

Patient name:  
Date of Surgery:  
Surgery performed:

**Tyler McGregor D.O.**  
**General Ortho and Sports Medicine**  
**South Bend Orthopaedics**  
**Rehabilitation Protocol and Post-Operative Instructions:**  
**Radius and/or Ulnar shaft Forearm Fracture**  
**Open Reduction Internal Fixation**

This is a general guideline. Certain patients may require extra attention to certain areas of their body or portions of the protocol. Always listen to your therapist, a protocol never replaces their good clinical judgement. Do not attempt to increase weight, perform a new exercise, or increase your range of motion without their direction.

**IMMEDIATE POST-OP**

- A well-padded post-operative splint/dressing will be placed in the operating room. Keep this clean and dry until removed at your first appointment.
- A sling is provided to rest your arm/elbow and to protect you from others. You may remove the sling while seated with the arm supported, when doing range of motion exercises or showering.

**FIRST POST-OP APPOINTMENT – 14 days after surgery**

- Splint will be removed. Motion and incision check. X-rays taken
- A removable wrist splint or a cast will be placed, depending on the nature of the fracture and your healing capacity. A splint would allow for participation in therapy and bathing.
- **Nothing heavier than 1lb** (a small coffee cup, set of keys) should be lifted with the operative arm.
- **PT/OT** to begin soon after this appointment if a splint is placed – call to make this appointment – formal visits once per week
  - Regular ice, finger motion and elevation.
  - Compression and fluid mobilization as advised by therapist
  - Active Elbow flexion and extension.
  - Each set of stretching exercises should be done for 5 repetitions, holding each repetition for 10 seconds.

**3 WEEKS POSTOP – OT visits twice per week if in a splint**

- Scar mobilization techniques may be initiated by PT/OT
- Begin active wrist flexion/extension, pronation supination
- Initially, passive range of motion only with the assistance of therapy.

**4 WEEKS POST-OP - Second postoperative visit.** X-rays taken.

- Cast likely removed if not done already
  - Likely transitioned into a splint for use when not doing PT/OT exercises
- Patient guided passive range of motion may begin based on x-rays and clinical exam. This may be delayed two weeks based on the nature of the fracture and healing.

**6-8 WEEKS POST-OP - Third postoperative visit**

- Increase **weight-bearing restriction to less than 5lbs** for activities of daily living and work.
- Physical Therapy visits may increase to 2 or 3 formal visits weekly during this period.

**8-10 WEEKS POST-OP**

- Once full range of motion and a satisfactory healing time frame has been obtained, a work conditioning program is recommended for patients with manual labor jobs that require heavy lifting.
- **Formal weight-bearing restriction may be lifted**, a strengthening protocol with therapy bands, cables, free weights and plyometrics must be followed in a stepwise and progressive fashion.

Further follow-up may be scheduled based on patient progress, and clearance required to return to work or desired activities.