

**DISTAL RADIUS FRACTURE ORIF
DR MENCINAS, MD**

5-7 DAYS POST OP

Bulky dressing is removed.

Custom fabricate wrist cock in slight extension when able.

Initiate scar and edema management.

Initiate AROM, AAROM, gentle PROM in order to prevent capsule adhesion. (Forcing PROM is never recommended)

NMES may be initiated to enhance tendon excursion of the digits. Should delay until 3rd of 4th visit to allow patient to focus on active tendon excursion first

4-6 WEEKS POST OP

Initiate weighted wrist stretches with 1-3#.

Initiate gentle strengthening.

Begin to wean from splint during the day and incorporate with light ADLs.

Continue splinting at night on a per patient basis.

8 WEEKS POST OP

Strengthening for supination and pronation is performed with the elbow flexed.

Goal is to have the patient discontinue use of the splint by 8 weeks.

Goal is for patients to return to normal activities and discontinue formal therapy.

NOTE: A dorsal clamshell splint piece can be added for additional support and protection. This is on a per patient basis. This can help reduce overall dorsal hand swelling. Emphasis placed on blocking exercises for the FPL and index profundus. This is due to the proximity of the volar plate to the flexor tendons. Goal is to reduce the risk for the flexor tendons to become adhered to the scar. A circumferential wrist strap or wrist widget can be beneficial in supporting the wrist and decreasing pain. The pain is often specific to the DRUJ or along the TFCC.

