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Orthopedic Sports Medicine

DISTAL RADIUS FRACTURE WITH CONSERVATIVE MANAGEMENT
NON OPERATIVE PROTOCOL

	Approximate Time Frame	Activity	Goals
PHASE I	0-6 weeks	**ROM:** digital ROM only while in cast **MANUAL:** NA **EXERCISE PROGRESSION:** NA **ACTIVITY PROGRESSION:** • No lifting, loading or heavy exercise in this phase • Allowed to use affected UE as assist for manipulating and handling light object with splint in place	Maximize environment for healing, manage digital edema
PHASE II	6-10 weeks	**Custom made volar based, forearm length wrist splint (or Exos SAFB) for wear between exercise session** **ROM:** • After cast removal initiation of light AROM progressing to PROM, advance stretching techniques to normalize ROM **STRENGTH:** • Initiate light hand strengthening to tolerance in this phase. Later phase wrist and forearm PREs **MANUAL:** • Manual edema massage • Soft tissue and myofascial restriction release with progressive therapist driven stretch to maximize ROM. • Grade 1-3 joint mobilization indicated when capsular pattern is present in pain free fashion **EXERCISE PROGRESSION:** • End range stretching to normalize functional ROM dominates this phase with progression to PREs	Restore ADL function **ACTIVITY PROGRESSION:** • Increase functional use for light pain free activities of daily living. • Splint may be removed for seated non resistive activities that are less strenuous than HEP. • For short sessions lifting restriction of 1lb Pt continues to gradually increase functional use of UE for day to day tasks • Participation should progress in concordance w/ therapy program • Splint is weaned initially for all ADL function, then at night and finally complete DC between 9-10 weeks post op. • A highly active population may need to continue splint use for longer periods during high risk activities
PHASE III	10+ weeks	**ROM:** • Continue to advance end range stretching techniques to normalize ROM **STRENGTH:** • Interventions focus on higher load strengthening • Graded closed chain weight bearing • Proprioceptive/kinesthetic and NMR in dynamic functional movement patterns to return patient to full functional status **MANUAL:** • Manual edema massage • Soft tissue and myofascial restriction release with progressive therapist driven stretch to maximize ROM. • Continue with graded joint mobilizations when indicated including grade 4 mobs and high velocity manipulation in late phase **EXERCISE PROGRESSION:** • Graded HEP progression to return patient to premorbid activity levels with adaptation and AE PRN. • Clearance for return to sport and full Closed chain loading with MD. • Clearance to 12 weeks post operative appointment	Restore premorbid occupational function **ACTIVITY PROGRESSION:** • Return to daily activities at premorbid level in phase IV with MD clearance to return to sport at final follow up. • Pain and limitations may indicate use of adaptive equipment and techniques to restore function. • DC from therapy when appropriate