ADL's as tolerated following orthosis recommendations<br><br>Do not progress resistance until the patient is not experiencing delayed muscle soreness or a significant increase in swelling with loss of range of motion at current level of resistance<br><br>Scar management activities |

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# Distal Radius Fracture ORIF Rehabilitation Guidelines

| **Phase 4 Precautions: Gradual weaning from orthosis.**<br>***Avoid pain when strengthening*** **and when progressing ADL's and functional use of the surgical hand.**<br>**Avoid weight bearing for intra-articular fractures until post op week 10-12 at minimum *AND* cleared by the surgeon.** | | | |
|---|---|---|---|
| **8-12 weeks** | **Gradual return to previous level of activity unless ADL's require heavy lifting** | **Discharge wrist orthosis as tolerated**<br><br>**Consider continued use of a wrist orthosis at night for soft tissue rest as needed**<br><br>**Compression sleeves for comfort as needed** | **Encourage gradual return to all ADL's that do not require heavy lifting such as construction work until cleared by surgeon** |

**Note: These instructions are to serve as guidelines and are subject to physician discretion. Actual progress may be faster or slower depending on the individual. Return to work and sport/recreation per surgeon discretion.**

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