

Distal Radius Fracture ORIF Rehabilitation Protocol

Kelly Holtkamp, M.D.

Please fax initial evaluation and progress notes to 815-381-7498.

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.
- The patient is to begin active and passive range of motion of the fingers to prevent stiffness and reduce swelling.

10-14 Days Postoperative

- The therapist will fabricate a wrist cock-up orthosis or a Muenster orthosis depending on the fracture pattern. Please refer to the therapy prescription.
- 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.
- 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. If the prescription indicated a Muenster orthosis, then avoid forearm rotation until 4 weeks postoperatively.
- 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

- 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.

4 Weeks Postoperative

- Instruct the patient to begin passive range of motion (gentle stretching) of the wrist.
- Instruct the patient to begin passive range of motion (gentle stretching) of the forearm. The patients that required a Muenster orthosis are instructed to begin active range of motion of the forearm.

6 Weeks Postoperative

- Pending Dr. Holtkamp's approval (based on radiographic healing of the distal radius fracture), 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.
- 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.
- The patients that required a Muenster orthosis can discontinue the Muenster orthosis and begin wearing the wrist cock-up orthosis. 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 10-14 days.

10 Weeks Postoperative

- 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.